

**Professional Executive Committee
Pharmacy and Medicines Management Report
June 2007
Pharmacy and Medicines Management Operational Plan 2007-8**

1. Introduction

Following the merger of the eight PCTs in Hertfordshire the Pharmacy and Medicines Management team has reviewed structure in order to provide effective support to PCTs directorates, PBCs and individual prescribers and others as appropriate within the resources available. All the activity in the team will track to PCT organisational objectives.

2. Pharmacy and Medicines Management Team Structure

Heather Gray	Head of Prescribing and Medicines Management
Carolyn Haselden	Provider & Nursing Services Localities Projects
Andy Cooke	Localities
Richard Jones	Localities
Rasila Shah	Commissioning High Cost & New Drugs in 2&3 care
Pauline Walton	Community Pharmacy, DSQS
Brian Miller	Governance

3. Organisational Objectives

Objective 1: Achieve financial balance:

Primary care prescribing, Home Oxygen Therapy Service
Strategies

- identify for ALL practices and PBC groups areas for savings and action
- agree prescribing action plan for ALL practices
- Pharmacy team activity to focus on high priority/high impact areas/practices across Hertfordshire. Individual practice plans agreed on this basis.
- PBC groups to consider "invest to save schemes"
- Maximise opportunities in the new Pharmacy contract – Repeat Dispensing/MURs/waste management
- Routine monthly reports to practices, PBC and PCT on EoE and National Targets. Local/practice targets as agreed with locality leads.
- Outlier practices to be identified to PBC prescribing leads for action

Objective 2: Choosing Health Through Pharmacy

- Using cost-effective pharmacy options LES (eg: stop smoking campaigns, EHC, care homes, OOH)
- Maximise public health opportunities of new pharmacy contract (eg brief advice, Repeat Dispensing, Health Promotion Campaigns)

Objective 3. Commissioning Strategy

- Quality assurance of Essential & Advanced Services for pharmacy contract
- Dispensary Services Quality Scheme
- Commissioning Evidenced Based Medicines
 - Commissioning principles for drugs excluded from tariff
 - Managed Entry of New Drugs

Objective 9. Provider Services

- Non-medical prescribing
- Pharmacy service to HMP The Mount
- PGDs

- SLAs Intermediate care, hosted services etc.

Objective 10. Governance

- Accountable Officer for Controlled Drugs (statutory appointment)
- Prescribing Fraud
- Pharmacy Fraud
- Drug Alerts etc
- NPSA alerts
- Standards for Better Health

4. The PEC asked to note and support work programme and priorities of the Pharmacy & Medicines Management Team.

Heather Gray

Head of Pharmacy and Medicines Management

June 2007

Pharmacy and Medicines Management Team

PUBLIC HEALTH - Head of Pharmacy and Medicines Management

Management of Pharmacy and Medicines Management team. FRPs.
Strategic commissioning of pharmacy and medicines management.
 Pharmacy & medicines management in service redesign
 Prescribing data analysis/OPACT/ePACT (PMSU Medicines Information team)
 Workforce development
 Overall prescribing budget setting and PEC and Board prescribing reports

Pharmaceutical Public Health

Clinical Effectiveness
 Critical appraisal and cost impact of new drugs and horizon scanning new drugs
 (for Specialist Commissioning and priorities & strategy group)
 Major incidents / flu / resilience / emergency planning
 Exceptional Treatment Panel / low priority treatments
 Priority setting for new drug developments

