

Medicines Management Service Components

- 1. Enabling Medicines Decision Making** - facilitating processes across the health economy that inform CCG strategic planning, support best use of resources and enable CCGs to meet statutory obligations for decision-making in line with NICE and the NHS Constitution. There are two component descriptions, reflecting the Pan Mersey and West Cheshire/Wirral Area Prescribing Committee footprints.
 - 2. Provider Contract Management** – providing advice on standard setting for the medicines aspects, and developing the contractual levers, monitoring arrangements and management strategies to support CCG contract management.
 - 3. Medicines Governance** – providing expert advice to support CCG regulatory compliance including assurance on CCG commissioned services and support for GP practices on Care Quality Commission compliance
 - 4. Locality Medicines Management Service** – developing and implementing strategies to improve CCG prescribing performance and QIPP delivery, mitigate financial risk and maximise outcomes for patients
 - 5. Practice Based Support** – provides practice-based medicines management support, including the senior leadership to maximise CCG return on investment, and support for practice medicines managers and prescribing decision-support software
 - 6. Monitoring Non-medical Prescribing** – providing mechanisms to monitor non-medical prescribing, support best practice and mitigate CCG financial risk
 - 7. Controlled Drugs Support** – provides a locality medicines management service to enable CCGs to meet their statutory responsibilities for the safer management of controlled drugs
- Individual Funding Requests** – medicines management team expertise to respond to individual funding requests has been reallocated to the IFR component, under the Governance and Compliance Service



MT001 – Enabling Medicines Decision Making

Description (West Cheshire and Wirral CCG)

The processes that this service will deliver are as follows:

- Provide an annual evaluation by 31st January for the impact of new drugs and guidance based on individual CCG populations. This horizon scanning process will enable CCG Leads and Finance Managers to more effectively forecast budget risks and savings opportunities, whilst ensuring that new medicines are managed into the health economy appropriately and consistently across the footprint.
- Represent CCG interests and opinion by facilitating and/or attending local decision-making committees and any sub-groups, including task and finish groups.
- Ensure the planning cycle enables medicines to be considered by the APC within 2 months of NICE Technology Appraisals being published, enabling CCGs to meet statutory obligations regarding NICE approved medicines being available within 3 months.
- Produce health economy joint formularies updated bi-annually, clinical guidelines, shared care protocols, and safety updates that are based upon clinical evidence appraisal, best practice and financial modeling so that CCG statutory obligations are met. The effort to draft and peer review these documents is shared between the CSU and Trusts.
- Facilitate agreed processes and manage website content to communicate decisions across the CCG and to Trusts and other providers for their adoption and dissemination. Where required attend agreed CCG meetings where the ratification of local decision making group recommendations and decisions are discussed.
- Respond to queries from the CCG, Trusts or other stakeholders regarding APC processes.
- Represent CCGs at Clinical Networks where required to ensure that CCG and health economy strategies, policies and guidance take account of network guidance and/or statements. Where clinical network outputs are not in alignment with health economy decisions, our service will engage and influence networks to form joint working arrangements and if necessary, to review recommendations.
- Provide advice relating to national safety alerts where additional information is needed. An example would be recommendations on alternative medicines and the implications of these, to support local CCG discussions.
- For interface concerns ensure that learning is shared across the health economy and solutions to repeated issues discussed and agreed.
- We will co-ordinate the annual review of antibiotic guidance through a health economy Antimicrobial Expert Group to ensure that advice is in line with public health national guidance and local Consultant Microbiologist expert opinion.
- We will advise CCGs on strategies to improve the use of antibiotics. We will provide strategic pharmaceutical expertise to support local workstreams to manage health acquired infections.
- We will provide strategic pharmaceutical expertise for CCG pandemic flu planning to support effective planning of antivirals and mass vaccination programs.
- We will meet with Trust Chief Pharmacists to debate issues to improve medicines use across primary and secondary care and develop QIPP projects where health economy-wide changes will deliver efficiency savings for CCGs.

Dependencies

CCGs

- CCG GP Prescribing Leads, for attendance at the local decision making committee and any subgroups or task and finish groups, to meet the requirement for CCG representation and committee quoracy.
- The CSU team is a fixed resource to support processes where the activity volume is dependent on national guidance and new medicines and therefore CCGs need to work with us on the ongoing re-prioritisation of work plans to meet demand.
- The service will facilitate processes for local consultation with GPs and the implementation of decisions within primary care



- CCGs are responsible for purchasing sufficient CSU Business Intelligence support to analyse ePACT data.
- CCGs are responsible for the technical platform and IT support for websites.
- CCGs are responsible for the funding of venues for decision-making committees and other health economy wide meetings, where free of charge NHS venues cannot be found.
- CCGs are responsible for the funding of any printing costs e.g. antibiotic guideline booklets, leaflets and posters

Other Stakeholders

- Trust clinicians, for attendance at decision making committee meetings to ensure Trust representation and committee quoracy.
- Chief Pharmacists for attendance at decision making committee meetings to ensure Trust representation and to contribute on behalf of their organization in providing feedback or support joint projects
- Trust Pharmacists, to attend and produce work for subgroups and task and finish meetings.
- Public Health, to attend the decision making committee where their expert opinion is required e.g. sexual health
- GPs, Local Medical Committees, and Local Pharmaceutical Committees for consultation purposes
- NHS England Area Team, to provide advice on Public Health England and specialised commissioning policies that impact on this service component. Vaccination and Immunisation program support, such as the development of PGDs is not included due to being NHS England Area Teams responsibility.

