



Somerset

Clinical Commissioning Group

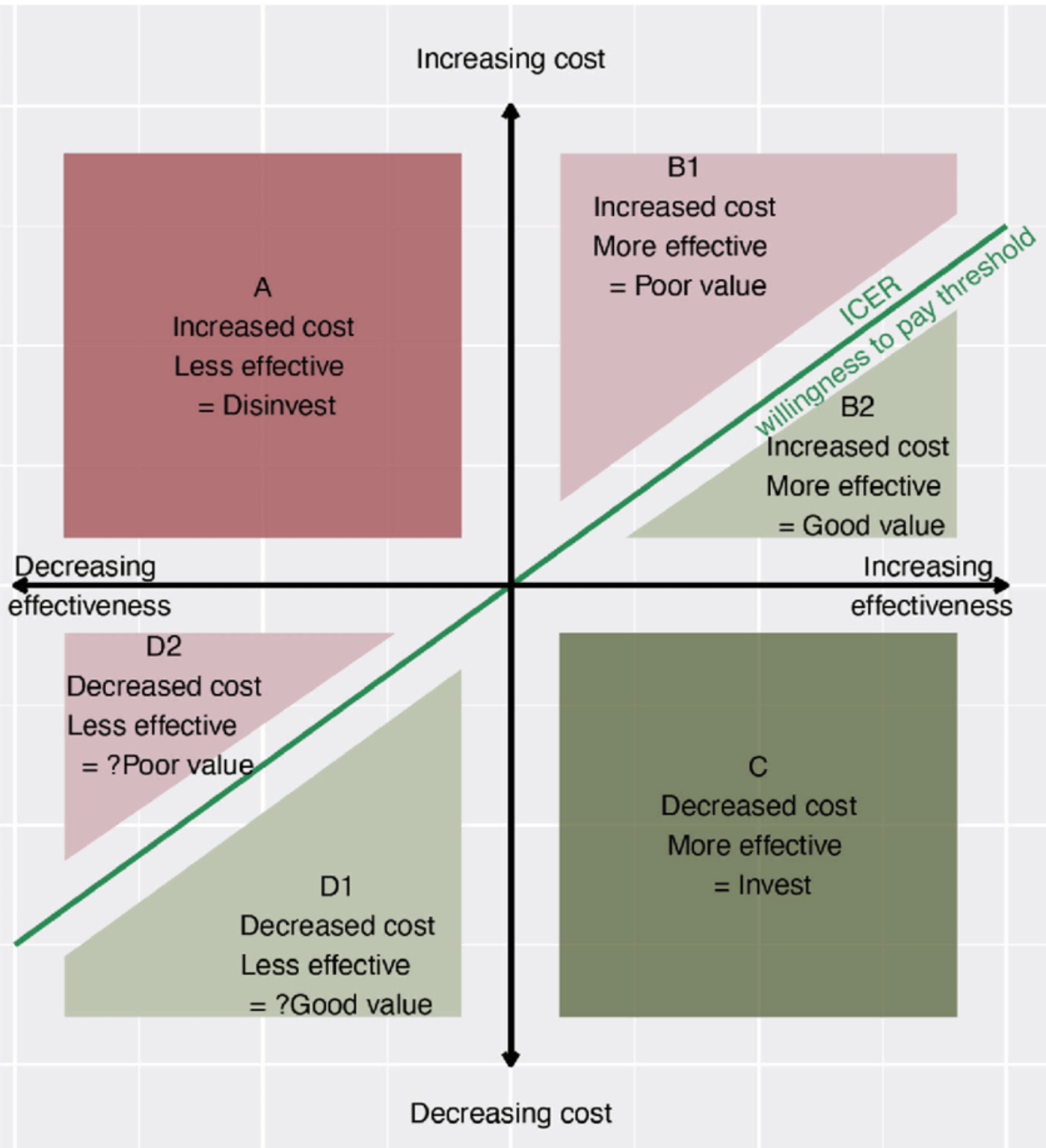
Shaun Green
Deputy Director of Clinical Effectiveness and
Medicines Management

May 2022

- **Prescribing and quality improvement incentive scheme**
 - Return to Budget percentage up to 25p per patient
 - Continued scorecard banding
 - 15 Green or more indicators 40p per patient
 - 12 Green or more indicators 30p per patient
 - 9 Green or more indicators 20p per patient
 - 7 Green or more indicators 10p per patient

Prescribing and quality improvement incentive scheme

- **Non Medical prescriber may be the practice prescribing lead**
- **Annual Meeting with MM team required before Christmas – Earlier the better**
- **Practices still required to have a sepsis lead**



2022-23 Scorecard indicators



Somerset

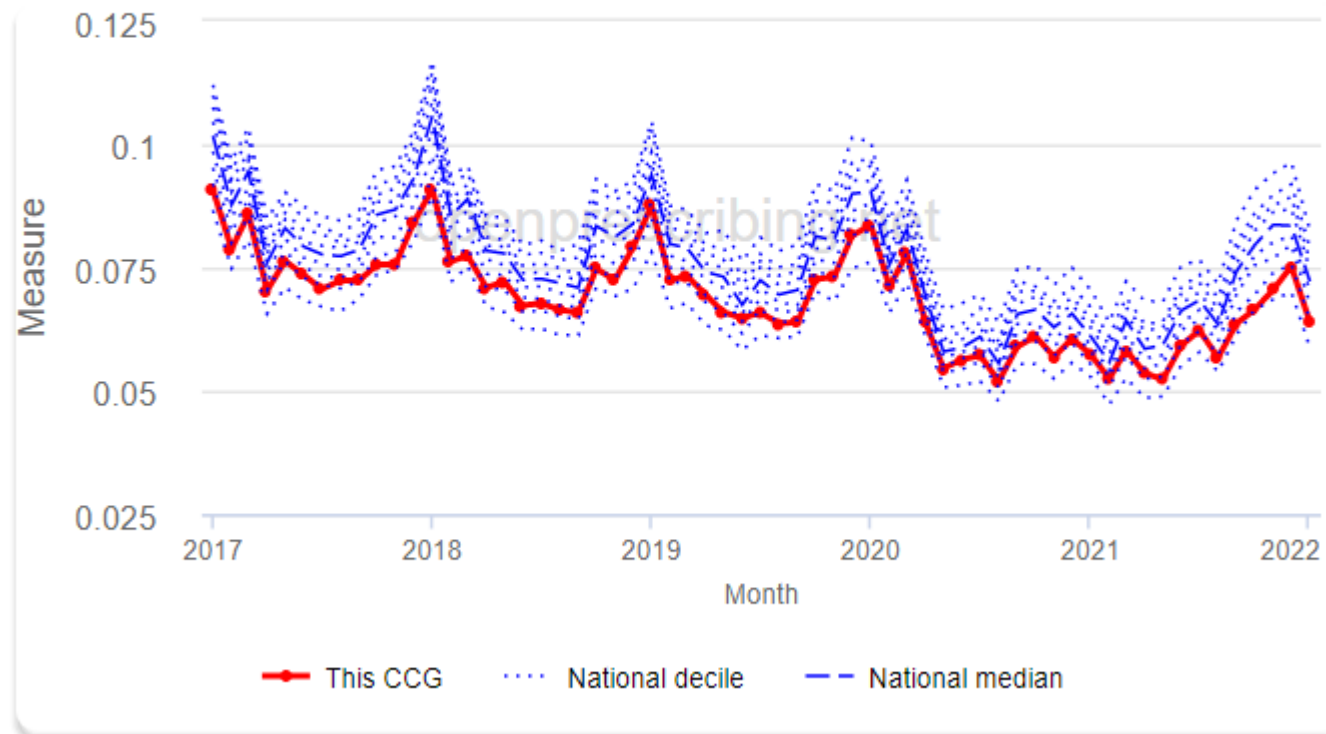
Clinical Commissioning Group

1. Achievement of National antimicrobial prescribing targets and has an identified sepsis lead
2. Eclipse- Reduction in Radar Red and Amber alerts per 1000 Astro PU (<0.50 per 1000 Astro Pu)
3. Percentage LD and Dementia patients prescribed antipsychotic medication (<8%)
4. 50% reduction in Percentage of patients on same inhaler type (just MDI or just DPI)
5. Cost effective MDI combo / single inhalers (60%)
6. Cost effective DPI combo / single inhalers (60%)
7. BG test strips £9.25 or less per pack of 50 (75%)
8. Gliflozins as a % of gliflozins+gliptins (60%)
9. Reduction in plain vit D / calcium and vit D prescribing no bone sparing agent (<4.05 patients per 1000 Astro Pu)
10. % Patients with all 8 diabetes care processes undertaken (70%)
11. CCG Formulary preferred opiate formulations (80%)
12. Reducing Opiate prescribing (excluding injectables) (opiate ADQ/1000 astroPU <43 (or Jan - March 2023 data has reduced by 10% compared to baseline)
13. 50% reduction in oral morphine solution for all patients (<150ml per 1000 analgesia star PU)
14. Potential generic savings(<0.25%)
15. NHSE OTC selfcare indicators including hayfever (<£375 per 1000 patients)
16. Cumulative sip feed spend per 1000 patients over 3 months (<£500 per 1000 patients (current CCG average) or reduce spend by 10%)
17. Reduction in hypnotic and anxiolytic prescribing (<215 ADQ per 1000 patients)
18. Spend on preferred products as % spend on all emollients (40%)
19. % solifenacin (>65%)
20. Reduction in anti-cholinergic burden prescribing (below Target 0.76% current CCG average)