AO has direct access to
 Board and CE

LOCALITIES Prescribing Leads (primary care FRPs and GP prescribing)	COMMISSIONING AND PBR (secondary care FRPs and prescribing)	CONTRACTOR DEVELOPMENT (and contractor support for primary care FRPs)	GOVERNANCE (public involvement to support FRPs and statutory Accountable Officer post for CDs)	PROVIDER SERVICES / NURSING (and service redesign to support primary care FRPs)
<p>Managing primary care prescribing.</p> <p>Prescribing targets.</p> <p>Practice based pharmacists' work programmes in GP practices.</p> <p>Development (eg independent and supplementary PCT pharmacist prescribers).</p> <p>Setting / monitoring PBC prescribing allocations.</p> <p>Administer/lead locally primary care D&T committees.</p> <p>NICE and NSF implementation.</p> <p>Home Oxygen Therapy Service</p>	<p>Commissioning Principles for PbR drug exclusions (and drugs in PbR excluded services).</p> <p>Compliance with SLA meds man requirements.</p> <p>Development of joint formularies with Trusts.</p> <p>Horizon scanning.</p> <p>Administer/lead joint Area Prescribing Committees.</p> <p>Critical appraisal and cost impact of new drugs.</p> <p>Cardiac Network</p>	<p>Compliance assurance of new Pharmacy Contract.</p> <p>Compliance assurance of Dispensing Doctors Quality Scheme.</p> <p>Commissioning community pharmacy advanced and enhanced services and PhwSi.</p> <p>Applications for provision of pharmaceutical services and Control of Entry.</p> <p>Implementing "Choosing Health Through Pharmacy" to meet national Public Health targets.</p> <p>Pharmaceutical Needs Assessment to support PBC and service redesign.</p> <p>Smoking cessation.</p> <p>Pharmacy health promotion campaigns.</p> <p>Medicines in care homes.</p> <p>OOH pharmacy services.</p> <p>Pharmacy support for DATs.</p> <p>Support for electronic prescribing.</p> <p>Pharmaceutical waste</p>	<p>Accountable Officer for implementation of new CD Regulations (Shipman).</p> <p>Prescribing / pharmacy fraud.</p> <p>NHS governance of community pharmacy (FTP).</p> <p>Complaints.</p> <p>Patient safety incidents.</p> <p>Prescribing / pharmacy issues in Risk Register.</p> <p>Value for money audits.</p> <p>Promotion of self-care.</p> <p>Governance of supply of prescription pads.</p> <p>Commercial sponsorship.</p>	<p>Prison pharmacy</p> <p>PGDs</p> <p>Quality assure medicines management in SLA s for hosted services, community hospitals etc.</p> <p>Pharmaceutical advice to community nursing and health care staff.</p> <p>Support and development of non-medical prescribers.</p> <p>Monitor and advise on prescribing in hosted services (eg use of healthcare at home to reduce costs).</p> <p>NPSA and other alerts.</p> <p>NICE and NSF implementation.</p> <p>Pharmacists in Intermediate Care.</p> <p>Procurement development.</p>