Internal CSU

- Ad hoc advice from CSU functions, such as Contracting, Quality and Performance, Finance, Procurement, Governance, Engagement and IT.

Outputs

- Clinical appraisal of clinical evidence for new medicines reviews (in the absence of NICE or other national guidance)
- Joint Formulary between primary and secondary care, including RAG status
- Prescribing Guidelines
- Communication of strategic medicines decisions
- Shared care protocols
- Medicines safety recommendations
- Horizon scanning for new medicines or guidance
- Antibiotic guidelines and strategies to address appropriate use of antibiotics and health care acquired infections.

National /Local Standards

- NHS Constitution regarding patients' rights on access to treatments and transparent decision-making processes
- NICE Technology Appraisals and Clinical Guidelines
- NICE good practice guidance
- Medicines and Prescribing Centre good practice guidance
- NHS Outcomes Framework
- Public Health England and Specialist Commissioning policies and statements
- The Green Book: Immunisation against Infectious Diseases
- Medicines Healthcare Regulatory Authority
- Medicines Act, Misuse of Drugs Act and other medicines legislation
- General Pharmaceutical Council Code of Ethics for Pharmacists
- Association of British Pharmaceutical Industry (ABPI) code of conduct and standards for engagement

with the pharmaceutical industry

- National QIPP indicators

KPIs

- Local decision-making processes for medicines consider all NICE TA drugs within 3 months of publication
- APC decisions available via website within 4 weeks of approval
- An up to date local formulary and RAG list are maintained in line with locally agreed review dates
- Annual horizon scanning report provided to CCGs by 31st January that identifies prescribing pressures for the following year and is tailored to the CCG population
- Antibiotic guidance is locally reviewed in line with Public Health England guidance.
- The content and continued need for existing shared care agreements are reviewed in line with expiry dates.
- Develop annual agreement of proposed medicines management CQUINs between Trust Chief Pharmacists and CCG MM Teams by 30th September.

MMT002 – Provider Contract Management

Description

- Supporting coordinated development of the medicines elements of provider contracts, e.g. annual review of commissioning arrangements schedule for specified high cost drugs, quality schedules and CQUIN options, as required. This will facilitate consistency in agreements across the health economy and sign up from Trust Chief Pharmacists. Ideas are developed at scale and fed into local health economy discussions. The team will review providers' monitoring reports and raise concerns for discussion.
- Development of contract levers that require high cost drugs data is made available to the agreed standard for CSU monitoring on behalf of CCGs. This is necessary to provide assurances to CCGs that they are not being charged inappropriately for NHS England indications; to identify QIPP opportunities and to ensure CCGs are realizing savings from patient access schemes. This is a high growth area of prescribing and presents significant financial risk with historically minimal mechanisms to validate expenditure or enable clinical interpretation. In 2014-15 a development plan will be agreed with CCGs, including an assessment of baseline historical arrangements between CCGs and Trusts, standard setting and the development where required of phased implementation plans with monitoring against interim milestones. Depending on the scale of these plans additional resources may need to be discussed.
- Provide high level advice on high cost drugs data regarding expenditure monitoring and the identification of solutions, including homecare medicines supply. The extent to which this support can be provided is limited by the availability and granularity of data. Where data is limited, the service will focus on the development plan in 2014-15 and then re-evaluate CCG requirements and the associated resource implications for improved ongoing management of high cost drugs.
- We will identify joint QIPP opportunities across primary/secondary/tertiary care, facilitation of implementation plans through agreed formularies or transfer to homecare.
- Provide a pharmaceutical link between the CCGs and specialised commissioning, ensuring CCGs are kept up to date with NHSE policy changes affecting CCGs and facilitating responses to queries.
- Supporting CCGs with medicines related advice on independent providers' contract performance.

Dependencies

CCGs

- CCGs are responsible for ensuring effective contractual levers are implemented to drive sufficient data provision for monitoring and interpretation purposes.
- CCGs to consider how proposed medicines management CQUIN topics, KPIs, quality or audit proposals will be prioritised within contract negotiations.
- CCG Contracting Team for inclusion and monitoring of MM elements of quality contract and CQUIN
- CCG Medicines Management (where relevant) and Prescribing Lead GPs to agree QIPP projects and deliver primary care elements of projects

Other Stakeholders

- Hospital Chief Pharmacists – monitoring of healthcare provider contracts, support to implement QIPP projects and improve data provision.
- Finance Departments – monitoring and reporting on homecare and high cost drug budgets
- NHSE England Area Teams – to provide clarity on CCG and NHSE funded high cost drugs

Internal

- CSU Contracting Team – inclusion of medicines management elements into the quality contract and CQUIN
- CSU Business Intelligence
- Ad hoc advice from other CSU functions, such as Contracting, Quality and Performance, Finance, Procurement, Governance, Engagement and IT.