- Scorecard 2022 – 23

1 Reduce inappropriate Antibiotic prescribing

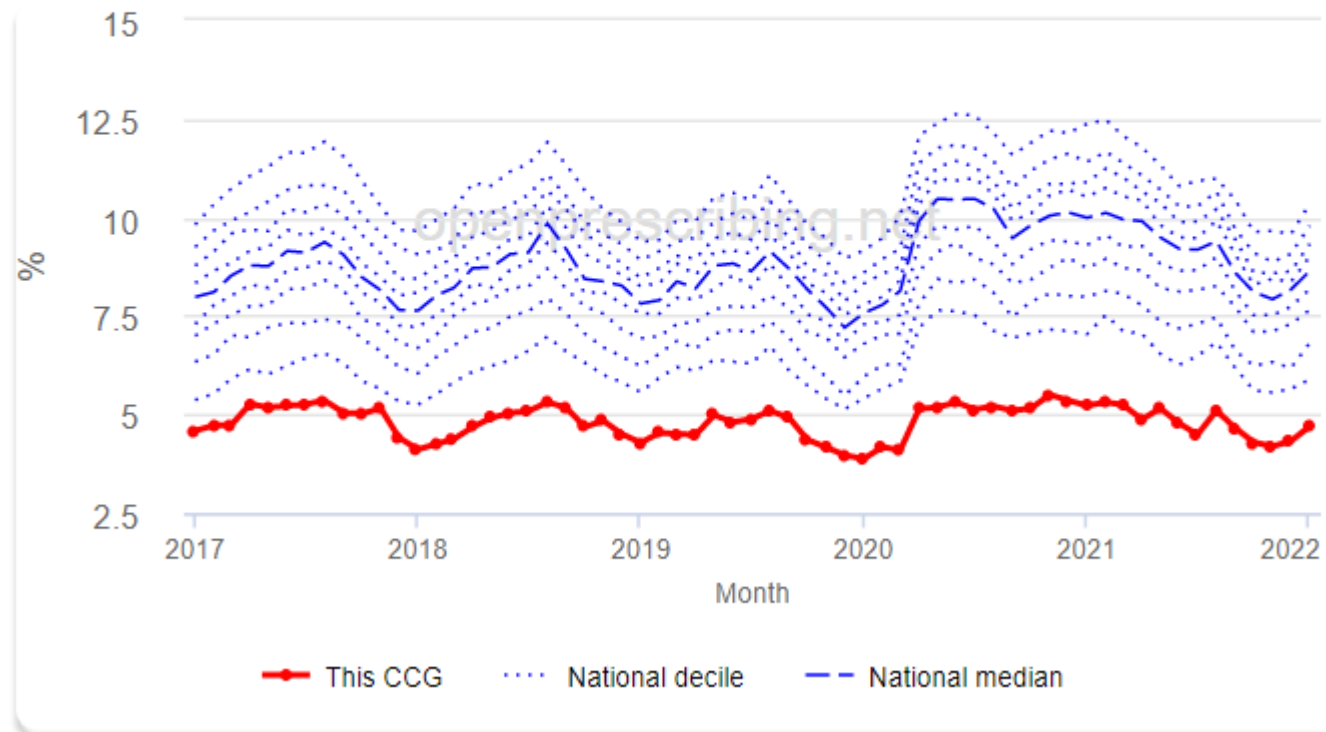
Number of prescription items for all antibacterial drugs (BNF 5.1) per oral antibacterials (BNF 5.1 sub-set) item-based STAR-PU.



- **Scorecard 2022 – 23**

- **Reduce inappropriate Antibiotic prescribing**

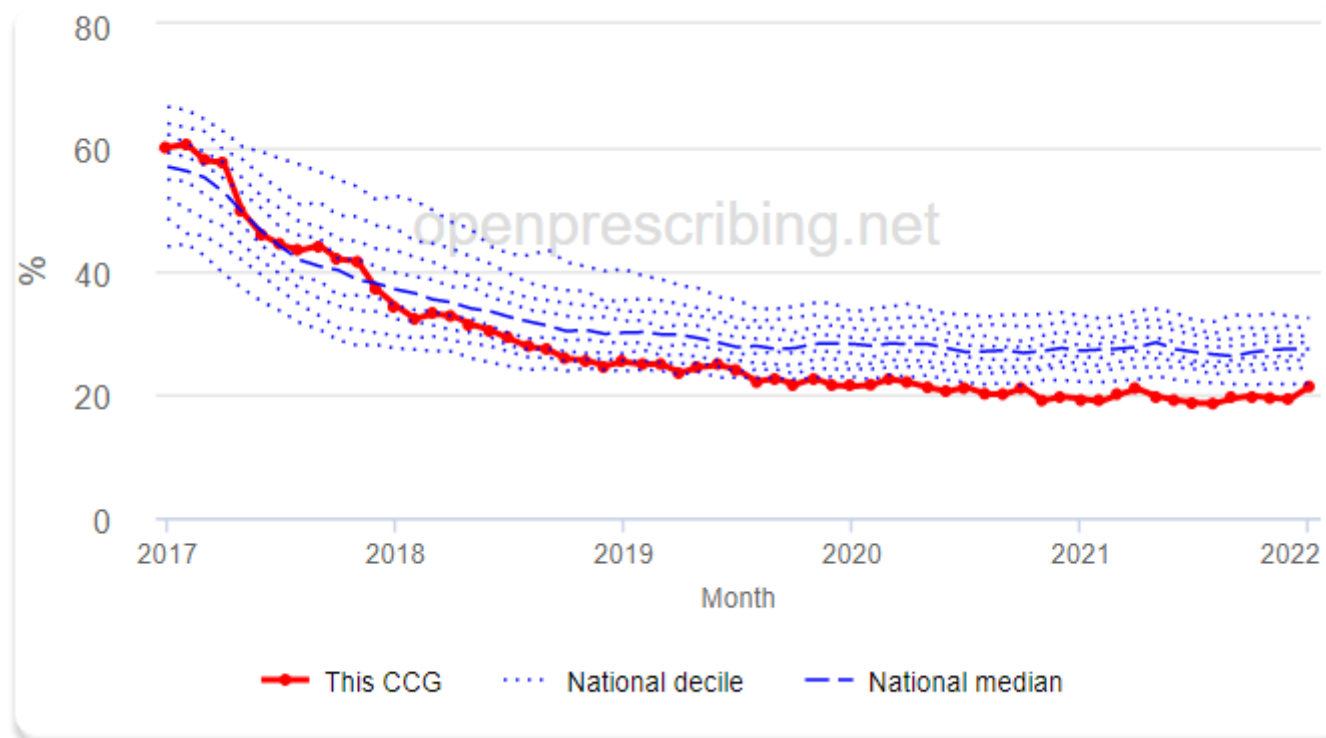
Number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of total prescription items for cephalosporins, macrolides, metronidazole tinidazole & ornidazole, penicillins, quinolones, sulphonamides & trimethoprim, tetracyclines and drugs for urinary-tract infections.



- **Scorecard 2022 – 23 CHANGES**

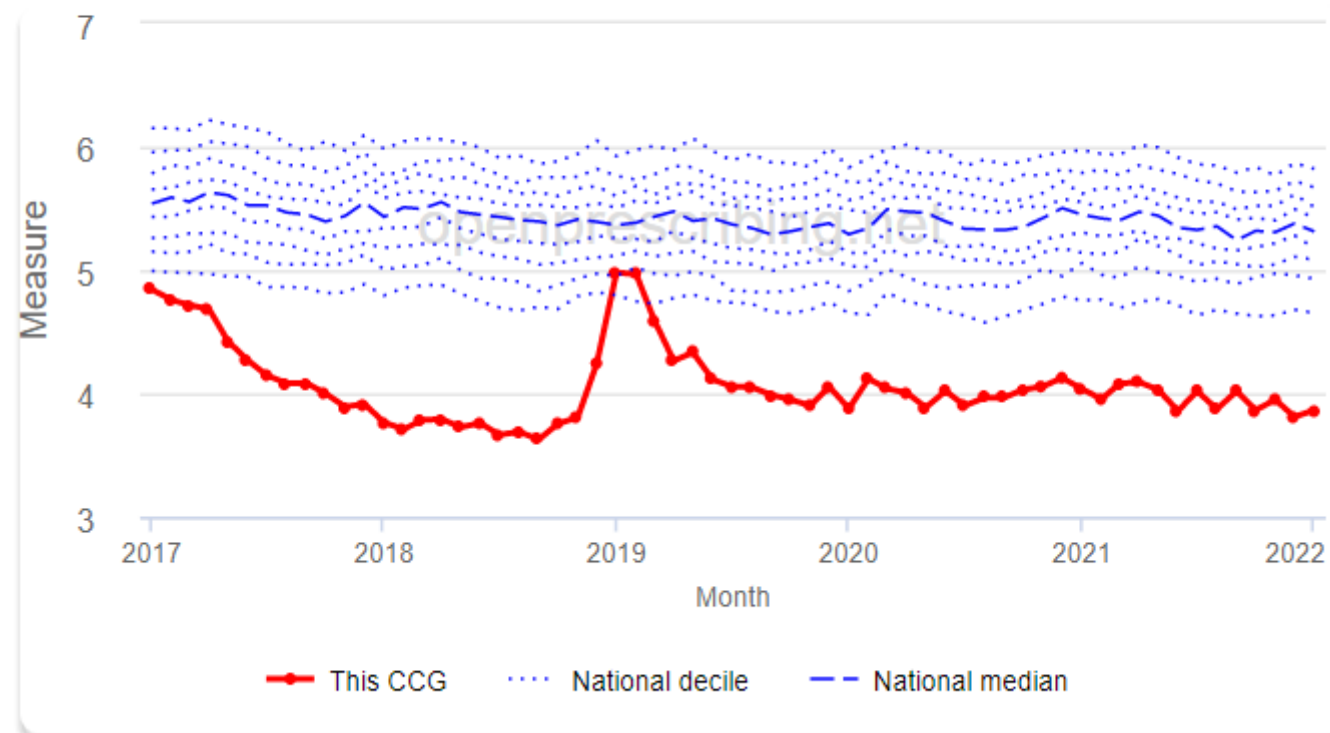
- **AMR – focus on reducing trimethoprim use in frail elderly patients**