PUBLIC HEALTH

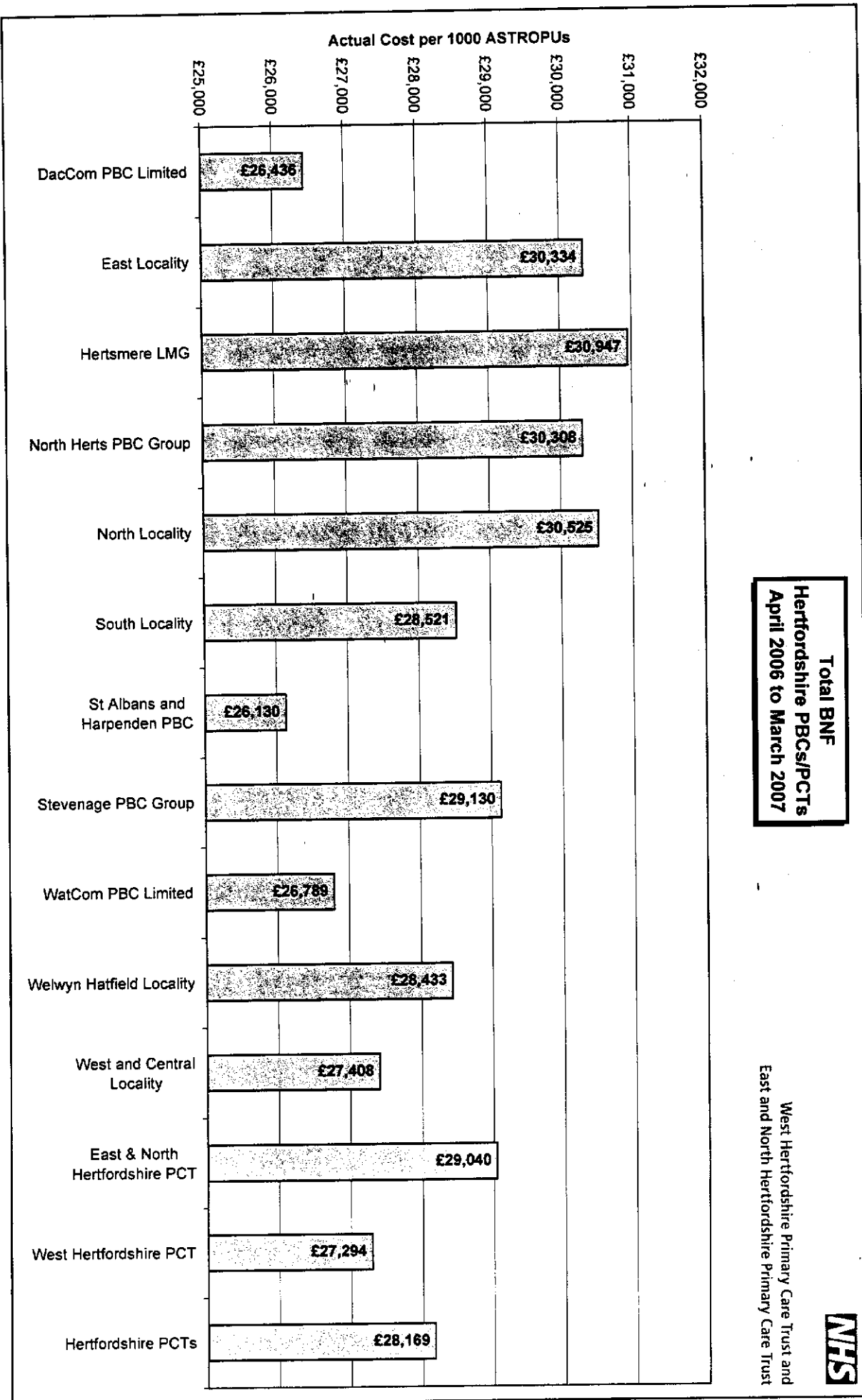
HEAD OF PHARMACY AND MEDICINES MANAGEMENT

Heather Gray

LOCALITIES <u>Prescribing Leads</u>	COMMISSIONING AND <u>PBR</u>	CONTRACTOR <u>DEVELOPMENT</u>	GOVERNANCE Accountable Officer for CDS	PROVIDER SERVICES / <u>NURSING</u>
Leads: Richard Jones NHST, Welhat, Dacorum, Watford & Three Rivers Andy Cooke (acting) RBBS, SEHerts, Hertsmere, StAlbans & Harpenden Carolyn Haselden Herts- wide project management	Lead: Rasila Shah Paul Larkin Sonia Barnes Sue Russell	Lead: Pauline Walton Yee Wai Cheung Nitin Shah	Lead: Brian Miller Pauline Walton	Lead: post vacant Carolyn Haselden Pauline Walton

**Total BNF
Hertfordshire PBCs/PCTs
April 2006 to March 2007**

West Hertfordshire Primary Care Trust and
East and North Hertfordshire Primary Care Trust