Outputs

- Annually reviewed commissioning arrangements schedule for high cost drugs
- Annually reviewed quality contract schedule for medicines
- CQUIN schedule for medicines
- Advice on standards for high cost drugs data provision
- QIPP project development

National /Local Standards

- NHS Constitution regarding patients' rights on access to treatments and transparent decision-making processes
- NICE Technology Appraisals and Clinical Guidelines
- NICE good practice guidance
- Medicines and Prescribing Centre good practice guidance
- NHS Outcomes Framework
- National guidance on specified high cost drugs, Public Health England and Specialised Commissioning policies and statements
- Medicines Act, Misuse of Drugs Act and other medicines legislation
- Association of British Pharmaceutical Industry (ABPI) code of conduct and standards for engagement with the pharmaceutical industry
- General Pharmaceutical Council Code of Ethics for Pharmacists

KPIs

- Develop annual agreement of proposed medicines management quality indicators and CQUINs between Trust Chief Pharmacists and CCG MM Teams by 30th September.



MMT003- Medicines Governance

Description

- Where requested by the CCG, provide advice on regulatory compliance for services directly commissioned by the CCG. Our expert advisers will review and comment on medicines policies ensuring they meet legislative requirements and best practice standards for medicines procurement, use and storage. Providers will be advised on required improvements and we will oversee these being actioned by the provider. Once reviews are complete a written report for CCGs will be provided for assurance purposes.
- Patient Group Directions (PGDs), written by the provider will also be reviewed where requested. The service will provide a pharmaceutical, legal and clinical check to ensure that the PGDs are legal in content, pharmaceutically accurate and in line with locally agreed medicines policies and guidelines.
- We provide informed responses to medicines related Freedom of Information (FOI) requests where the information is held by the CSU, the majority relate to strategic medicines decisions and the underpinning processes. CSU Business Solutions direct prescribing related FOIs to a central CSU medicines management inbox that is accessed twice daily to ensure timely responses or onward triage to locality CSU or CCG Medicines Management Teams if the response cannot be managed centrally. This enables timely, efficient, consistent and locally informed responses across all CCG clients. Where CCGs operate an in-house process to manage responses, this is handled in the same way as triage from CSU Business Solutions, to the central inbox for medicines management input. CCGs are responsible for drafting medicines related FOI responses themselves if they do not purchase this component, making reference to agreed medicines policy statements, formulary, guidelines or terms of reference for medicines recommendation or decision-making processes.
- The service also provides draft responses for medicines related MP letters, PALs enquiries and media enquiries where the information is held by the CSU. The process via the central inbox and scope of the service to manage these is as described under FOIs above.
- Support CCG compliance with the Association of British Pharmaceutical Industry (ABPI) code of practice for the pharmaceutical industry by providing a standard template policy that can be adapted for use by CCGs and GP practices for their assurance arrangements.
- Advise CCGs on any proposals for joint working with the pharmaceutical industry. Our advice will identify where projects conflict with the APBI code, or with health economy objectives, guidelines and policies. We will advise CCGs on advantages or disadvantages or other considerations and where possible advise on changes to resolve any concerns. This may also involve direct liaison with the relevant Pharmaceutical Company.
- Provide CCGs with a set of standard medicines policy templates for local adoption by GP practices to enable their compliance with CQC standards, medicines legislation and best practice. The templates will be updated in line with changes in legislation or best practice and will include a Safe and Secure Handling of Medicines Policy, Cold Chain Policy, Controlled Drug Policy and Prescribing Policy (including safe handling of controlled stationary, such as prescriptions). Additional GP practice policies will be developed where defined as a priority for CCGs and agreed by the CSU, in line with new legislation or nationally recommended best practice. Provide advice for GP practices where required.

Dependencies

CCG (where the Locality Medicines Management Service is provided by CCGs in-house)

- Input to discussion and reach consensus on the proposed content of standardised medicines policy templates or other outputs.

- Local adaption and ratification of medicines policy templates and dissemination to GP Practices.
- Input to discussions on pharma project proposals and to make the recommended amendments to project proposals and/or education programmes.

Other Stakeholders

- Service Providers, for timely access to their medicines policies and PGDs and to make subsequent changes as recommended by this service.
- Pharmaceutical Companies for discussions around project proposals and to make amendments as agreed with CCGs on project proposals and/or education programs.