Trimethoprim as a percentage of prescribing of nitrofurantoin and trimethoprim



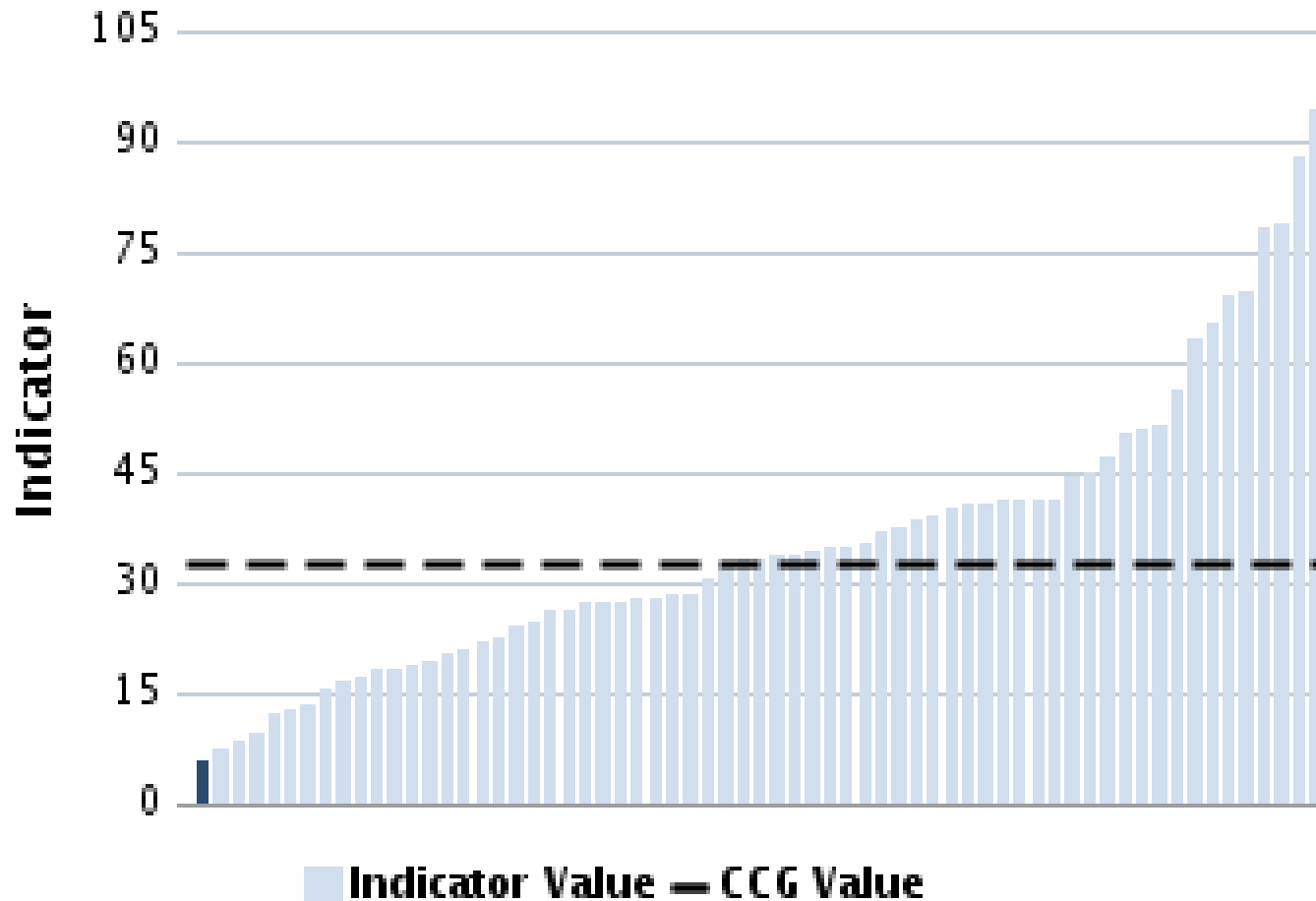
- **Scorecard 2022 – 23 CHANGES**
- **AMR – focus on reducing trimethoprim use in frail elderly patients – avoid repeats and long durations**

Number of average daily quantities (ADQs) per item for trimethoprim 200mg tablets, nitrofurantoin 50mg tablets and capsules, nitrofurantoin 100mg m/r capsules and pivmecillinam 200mg tablets.



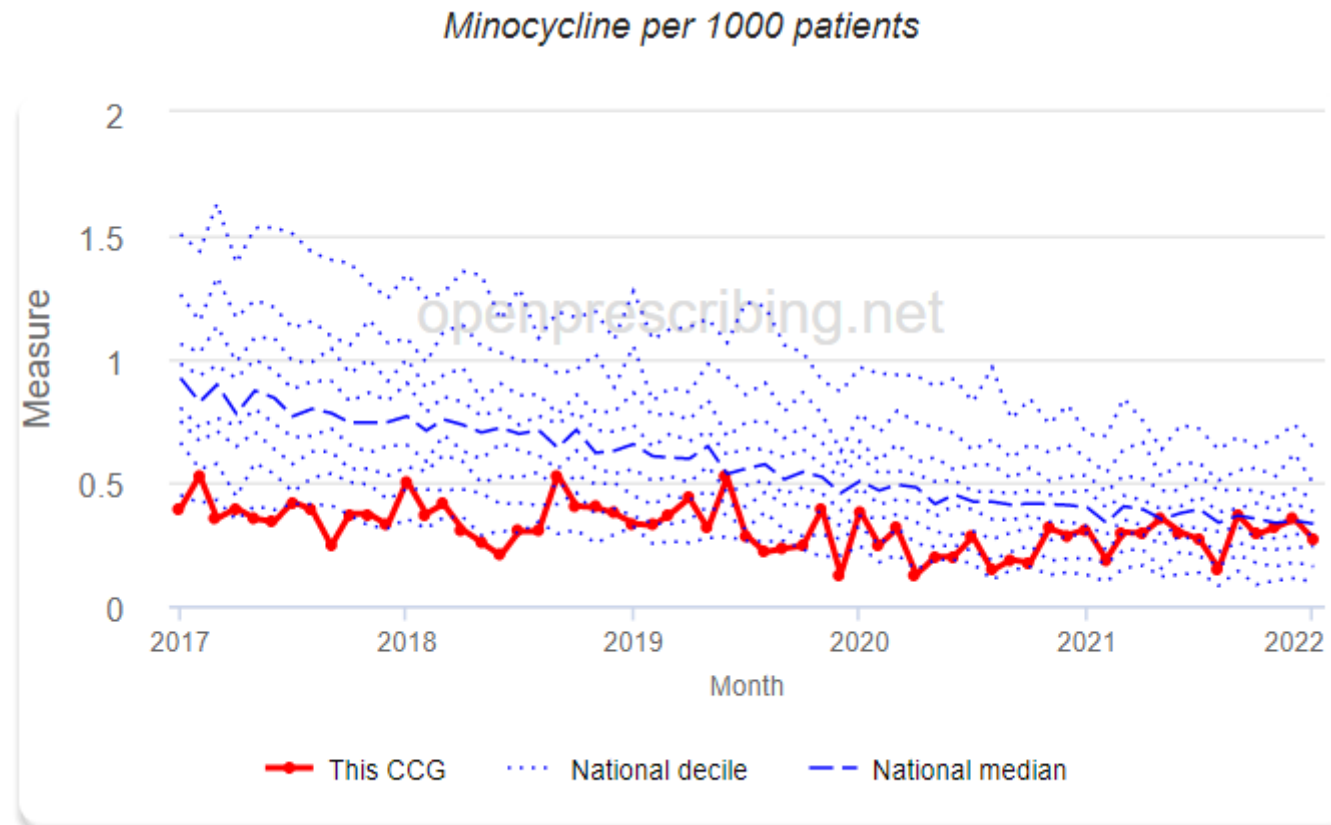
- Scorecard 2022 – 23 CHANGES

Number of Trimethoprim items prescribed to patients aged 70 years plus, per 1,000 patient list size aged 70 years plus

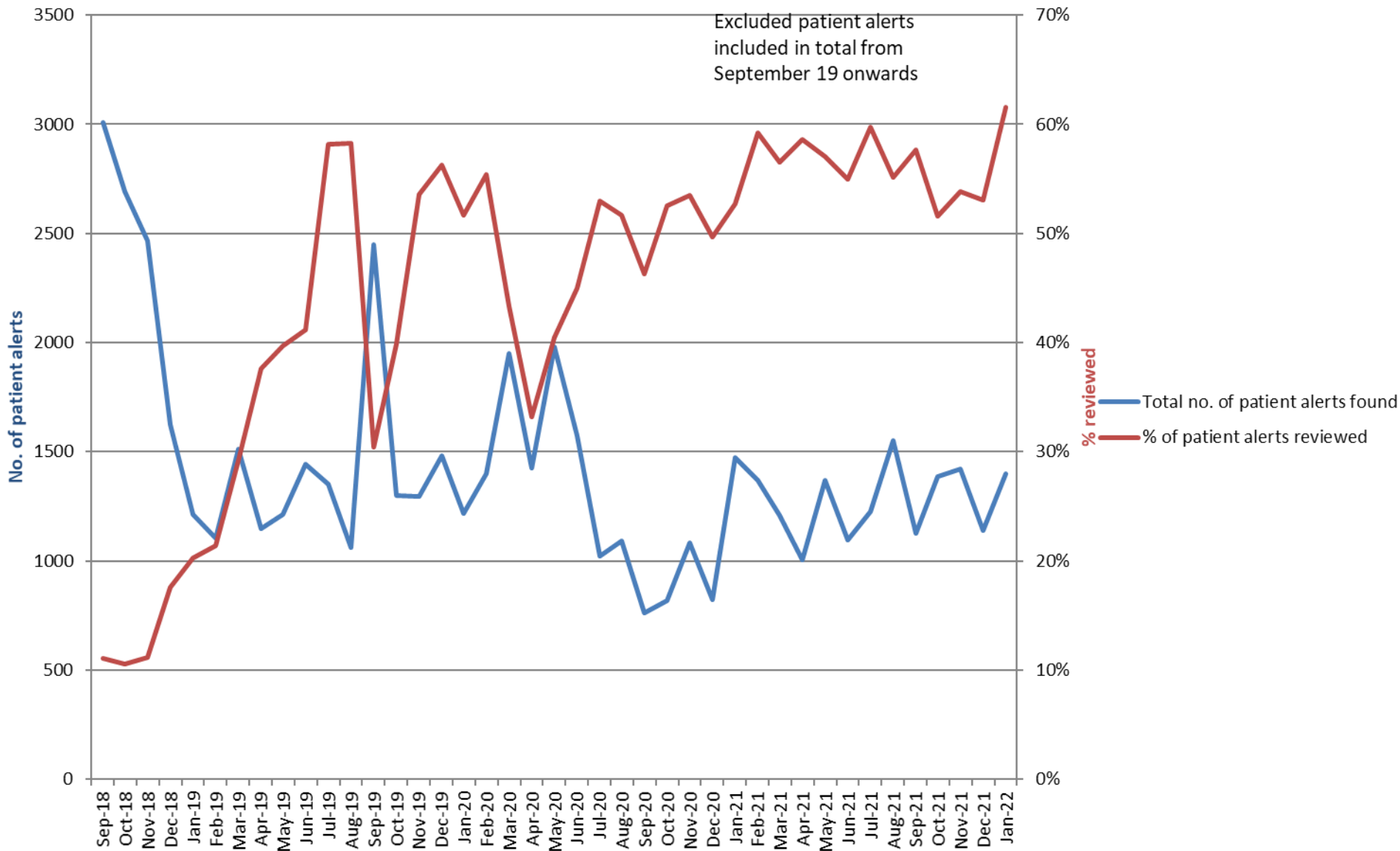


- **Scorecard 2022 – 23**

- **Reduce inappropriate Antibiotic prescribing**



Eclipse Live Alerts



Why Eclipse Live helps

Target to reduce preventable emergency admission for following conditions

ACSCs in scope: COPD, Diabetes complications, Convulsions and Epilepsy, Asthma, Congestive Heart Failure, Hypertension, Influenza and Pneumonia, Ear Nose and Throat Infections, Pyelonephritis, Cellulitis.

- 3. Percentage LD and Dementia patients prescribed antipsychotic medication <8%



Somerset still worst in region for anti-psychotics in Dementia patients ~12%

A PCN must:

a. identify and include all patients with a learning disability on the learning disability register, and make all reasonable efforts to deliver an annual learning disability health check and health action plan for at least 75% of these patients who are aged over 14;

take a central role in the clinical aspects of shared care protocols, clinical research with medicines, liaison with specialist pharmacists (including mental health and reduction of inappropriate antipsychotic use in people with learning difficulties)

4. 50% reduction of patients on same inhaler type (just MDI or just DPI):

- 2021-22 target - Percentage of patients on same inhaler type (just MDI or just DPI) >90%

61.08%	60.49%	60.53%	58.92%	59.62%	60.16%	57.71%	56.89%	55.55%	58.07%
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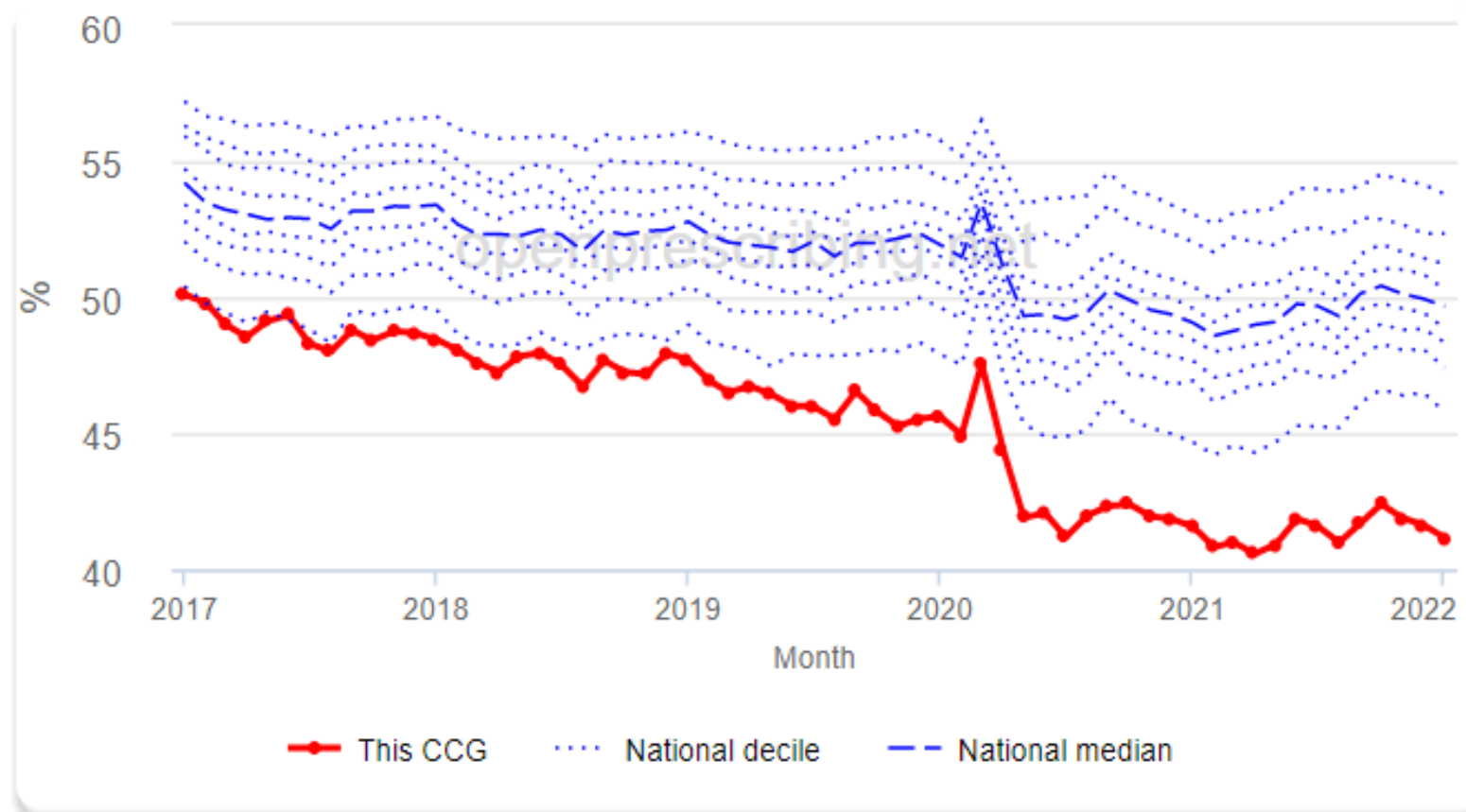
- >90% Achieved by 3 practices in Feb 2022
- 13 practices above 70%

- 50% reduction of patients on same inhaler type (just MDI or just DPI):

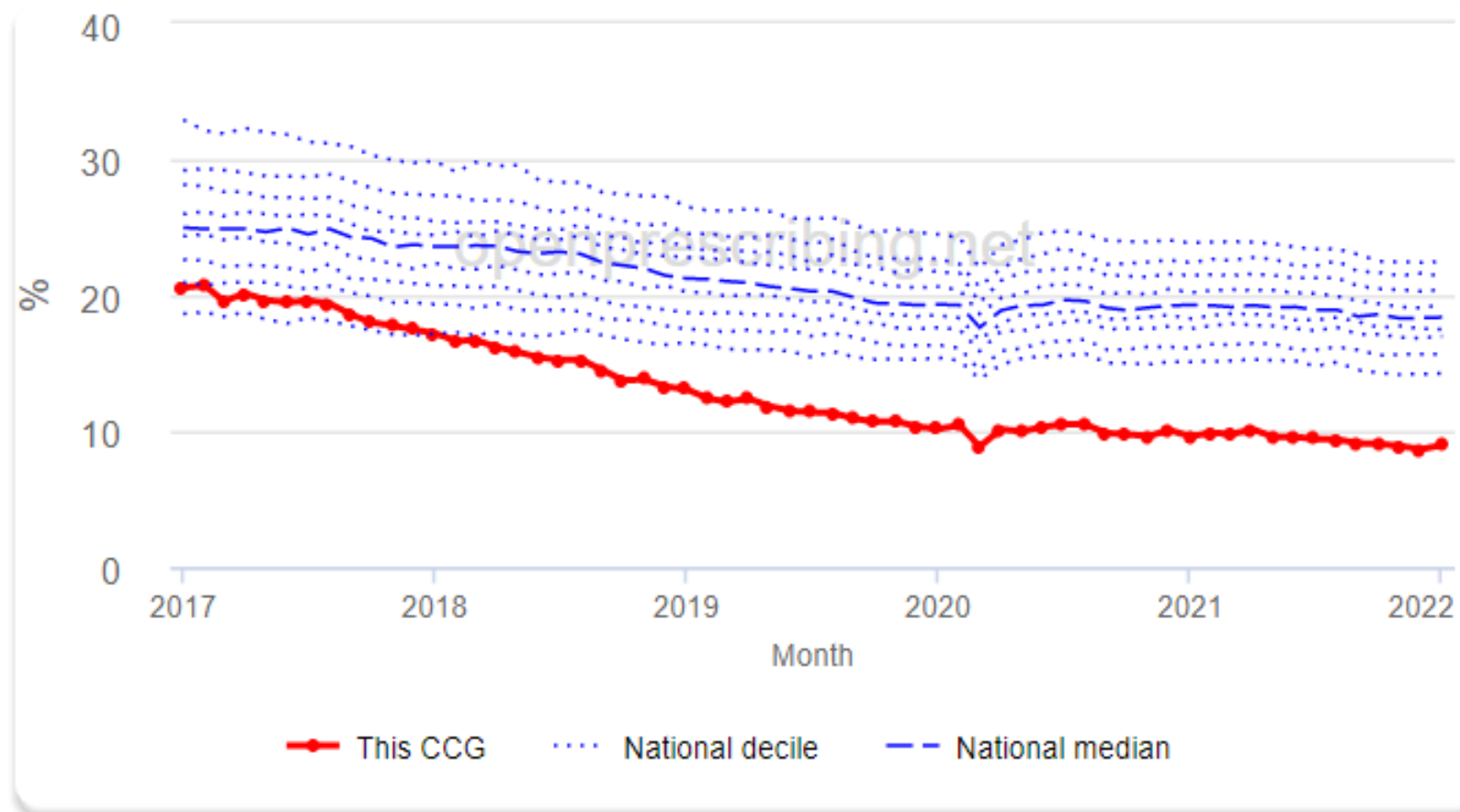
Target to reduce preventable emergency admission for following conditions