Internal

- Business Solutions for management of FOI enquiries, MP Letters, and complaints. This component is also compatible with in-house CCG management of these processes.
- Ad hoc advice from other CSU functions, such as Contracting, Quality and Performance, Finance, Procurement, Governance, Engagement and IT.

Outputs

- Summary reports of advice on policies or PGDs for CCG commissioned services
- Responses to FOIs, media enquiries, MP letters and complaints drafted for CCG authorisation
- Policy for working in partnership with the pharmaceutical industry
- Summary reports of advice on CCG joint working projects with the pharmaceutical industry
- Medicines policy templates for GP practices reviewed and updated every 2 years.

National /Local Standards

- Medicines Act, Misuse of Drugs Act and other medicines legislation, waste legislation
- Care Quality Commission guidance
- Medicines and Healthcare Regulatory Agency
- Association of British Pharmaceutical Industry (ABPI) code of conduct and standards for engagement with the pharmaceutical industry
- NICE Technology Appraisals and Clinical Guidelines
- Locally agreed formulary and policy statements
- NHS England or Public Health England policies and standards
- Medicines and Prescribing Centre good practice guidance
- General Pharmaceutical Council Code of Ethics for Pharmacists

KPIs

- Assess requests for assurance that CCG commissioned services comply with medicines legislation and respond within 2 weeks to agree timescale for required work (subject to provider co-operation).
- Agreed range of medicines policy and audit templates for GP practices will be updated bi-annually.

MMT004- Locality Medicines Management Service

Description

Prescribing Performance

General practice prescribing is a significant aspect of CCG financial management and forward planning. Specialist advice is required to understand national or local influences and implement appropriate monitoring, support and management strategies in order to influence performance improvement and reduce clinical and financial risk.

- Provide support to manage the CCG prescribing budget and provide strategies to address significant over and under spends.
- Input to the prescribing budget setting process, including liaison with CCG finance regarding horizon scanning impact.
- In conjunction with CCG priorities, develop and maintain a CCG medicines optimisation strategy to ensure prescribing is high quality, safe and cost-effective.
- Strategic advice on CCG funded prescribing decision support software; this will include oversight of the process for developing and maintaining the database of up to date and locally appropriate point of prescribing messages, and maximising the CCG's return on investment. Other activity includes liaison with the current provider and advice on available alternative products.
- Provide direction and performance management oversight for the CCG's practice based medicines management service. This includes liaison to review GP practice performance, development and reaching agreement on action plans, follow-up and escalation in line with CCG systems. Regular communications are provided regarding prescribing performance to enable the team to monitor progress and address outliers.
- Development, communication and reporting of an annual GP practice satisfaction survey for the practice-based and wider medicines management service.
- Development and delivery of prescribing updates, such as presentations or written materials, for GPs and Practice Nurses where required, in conjunction with the practice based service.
- Report monthly prescribing performance, in line with CCG reporting systems, including informed commentary on any outliers, trends and likely influences.
- Advise prescribing data analysts on appropriate content for an agreed set of prescribing data reports, in line with CCG requirements and influenced by current plans or concerns.
- Clinical interpretation of data, trends, variation and benchmarking, including national trends or pricing drivers and liaise with CCG prescribing lead and practice based service on required actions.
- CCG advice on prescribing budget performance for commissioned services
- Make CCG level proposals for incentive schemes or alternatives to engage GP practices in improving performance, where required; develop criteria and measures; report progress and evaluate achievement.
- Respond to enquiries from GP practices and their staff regarding clinical evidence, local guidance, medicines at care interfaces and supply problems. Also includes response to community pharmacy queries where this involves clarification of medicines management guidance.
- Ensure regular communications with the CCG, practice based service and prescribers with regards to national and local guidance updates and prescribing policy decisions or formulary developments.
- CCG advice on prescribing budget performance for commissioned services.
- Support CCGs with antibacterial stewardship and local implementation of strategies for reviewing and managing antibiotic prescribing including patient and healthcare professional education campaigns.
- Local implementation of medicines elements of strategies for reducing Health Care Acquired Infections.
- CCG advice and support for reducing medicines waste and implementation of local strategies for educating patients and process improvement for repeat prescribing systems within GP practices.



Medicines Management QIPP

We will support the CCG and the practice based service to deliver cost effective, clinical reviews through a structured QIPP plan that is developed at scale, before being tailored to individual CCG priorities and requirements.

- Scale working to identify and develop CCG QIPP opportunities; this includes clinical interpretation of prescribing data for growth, variation and benchmarking; then identifying opportunities from this analysis, team ideas and best practice locally or nationally.
- A CCG specific QIPP annual plan will be developed, with local tailoring and prioritisation in discussion with the CCG. Estimated outcomes will inform CCG financial and QIPP planning. Progress against plan will be managed, monitored and reported at agreed intervals, including escalation and mitigation plans.
- Efficient development at scale of individual project implementation plans and documentation for practice-based medicines management staff to implement. Outcomes are maximized when this service operates with a constant flow of projects, and senior support with training and appropriate GP engagement strategies. Where applicable corresponding project materials for medicines coordinators will be developed. Best practice is shared between locality teams during implementation and outcomes are benchmarked to support future learning.
- Implementation of health economy QIPP opportunities within the locality.