- Better technique = patient feels better
- Better technique = reduced admissions
- Better technique = less demand to see GP
- Better technique = less SABA use
- Better technique = able to step down steroid use
- Better technique = less waste
- DPI is preferred pathway – easier for most patients to master technique
- Much lower carbon footprint than MDIs

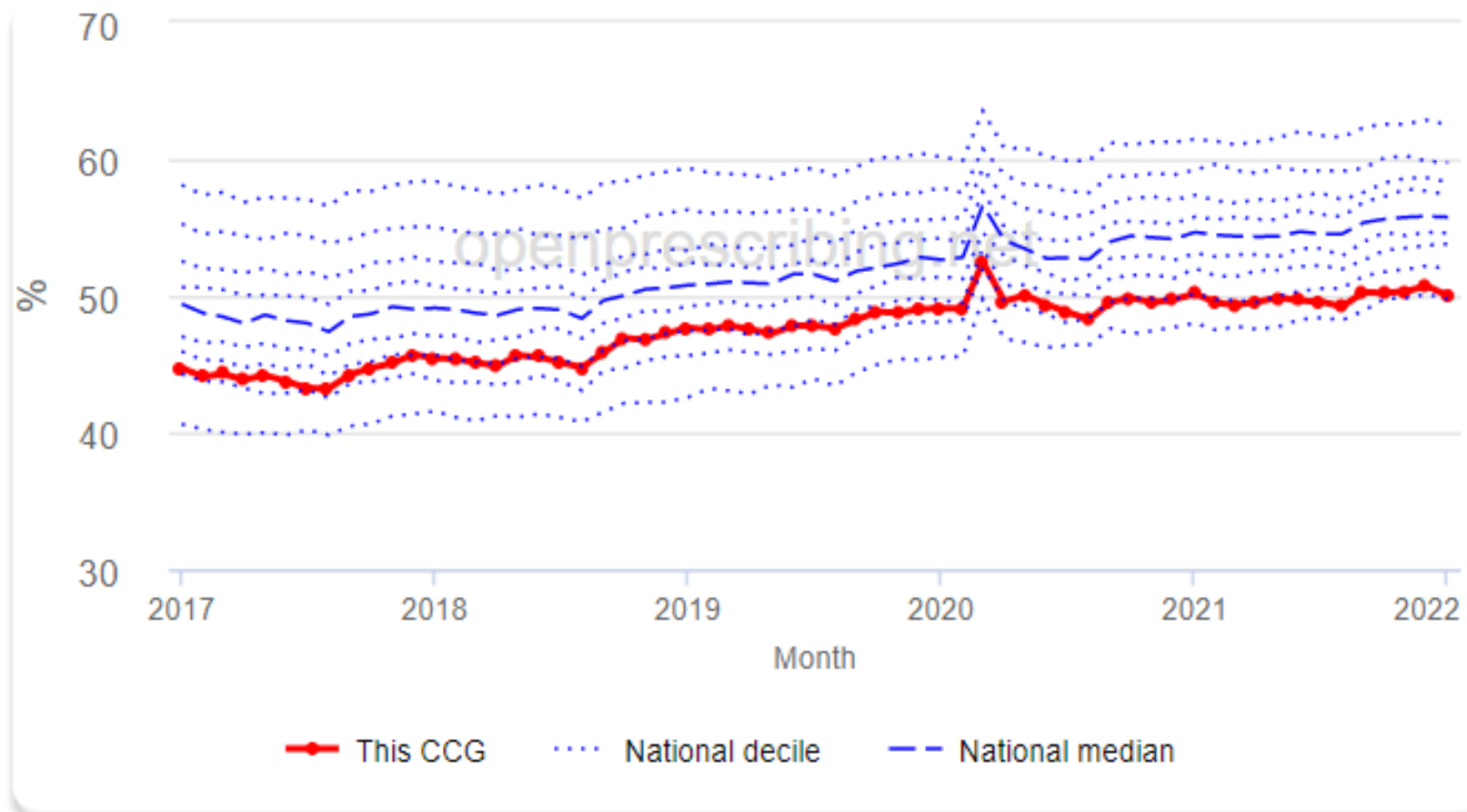
Prescribing of short acting beta agonist (SABA) inhalers - salbutamol and terbutaline compared with prescribing of inhaled corticosteroid inhalers and SABA inhalers



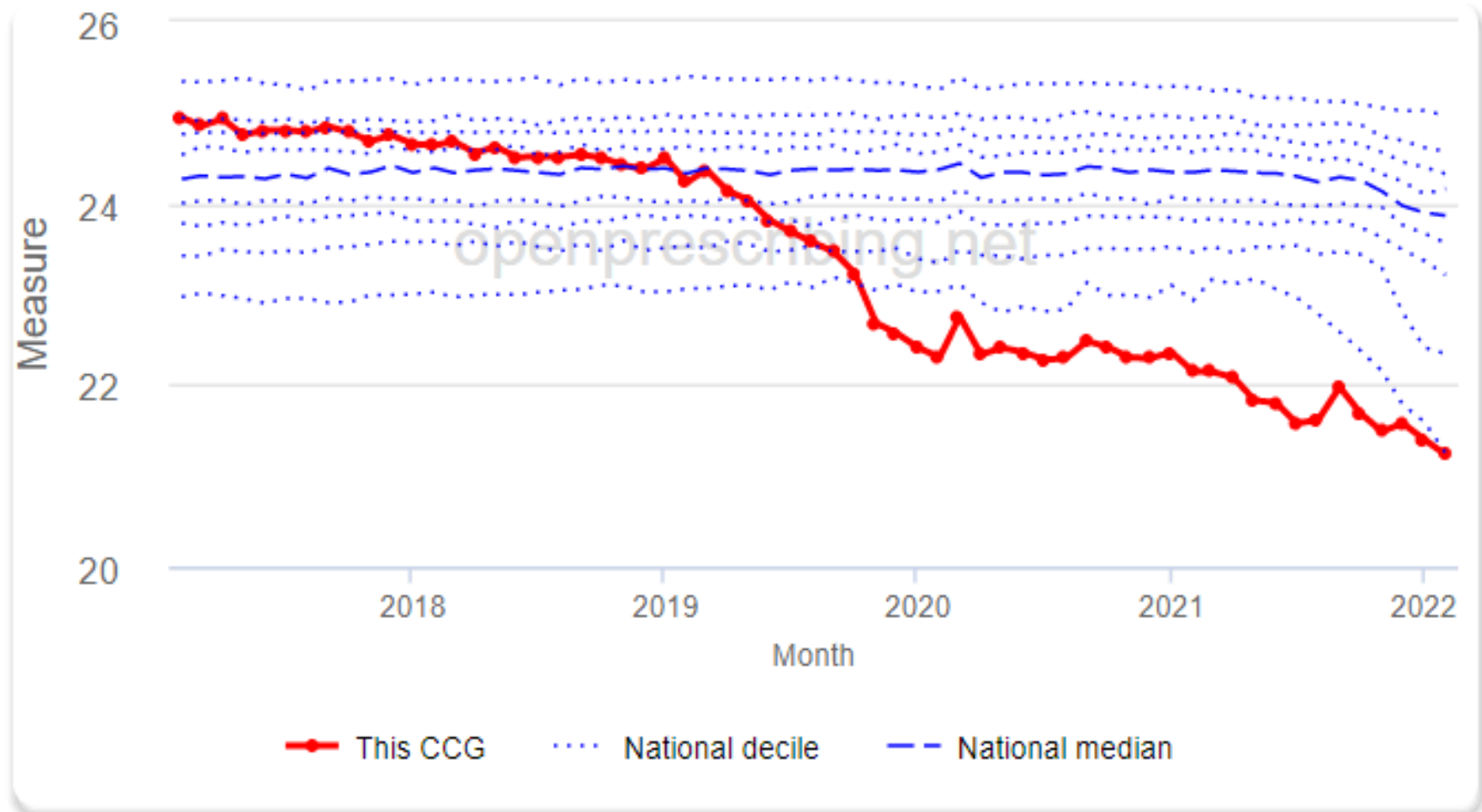
Prescribing of high dose inhaled corticosteroids compared with prescribing of all inhaled corticosteroids



MDIs prescribed as a proportion of all inhalers in BNF Chapter 3, excluding salbutamol