Medicines Governance and Safety

This support will ensure the CCG satisfies responsibilities for protecting patients and safe commissioning of services.

- Provide CCG advice and support to manage performance concerns for individual professionals, incidents, near misses; facilitate shared learning and liaison with practice based service to ensure implementation of recommendations. This may also include attendance at incident panels.
- CCG advice on medicines related safety alerts and liaison with practice based service regarding implementation, where appropriate.
- Medicines management input into CCG governance issues where necessary.
- Provide ad-hoc medicines management advice for CCG commissioned services. The main activity such as policy reviews will be undertaken as part of service component 3.
- Adoption and implementation of Patient Group Directions (PGDs) for services commissioned by the CCG e.g. community pharmacy services. Signposting GP practice queries regarding Vaccination and Immunisation PGDs to the appropriate contacts within local Area Teams.

Local Implementation of Health Economy Recommendations (where the APC footprint covers multiple CCGs)

This support addresses CCG representation, local consultation and formal CCG consideration of Area Prescribing Committee (or equivalent) recommendations.

- CCG pharmaceutical representation at Area Prescribing Committee (or equivalent) and related groups; facilitate wider CCG representation at APC or sub-groups.
- Ensure appropriate processes are followed within the CCG for consideration and approval of APC or other recommendations.
- Advice regarding medicines content of CCG website and communications.
- Input to CCG commissioning intentions, implementation of approved shared care protocols and advice to relevant CCG committees with regards to prescribing and medicines management.

CCG Initiatives

- The majority of activity within this service component will deliver the specified medicines management responsibilities. However a limited resource has been included to address wider CCG initiatives.
- We will provide ad-hoc advice for medicines aspects of new CCG initiatives or clinical pathway redesign.



- Where these programs require significant involvement and resources that cannot be managed through re-prioritisation of overall work plans, additional resource requirements will be discussed with the CCG. This effort is capped at half a day per week.

Controlled Drugs

From April 2013 the safer management of controlled drugs became the responsibility of NHS England Area Teams and therefore support for these activities is not included within this service.

Management of community pharmacy enhanced services is out of scope

Dependencies

External

- CCG Executive Team; CCG Finance; CCG commissioning managers: the team will deal directly with medicines management issues at a CCG level so it is vital that they can access the relevant CCG staff to deliver key elements of the service. The CCG executive team will require assurances on management of budgets, strategies to address outliers and an overview of key issues affecting the CCG.
- CCG Prescribing Lead: Medicines Management Team impact is maximised with sufficient dedicated GP Prescribing Lead sessions and where the CCG operates an effective wider GP practice engagement strategy.
- CCG Non-Medical Prescribing Lead: to provide advice with regards to any specific prescribing issues
- CCG committees and working groups including Medicines Management Committee (or equivalent): an agreed set of core meetings is attended for input to wider discussions and to present relevant information to the CCG.
- Practice based team (if internal to CCG): Provide direction and performance management oversight of the practice based medicines management team
- GP Practices and staff: need to be fully informed of developments and updates
- Other CCG Medicines Management Leads
- Hospital/Community Trust Chief Pharmacists: medicines management issues at the interface is a significant part of work and they will engage with trust chief pharmacists about recurring trends or to discuss joint projects
- Clinical leads from provider trusts: in order to develop QIPP projects that are effective and appropriate the team will liaise to gauge opinion on proposed projects and to discuss implementation. In order to implement CCG priorities it will be necessary to work jointly with specific teams within these trusts e.g. dietetics, continence team, district nurses, diabetes teams
- Community Pharmacists: In order for QIPP projects to succeed and to ensure consistent messages to patients it is important that community pharmacies are informed of proposed work projects and are aware of local priorities. They are well placed to complement medicines management support and reinforce messages to patients and prescribers.
- Clinical networks: Representation would be resourced via Component 1 but this service would be required to address any issues at CCG level

Internal

- Business Intelligence: where CCGs do not purchase CSU BI, provision must be made for access to sufficient prescribing analyst capacity as significant expertise and resource is required to produce regular prescribing reports and to manipulate data according to CCG needs.
- CSU Business Solutions: for complaints, MP letters, FOI input and IFR outcomes the point of contact is via Component 3, but the locality medicines management team would discuss responses with the CCG where required
- Practice based team – if employed by CSU, provide direction and performance management oversight of the practice based medicines management team
- Ad hoc advice from CSU functions, such as Contracting, Quality and Performance, Finance, Procurement, Governance, Engagement and IT.