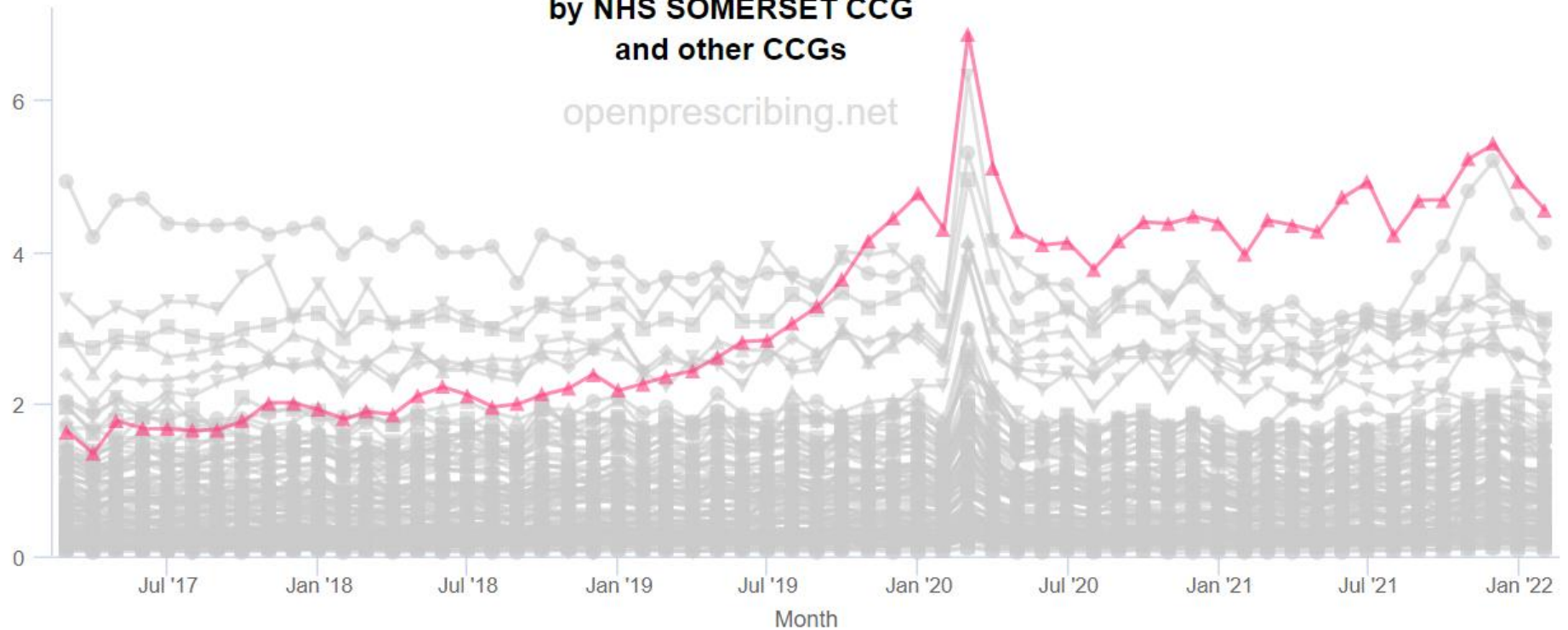


Mean carbon impact (kg CO₂e) per salbutamol inhaler prescribed



Items for Easyhaler (Beclometasone) + Easyhaler (Budesonide) + Easyhaler (Salbut...
vs patients on list
by NHS SOMERSET CCG
and other CCGs

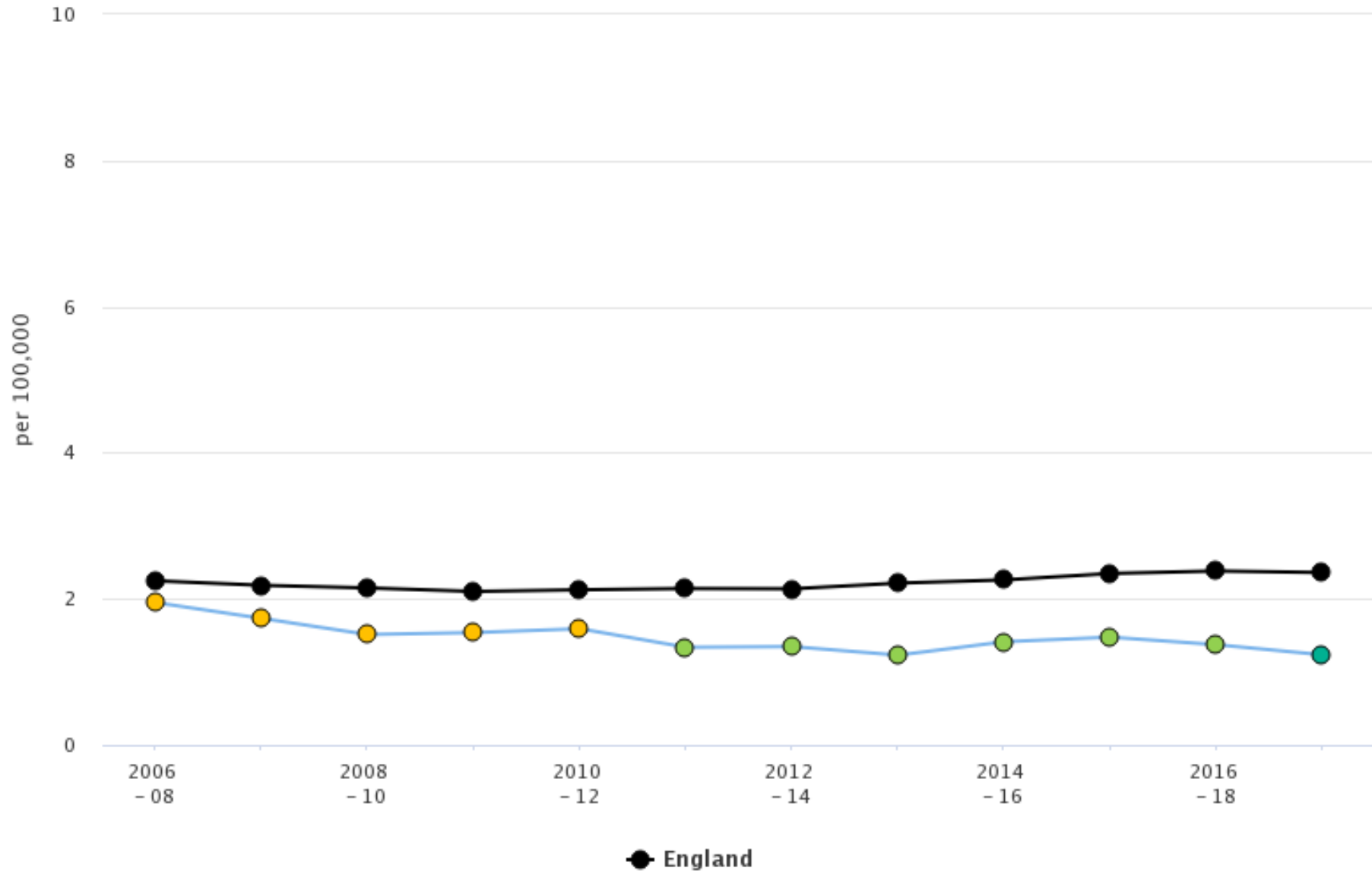
Items for Easyhaler (Beclometasone) + Easyhaler
(Budesonide) + Easyhaler (Salbut...
per 1,000 patients on list



Compared with England

● Better 99.8%
 ● Better 95%
 ● Similar
 ● Worse 95%
 ● Worse 99.8%
 ● Lower
 ● Similar
 ● Higher
 ○ Not applicable

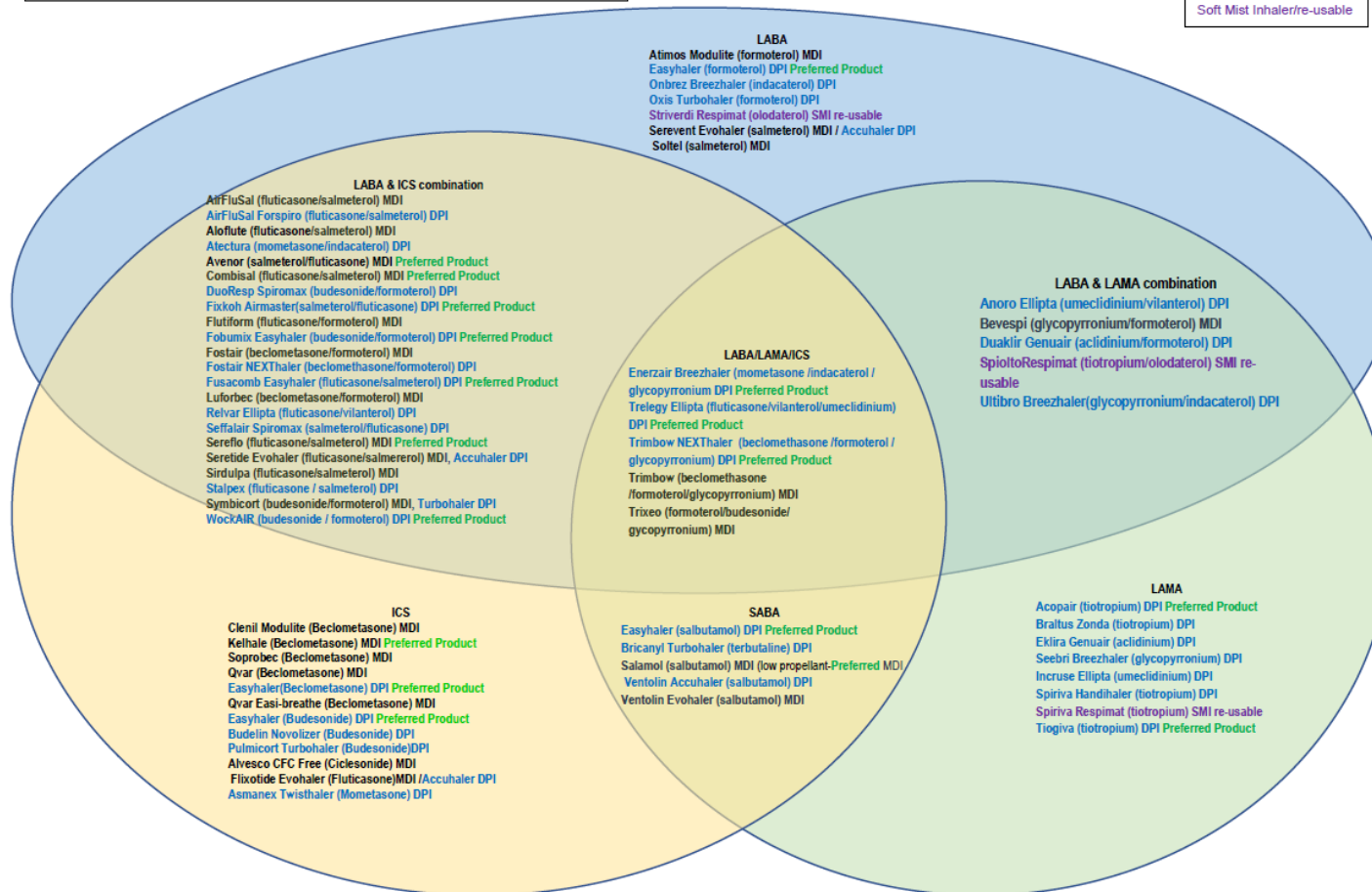
Mortality rate from asthma for NHS Somerset CCG