Outputs

- QIPP project identification, plan development, progress monitoring and mitigation plans
- Agreed set of prescribing reports with clinical commentary and locally informed narrative
- Commentary on budget statements – reports to finance committee as required
- Core set of agreed meetings attended routinely and ad hoc meetings attended where agreed with the CCG
- Medicines aspects of incidents managed and learning shared
- Education and updates developed and implemented
- Medicines optimisation strategy development and implementation
- Performance oversight of practice based team and outcome reporting to the appropriate committee, for efficiency savings, clinical outcomes and interventions, adherence to work plan and evidence of QIPP savings
- GP practice satisfaction survey report
- CCG approved Area Prescribing Committee decisions and communication to CCG and member practices
- Contribute to other service components eg APC sub-group work outputs
- Incentive scheme (or equivalent) development and management where required, and notification of achievement to enable CCG payments to practices

Outcomes for efficiency savings, individual patient interventions, safety projects and audit are captured and reported for GP practices and CCG oversight. A range of further work will deliver cost avoidance and quality improvements that are more problematic to quantify.

National /Local Standards

- NHS Constitution regarding patients' rights on access to treatments and transparent decision-making processes
- NICE Technology Appraisals and Clinical Guidelines
- NICE good practice guidance
- Medicines and Prescribing Centre good practice guidance
- NHS Outcomes Framework
- Medicines Healthcare Regulatory Authority
- Medicines Act, Misuse of Drugs Act and other medicines legislation, including specifically for PGDs and CDs
- General Pharmaceutical Council Code of Ethics for Pharmacists
- Association of British Pharmaceutical Industry (ABPI) code of conduct and standards for engagement with the pharmaceutical industry
- National QIPP indicators
- Locally agreed formulary and policy statements

KPIs

- Delivery of routine and adhoc work as agreed with the CCG and delivered to a standard agreed by the CCG
- Attendance at routine and ad-hoc meetings as agreed with CCG
- Provide the CCG with commentary on the agreed set of monthly/quarterly reports on CCG/practice prescribing performance, including insight into trends and any proposed mitigating action.
- Medicines Management Team highlights finance and performance report to GP practices in line with the agreed reporting schedule

MMT006- Practice Based Support

Description

Leadership for the practice-based service

- Provide senior leadership for the practice-based service, team work plans, and objective setting via individual performance management and HR support. Recruitment of practice based staff.
- Team meetings will be held to focus the team on the delivery plan required by the CCG and staff will be supported to influence change in clinical practice by our training and development plans.
- Line managers will ensure staff outcomes are recorded in order to evidence of achievement against CCG plans. Mitigating action will be implemented to manage work plans to agreed timescales and concerns will be escalated to the CSU Locality Medicines Management Lead for CCG reporting and discussion.
- Staff will be supported in the use of strategies to influence prescribers in changing their clinical practice.

Practice prescribing performance

- Agree implementation of action plans arising from review of practice performance
- Implement agreed action plans and follow escalation process where required
- Agree strategies to address outlying practice
- Regular communications at practice level regarding prescribing performance, utilising practice meetings, Practice Prescribing Lead GP discussions and wider informal discussions as appropriate. Inform these discussions with best practice from across the CSU practice-based teams and successes in other GP practices.

CCG QIPP opportunities

- Provide input to the scale development of CCG QIPP plans by generating ideas and providing practical advice on implementation in practice. Input into the development and implementation of the annual work plan.
- Implement individual QIPP projects in line with agreed team and localised protocols and standards.

Practice-based support

- Interpretation of clinical evidence and data to improve practice prescribing performance
- Improve compliance with local guidance and formulary choices by promoting and influencing change
- Support QIPP projects, safety alerts and drug withdrawals by influencing prescribers to change practice, and where required by the CCG, the implementation of medication changes.
- Medication review, including technical and clinical reviews, undertaken on-screen or with patients in clinic or in various care settings.
- Process improvement in GP practices e.g. GP practice repeat prescribing systems, care home systems for ordering medicines, maximising prescribing decision support software outcomes.
- Clinical audit focussing on identifying root causes of variation in prescribing performance to facilitate improvement in primary or secondary care.
- Support for planning and delivery of prescriber, practice nurse and practice staff educational initiatives via presentations, meetings or written information
- Response to enquiries regarding clinical evidence, local guidance, medicines at care interfaces, supply problems. Also includes response to community pharmacy queries relating to medicines management issues.
- Adaptation and implementation of template medicines policy protocols at practice level

Medicines Co-ordinators/Managers

- Development of the annual training programme and training materials, working at scale across the



CSUs practice-based CCG teams and tailoring for local use.

- Delivery of training sessions at a frequency agreed with the CCG; this activity also includes arranging the meeting dates and venues.
- Monitoring project implementation and reporting outcomes according to agreed processes.
- Facilitation of payments to practices where required

Prescribing decision-support software

- Developing and maintaining an up to date database of locally authored messages, aligned with health economy and local priorities and guidance.
- Produce an agreed set of reports to monitor outcomes and any variation on GP engagement.
- Facilitate GP practice support for adoption of prescribing messages and ongoing discussion about report parameters such as acceptance rates.

Prescribing decision support software

- Content management e.g. maintaining the database of current locally authored messages aligned with health economy decisions

Dependencies

External

- CCG Prescribing Lead: Medicines Management Team impact is maximised with sufficient dedicated GP Prescribing Lead sessions and where the CCG operates an effective wider GP practice engagement strategy.
- GP Practices and staff: Outcomes will be dependent on the level of individual GP and GP practice engagement and their ownership for maximising prescribing performance. GP prescribing is subject to a wide range of influences, e.g. from patients, peers, pharmaceutical company promotion, dispensing doctor arrangements, secondary care etc. Therefore there is wide variation in impact between GP practices from the same intervention by the medicines management team. The number of projects delivered within the CCG's annual plan will be dependent on how long implementation takes in each practice. This often cannot be predicted accurately at the outset because prescribing data does not define patient numbers for each indication the drug is used for, or whether the preferred option has been tried and failed previously. Also systems vary widely within individual practices and in how much action the practice is willing to undertake themselves.
- Hospital/Community Trust Pharmacists: medicines management issues at the interface is a significant part of work.
- Community Pharmacists: in order for QIPP projects to succeed and to ensure consistent messages to patients it is important that community pharmacies are informed of proposed work projects and are aware of local priorities. They are well placed to complement medicines management support and reinforce messages to patients and prescribers.
- Decision support software providers

Internal

- Locality Medicines Management Service : for direction and performance management oversight of the practice based medicines management team, and QIPP plans and projects developed at scale
- Business Intelligence: if CCGs do not purchase CSU BI, in-house CCG resource must be available as significant expertise and resource required to produce regular prescribing reports and to manipulate data according to CCG needs.
- IT support: Required in order for the team to work effectively from practices and bases
- Ad hoc advice from CSU functions, such as Contracting, Quality and Performance, Finance, Procurement, Governance, Engagement and IT.

Outputs

Practice action plans and meetings to influence prescribers



Monthly reports of efficiency savings and other outcomes
Individual project reports
Patient interventions
GP practice satisfaction survey results
Locally authored messages for prescribing decision-support software
Training and support for practice medicines managers/coordinators

Outcomes for efficiency savings, individual patient interventions, safety projects and audit are captured and reported for GP practices and CCG oversight. A range of further work will deliver cost avoidance and quality improvements that are more problematic to quantify.

Opportunities are identified and implemented to improve prescribing performance as part of the annual plan agreed with each CCG. However there is a significant element of unplanned work dependent on drug withdrawals, safety alerts, changes in guidance etc., and this will impact on anticipated service outcomes.

National /Local Standards

- NHS Constitution regarding patients' rights on access to treatments and transparent decision-making processes
- NICE Technology Appraisals and Clinical Guidelines
- NICE good practice guidance
- Medicines and Prescribing Centre good practice guidance
- NHS Outcomes Framework
- Medicines Healthcare Regulatory Authority
- Medicines Act, Misuse of Drugs Act and other medicines legislation, including specifically for PGDs and CDs
- General Pharmaceutical Council Code of Ethics for Pharmacists
- Association of British Pharmaceutical Industry (ABPI) code of conduct and standards for engagement with the pharmaceutical industry
- National QIPP indicators
- Locally agreed formulary and policy statements

Practice Based Medicines Management & Locality Service KPIs (KPIs apply to both components)

- Efficiency savings and other outcomes from MM Plan project implementation are reported to the CCG at the agreed frequency and any concerns regarding deviation from the plan are discussed with the CCG
- Results from a GP practice satisfaction survey will be made available annually and maintain a sufficient level of satisfaction

MMT007- Monitoring Non-medical Prescribing

Description

The service will provide assurance that prescribing by non-medical prescribers is monitored via ePACT data and reconciled against their declared clinical competencies, escalating any unresolved concerns as required. This will mitigate risk to the CCG, both financial and reputational. GP practices will also be supported to address risk associated with non-medical prescribing.

Pre-qualification, it remains the responsibility of individual employers and line managers to ensure that the criteria for training as a non-medical prescriber are met and that the application to the Higher Education facility has been completed. The CCG may also offer advice or nurse leadership to this process. This service component is limited to post-qualification activity; the CSU has no responsibility for the approval of application processes. Training of NMPs to ensure continuing competence to prescribe remains the responsibility of the individual and their employer/line manager.