Cost effective MDI combo / single inhalers (60%)

Even though we have preferred product next to some MDIs, on ecological grounds we would prefer to see patient on DPI for all their inhalers where patient can use effectively

March 2022
 Dry Powder Inhaler
 Metered Dose Inhaler
 Soft Mist Inhaler/re-usable



Cost effective MDI combo / single inhalers (60%) – Prescribe by brand

Avenor (salmeterol/fluticasone) MDI Preferred Product

Combisal (fluticasone/salmeterol) MDI Preferred Product

Sereflo (fluticasone/salmeterol) MDI Preferred Product

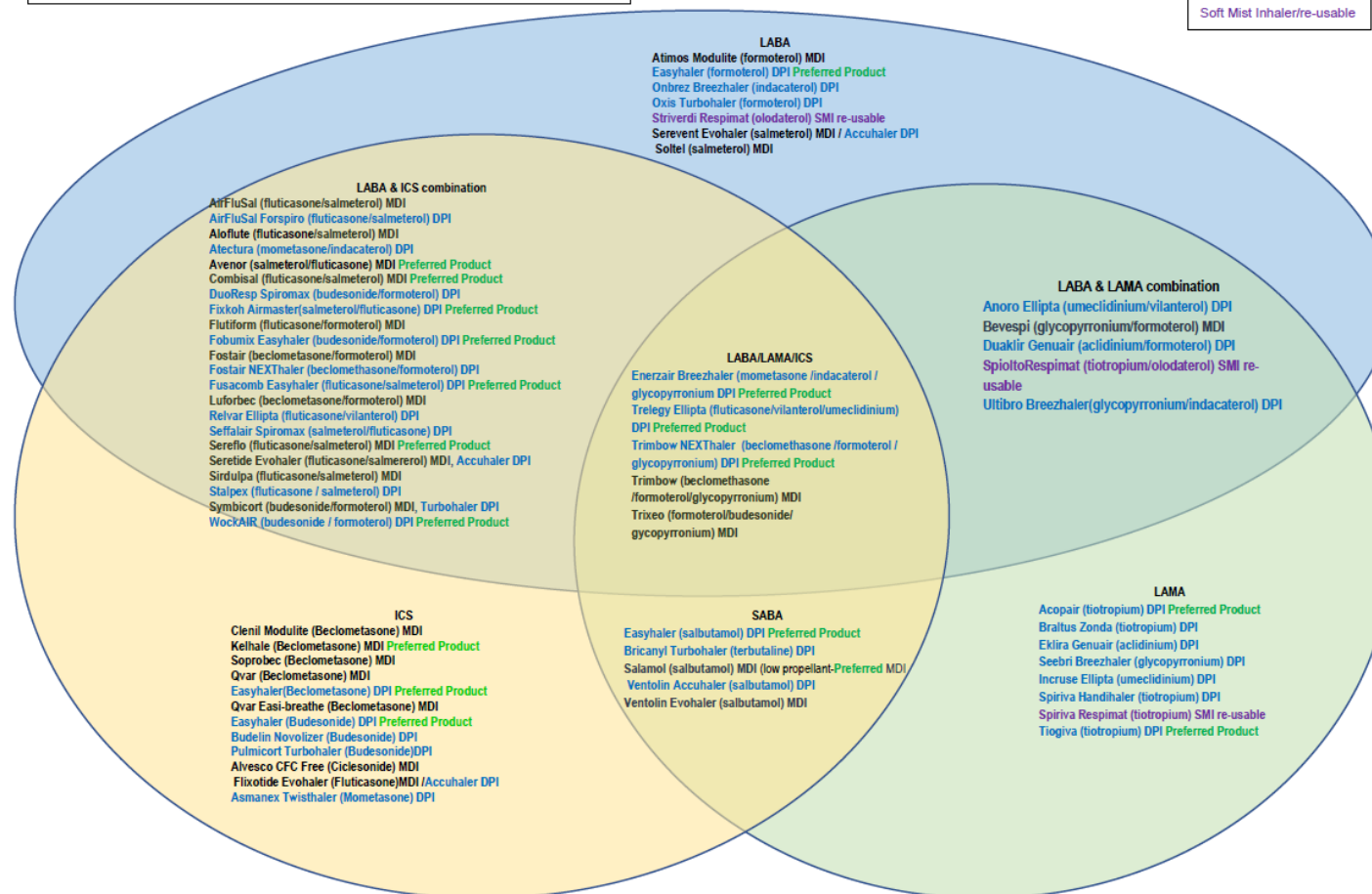
Kelhale (Beclometasone) MDI Preferred Product

Salamol (salbutamol) MDI (low propellant-Preferred MDI

Cost effective DPI combo / single inhalers (60%)

Even though we have preferred product next to some MDIs, on ecological grounds we would prefer to see patient on DPI for all their inhalers where patient can use effectively

March 2022
 Dry Powder Inhaler
 Metered Dose Inhaler
 Soft Mist Inhaler/re-usable



Cost effective DPI combo / single inhalers (60%) – Prescribe by brand

Fobumix Easyhaler (budesonide/formoterol) DPI Preferred Product

Fusacomb Easyhaler (fluticasone/salmeterol) DPI Preferred Product

Fixkoh Airmaster(salmeterol/fluticasone) DPI Preferred Product

WockAIR (budesonide / formoterol) DPI Preferred Product

Easyhaler(Beclometasone) DPI Preferred Product

Easyhaler (Budesonide) DPI Preferred Product

Easyhaler (formoterol) DPI Preferred Product

Easyhaler (salbutamol) DPI Preferred Product

Cost effective inhalers (60%)

Go to our brilliant webpage

<https://www.somersetccg.nhs.uk/prescribing-and-medicines-management/prescribing-guidelines-by-clinical-area/respiratory/>

[High Quality and Low Carbon Asthma Care – Greener Practice](#)

9. Reducing Ca and/or vit D – Is GETTING WORSE

4.46	4.46	4.33	4.32	4.91	5.07	5.11	5.14	5.79
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14063 Patients prescribed with no bone sparing agent

- **[DTB Select: Estimate of time to benefit from bisphosphonate therapy](#)**

Summary and context is provided on a meta-analysis of 10 RCTs (n=23,384) that estimated 12 months of treatment with a bisphosphonate was needed to prevent one non-vertebral fracture per 100 post-menopausal women with osteoporosis.

<https://www.gov.uk/government/publications/bisphosphonates-use-and-safety>

Reducing Ca and/or vit D – GETTING WORSE

4.46	4.46	4.33	4.32	4.91	5.07	5.11	5.14	5.79
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14063 Patients prescribed with no bone sparing agent

JAMA

. 2018 Apr 17;319(15):1600-1612. doi: 10.1001/jama.2017.21640.

Conclusions and relevance

Vitamin D supplementation alone or with calcium was not associated with reduced fracture incidence among community-dwelling adults without known vitamin D deficiency, osteoporosis, or prior fracture. Vitamin D with calcium was associated with an increase in the incidence of kidney stones.

Reducing Ca and/or vit D – GETTING WORSE

4.46	4.46	4.33	4.32	4.91	5.07	5.11	5.14	5.79
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14063 Patients prescribed with no bone sparing agent

JAMA 2021 Apr 13;325(14):1443-1463. doi:
10.1001/jama.2020.26498.

Conclusions and relevance: No studies evaluated the direct benefits or harms of screening for vitamin D deficiency. Among asymptomatic, community-dwelling populations with low vitamin D levels, the evidence suggests that treatment with vitamin D has no effect on mortality or the incidence of fractures, falls, depression, diabetes, cardiovascular disease, cancer, or adverse events.

Reducing Ca and/or vit D – GETTING WORSE

<https://www.cqc.org.uk/guidance-providers/adult-social-care/vitamin-d-supplements-supporting-people-who-receive-adult>

Meeting nutritional and hydration needs is governed by regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who use services must have adequate nutrition and hydration to sustain life and good health. This regulation aims to reduce the risks of malnutrition and dehydration for people who receive care and treatment.

Providers must make sure that people have enough to eat and drink to meet their nutrition and hydration needs. This includes support to take nutritional supplements.

CQC expects providers to support people's full nutritional needs. This includes supplementation with vitamin D throughout the year as recommended by PHE.

11. Formulary preferred opiate formulations >80% - prescribe by brand

72.25%	72.59%	73.16%	73.58%	72.65%	74.29%	73.15%	74.01%	73.25%
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Saves costs

Improves safety

Ensures continuity of supply

12. Reducing Opiate prescribing (excluding injectables) opiate ADQ/1000 astroPU <43 (or Jan - March 2022 data has reduced by 10% compared to baseline)

45.58	43.09	46.24	45.84	42.18	45.69	42.22	43.76	47.19
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Remember – review co-prescribed medication

Fatalities associated with gabapentinoids in England (2004-2020)

Study found 3,051 deaths following gabapentinoid use reported; opioids were co-detected in 92%. Authors note that although gabapentinoids alone rarely cause death (2 cases only), clinically relevant doses can prove fatal, possibly by reducing tolerance to opioids.

Medicines associated with dependence or withdrawal symptoms:
safe prescribing and withdrawal management for adults

NICE guideline [NG215] Published: 20 April 2022

<https://www.nice.org.uk/guidance/ng215/resources/visual-summary-before-starting-medicines-associated-with-dependence-or-withdrawal-symptoms-pdf-11018567341>

<https://www.nice.org.uk/guidance/ng215/resources/visual-summary-reviewing-medicines-associated-with-dependence-or-withdrawal-symptoms-pdf-11018567342>

13. 50% reduction in oral liquid morphine used by CCG (practice target <150ml per 1000 analgesia star Pus)

Large sugar and alcohol content

Priority - Review diabetic and alcohol dependency patients prescribed liquid morphine

50% reduction in oral liquid morphine used by CCG (practice target <150ml per 1000 analgesia star Pus)

Options

Switch to MR Zomorph BD

Switch to severdol immediate release

Switch to actimorph immediate release oro-dispersible

Then discuss options for further reduction if possible

50% reduction in oral liquid morphine used by CCG (practice target <150ml per 1000 analgesia star Pus)

Quick positive patient story...I have changed a weekly collection Oramorph patient onto Actimorph Patient has severe Crohn's and so cannot have MR, and said Sevredol didn't work as well for her. She was very sceptical initially, but now after 1 week on it, she says it's been absolutely amazing and she is requiring less morphine (mg) each day of the actimorph than she was using of the oramorph...! She is sleeping better too. She's told me she never wants to see another bottle of oramorph again, and she says she'd be keen to try a slow reduction using Actimorph 🤪 (I've been working on this lady since I joined the practice in July 2020 and never once has she entertained the idea...!).

14. Potential generic savings (Quarterly) <0.25%

0.37%	0.37%	0.39%	0.39%	0.39%	0.38%	0.38%	0.38%	0.42%	0.42%
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- Boosting pharmaceutical company profits at NHS expense

15. NHSE OTC selfcare indicators (including hayfever) <£375/1000 pts per month

£660.18	£625.80	£664.76	£635.97	£581.53	£618.17	£551.88	£598.63	£641.91
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- NHS priority to encourage self care and reduce NHS spend
- The more you prescribe for self care the more patients will request

OTC Prescribing Proportionment: Suggested Proportion

National data during the period of Dec-21,Jan-22,Feb-22

Important Information: Figures for items, quantity and net ingredient cost are based on all prescribing. Patient numbers only include patients who could be identified during processing activities and may only account for a proportion of the items displayed

Source: ePACT2

OTC Condition	Prescribing Proportionment (%)	Items	Net Ingredient Cost (£)	Actual Cost (£)	No. of identifiable patients
Acute Sore Throat	100	123,798	554,182.85	519,639	94,857
Conjunctivitis	60	172,022	1,087,789.72	1,018,952	152,002
Coughs and colds and nasal congestion	100	84,589	233,491.04	220,326	63,626
Cradle cap (seborrhoeic dermatitis of infants)	100	71,216	377,061.82	353,416	48,098
Dandruff	90	225,948	1,681,016.87	1,574,779	152,753
Diarrhoea (Adults)	50	229,519	1,273,323.80	1,199,895	114,488
Dry Eyes/Sore tired Eyes	50	1,214,913	8,737,622.65	8,184,235	487,830
Earwax	100	71,362	119,369.78	112,500	55,663
Excessive sweating (Hyperhidrosis)	50	4,718	25,932.11	24,305	3,320
Haemorrhoids	80	80,337	263,841.90	248,103	57,370
Head Lice	80	4,493	57,340.58	53,676	3,779
Indigestion and Heartburn	50	543,675	3,054,205.73	2,866,202	270,528
Infant Colic	100	5,009	51,519.90	48,232	2,774
Infrequent Constipation	20	587,299	2,215,854.45	2,107,575	200,094
Infrequent Migraine	80	21,318	153,866.05	144,449	12,694
Infrequent cold sores of the lip	80	18,970	88,728.32	83,182	14,702
Insect bites and stings	100	11,777	24,125.94	22,717	10,446
Mild Acne	80	89,918	1,211,086.16	1,133,388	55,890
Mild Cystitis	80	5,253	71,283.06	66,754	2,918
Mild Dry Skin/Sunburn	20	679,878	4,426,405.81	4,147,487	376,732
Mild contact dermatitis	20	152,500	879,544.51	637,237	118,123
Mild to Moderate Hay fever/Allergic Rhinitis	80	2,062,997	7,781,804.51	7,370,838	932,988
Minor burns and scalds	80	4,214	30,889.58	28,958	3,420
Minor conditions associated with pain, discomfort and/fever. (e.g. aches and sprains, headache, peri	20	1,229,767	5,297,364.19	4,988,246	488,215
Mouth ulcers	80	13,082	131,959.47	123,625	10,521
Nappy Rash	80	65,159	272,571.08	255,970	37,574

OTC Condition	Prescribing Proportionment (%)	Items	Net Ingredient Cost (£)	Actual Cost (£)	No. of identifiable patients
Oral Thrush	80	27,602	131,417.27	123,212	23,643
Prevention of dental caries	80	61,320	307,925.22	288,723	29,601
Probiotics	100	2,765	125,414.77	118,604	1,396
Ringworm/Athletes foot	80	438,270	1,245,858.21	1,170,133	356,873
Sun Protection	90	4,691	62,812.31	59,313	2,750
Teething/Mild toothache	100	850	3,180.16	2,984	589
Threadworms	80	14,841	21,807.12	20,916	13,906
Travel Sickness	80	324,525	2,208,991.82	2,091,287	166,165
Vitamins and minerals	90	3,936,941	22,207,030.80	21,142,509	1,281,368
Warts and Verrucae	100	18,735	94,422.01	88,573	16,849

16. Cumulative sip feed spend per 1000 patients over 3 months – reduce spend by 10% or <£513/1000 patients (current CCG average)

£465.67	£462.69	£462.28	£469.81	£481.27	£487.98	£476.31	£475.97	£486.23	£495.25
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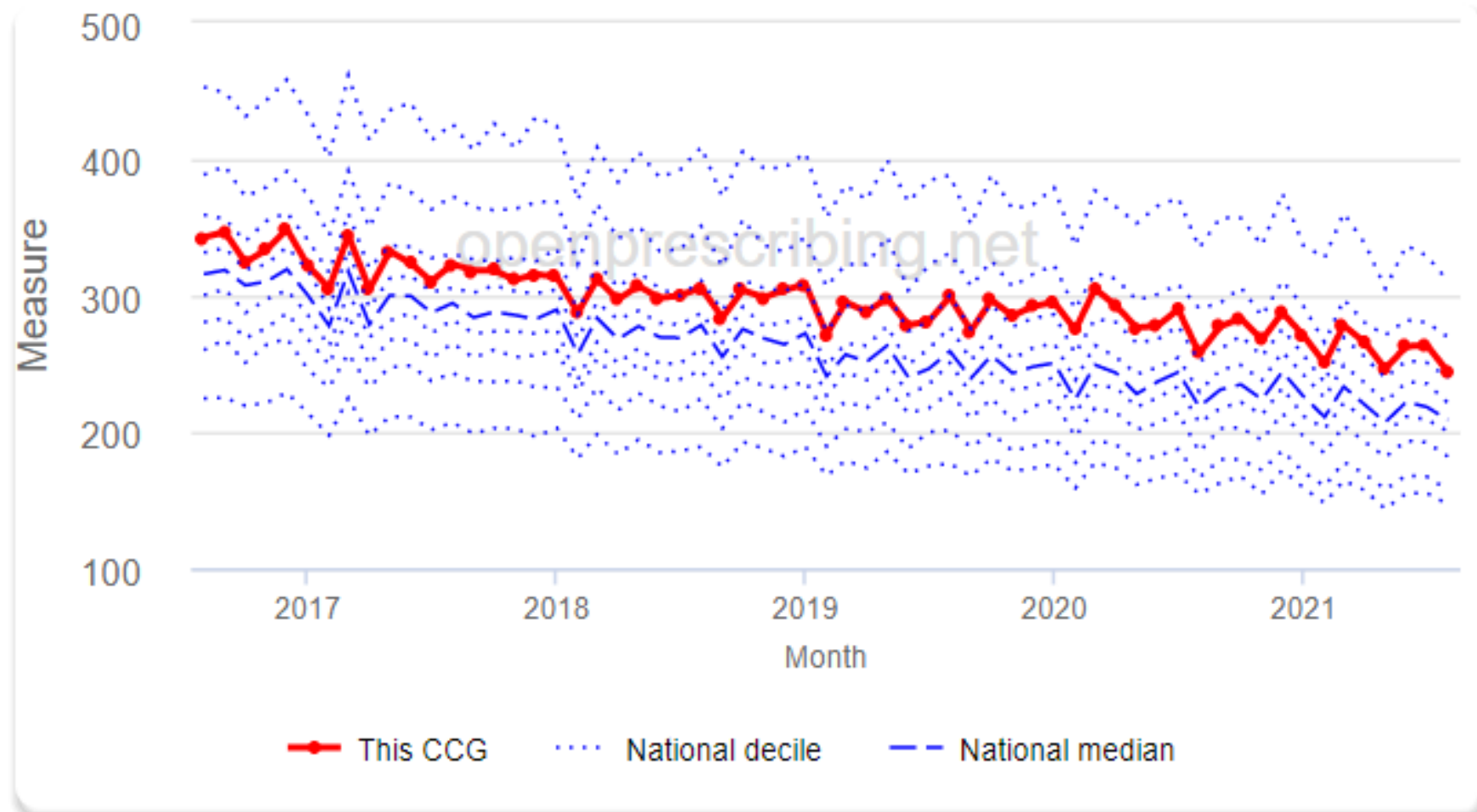
- FOLLOW FORMULARY
- REVIEW REGULARLY
- MUST SCORE

17. Reduction in hypnotic and anxiolytic prescribing <215 adq per 1000 patients per month

267.02	247.84	264.04	265.47	243.52	257.81	241.05	250.40	267.77	245.30
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- Some progress – more to do – don't over medicate the elderly
- Somerset way above England average

Number of average daily quantities (ADQs) of Anxiolytics and Hypnotics per 1000 patients



18. Emollients indicator. Spend on preferred products as % spend on all emollients

- >40%

30.80%	31.27%	32.30%	32.60%	32.48%	32.79%	32.11%	32.78%	31.90%	31.54%
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- Slow progress so far