Where the prescribing budget remains with the CCG, the service will provide:

- A check that the prescriber is appropriate to add to the Prescription Pricing Division (PPD) list of NMPs. This includes ensuring they are registered with their profession as a prescriber and that they have completed a declaration of areas of competence for prescribing, including controlled drugs.
- Management of additions and removals from the PPD list
- Creation and maintenance of an up to date database of NMPs and their employer, to ensure that costs are appropriately attributed to the GP practice/other provider and CCG
- Processes to ensure competency declarations are updated each year as a minimum and when the team is informed of any changes to competencies.
- Monitoring and clinical interpretation of prescribing data for individual NMPs against declared competencies at agreed intervals and feedback to the CCG, including any governance or financial concerns. This will mitigate clinical risk to patients and reputational risk to the CCG. Within Component 4, the Locality Medicines Management Service, pharmaceutical advice will be provided to support any investigations undertaken by the CCG or NHS England Area Team.
- A template best practice policy for non-medical prescribing for GP practices, based on sound knowledge of the legislation underpinning non-medical prescribing
- Necessary verbal or written prescribing updates for practice nurses, including NMPs will be included in this service component. More resource intensive training will be delivered by the practice-based pharmacists (Service Component 5) where agreed with the CCG.
- This core service does not include individual induction meetings with GP practice employed prescribers to discuss best practice and ensure full understanding of their responsibilities as a prescriber. This can be costed and provided as an additional service or where agreed with the CCG, this can be included within the capped activity for CCG initiatives within Service Component 4 (Locality Medicines Management Service).

Where the prescribing budget has been devolved to the provider, the service will:

- Offer advice to new providers to enable them to take responsibility for ordering, safe storage and issuing of prescription pads.

Dependencies

External

- Employers of non-medical prescribers, including GP practices, retain responsibility for ensuring they

are appropriately qualified to train as prescribers and for the training required to maintain their competence as prescribers

- CCG lead nurse for professional advice and any actions arising from concerns relating to non-medical prescribers
- GP practices to support professional development of employed NMPs
- NHS England Area Team to address concerns and incidents
- Prescription Pricing Division

Internal

- Business Intelligence service for ePACT data analysis
- Ad hoc advice from CSU functions, such as Contracting, Quality and Performance, Finance, Procurement, Governance, Engagement and IT.

Outputs

- Accurate and up to date register of non-medical prescribers
- Statements of competencies held for every non-medical prescriber, with annual updates as minimum
- Clinical interpretation of prescribing data reports and monitored against declared competencies
- Concerns highlighted to GP practices and the CCG
- Reports to CCG committees
- Local policy for Non-Medical Prescribing

National /Local Standards

- Care Quality Commission guidance
- Nursing and Midwifery Council good practice guidance
- Local policy for Non-Medical Prescribing
- NICE Technology Appraisals, clinical guidelines and good practice guidance
- Medicines and Prescribing Centre good practice guidance
- Medicines Healthcare Regulatory Authority
- Medicines Act, Misuse of Drugs Act and other medicines or waste legislation
- General Pharmaceutical Council Code of Ethics for Pharmacists

KPIs

Approval to practice forms and competency statements will be validated annually with NMPs and GP practices

MT008- Controlled Drugs Support

Description

- Clinical interpretation of prescribing data and initiate processes to follow up variations with prescribers, then collating and recording responses. Any unresolved concerns will be discussed with the CCG and escalated to the NHSE CDAO.
- Report all complaints, incidents or other concerns involving safe use of CDs to the NHSE CDAO
- Provide a quarterly Local Intelligence Network (LIN) report in line with NHSE requirements
- Represent the CCG at the Local Intelligence Network (LIN), where required and facilitating CCG consideration of these reports and LIN feedback.
- The provision of staff to witness CD destructions in GP practices is out of scope, where agreed with the CCG this will be undertaken by practice based staff.

Dependencies

- NHSE Controlled Drugs Accountable Officer and Local Intelligence Network
- CCG Executive Team: will require assurances on performance issues, strategies to address outliers and an overview of key issues affecting the CCG.
- CCG Prescribing Lead: for clinical leadership and advice
- CCG Non-Medical Prescribing Lead: to provide advice with regards to any specific prescribing issues
- GP Practices and staff

Internal

- Business Intelligence: where CCGs do not purchase the CSU Business Intelligence service they must make provision for access to sufficient prescribing analyst capacity, as significant expertise and resource is required to produce regular prescribing reports and to manipulate data according to CCG needs.
- Ad hoc advice from CSU functions, such as Contracting, Quality and Performance, Finance, Procurement, Governance, Engagement and IT.

Outputs

- Clinical commentary and follow up arising from controlled drugs reports
- Medicines aspects of incidents managed and learning shared
- Education and updates developed and implemented
- Core set of meetings attended routinely and ad hoc meetings attended as required by the CCG

National /Local Standards

- Controlled Drugs (supervision of management and use) Regulations 2013
- NHS England Single Operating Model
- Medicines Act, Misuse of Drugs Act and other medicines legislation
- NICE Technology Appraisals, clinical guidelines and good practice guidance
- Medicines and Prescribing Centre good practice guidance
- Medicines Healthcare Regulatory Authority
- Association of British Pharmaceutical Industry (ABPI) code of conduct and standards for engagement with the pharmaceutical industry
- Locally agreed formulary and policy statements
- General Pharmaceutical Council Code of Ethics for Pharmacists

KPIs

Provide a quarterly report to the Controlled Drugs Local Intelligence Network