Summary Savings

Practice Name	Ppis	Ace Inhibitors	Ramipril	AllRas	Losartan & Valsartan	Amlodipine	Clopidogrel	Statins	Alendronic Acid	Coxibs
DacCom PBC Limited	£79,865	£35,366	£568	£145,614	£47,154	£36,120	£35,139	£100,151	£35,939	£6,245
East Locality	£20,382	£11,101	£3,639	£33,070	£17,925	£5,093	£31,173	£86,102	£21,074	£8,292
Hertsmere Locality Management Group	£22,800	£113,032	£2,379	£143,973	£79,534	£18,041	£71,462	£67,283	£24,346	£21,647
North Herts PBC Group	£63,518	£157,582	£0	£90,431	£35,198	£8,987	£9,970	£120,921	£10,204	£22,999
North Locality	£32,028	£23,669	£761	£49,207	£3,710	£4,692	£1,548	£48,281	£11,432	£9,664
South Locality	£12,124	£124,306	£103	£43,438	£14,502	£2,558	£17,225	£45,606	£38,739	£4,820
St Albans & Harpenden	£49,808	£50,463	£2,936	£143,047	£80,267	£12,427	£44,681	£138,454	£28,128	£7,402
Stevenson PBC Group	£44,735	£65,504	£229	£47,107	£30,777	£4,442	£23,792	£39,280	£10,801	£7,663
WatCom PBC Limited	£20,198	£17,148	£613	£211,039	£69,694	£11,880	£49,521	£34,668	£15,696	£5,806
Welwyn Hatfield Locality	£30,241	£55,371	£60	£99,196	£24,635	£6,390	£4,233	£102,514	£9,999	£14,367
West & Central Locality	£36,473	£51,317	£15,292	£141,702	£36,734	£12,030	£23,025	£122,333	£29,560	£24,502
East & North Hertfordshire PCT	£239,501	£488,850	£20,085	£504,152	£163,481	£44,192	£110,966	£565,037	£131,808	£92,307
West Hertfordshire PCT	£172,671	£216,009	£6,495	£643,673	£276,649	£78,468	£200,803	£340,557	£104,109	£41,099
Hertfordshire PCTs	£412,172	£704,858	£26,580	£1,147,825	£440,131	£122,660	£311,768	£905,593	£235,918	£133,407

Prepared by
Hertfordshire PCTs
Pharmacy and Medicines Management Team

Clinical Executive Group

Chair PCT CEO (Anne Walker)

- Membership includes:** Finance, commissioning, Board members (Pec Chairs, Dir of PH), Trust Medical Directors, etc
- Meet monthly
 - Reviews recommendations from HMCC in line with other priorities in the health system and makes final decision
 - Ratifies recommendations from HMCC
 - Monitors work programmes for disinvestment across 1/2 care
 - Identifies funding streams

Hertfordshire Medicines Management Committee (HMCC)

Chair: DPH (Jane Halpin)

- Membership:** Chairs of sub groups, hospital, primary care pharmacists, independent pharmacologist, lay-person etc
- Meet alternate months**
- Horizon scanning new drugs and National Developments with significant resource implications.
 - Develops criteria for inclusion onto work programme.
 - Consider evidence for low volume high cost new drugs and makes policy recommendations.
 - considers county-side guidelines e.g. sip feeds and dressings.
 - Reviews business cases from sub-groups that have a funding implication for the health system.
 - Responsible for ensuring robust processes followed by local expert committees as well as consistency across Herts
 - Ensures decisions made by local neighbouring PCTs when considering business cases.
 - Considers implications of NICE Guidance to make recommendations to Trusts and Clinical Executive Group
 - Use Priority setting framework and ethical framework
- Advise on work programme including areas for disinvestment**

Strategic/Financial

Overall view of all investments

Technical

Expertise to review clinical evidence presented.

- Outputs to:
- Red/Amber list
 - NHS Trusts, PBC Groups
 - Exceptional treatment panel
 - Research and Governance Committees

Operational – Expert groups/ committees

Primary / Secondary care clinicians to provide views on evidence presented and put forward business cases for drugs they want to prescribe.

East and North Herts New Drugs & Formulary Group

West Hertfordshire Joint Primary / secondary care Prescribing Group

Mt Vernon Cancer New Drugs Group

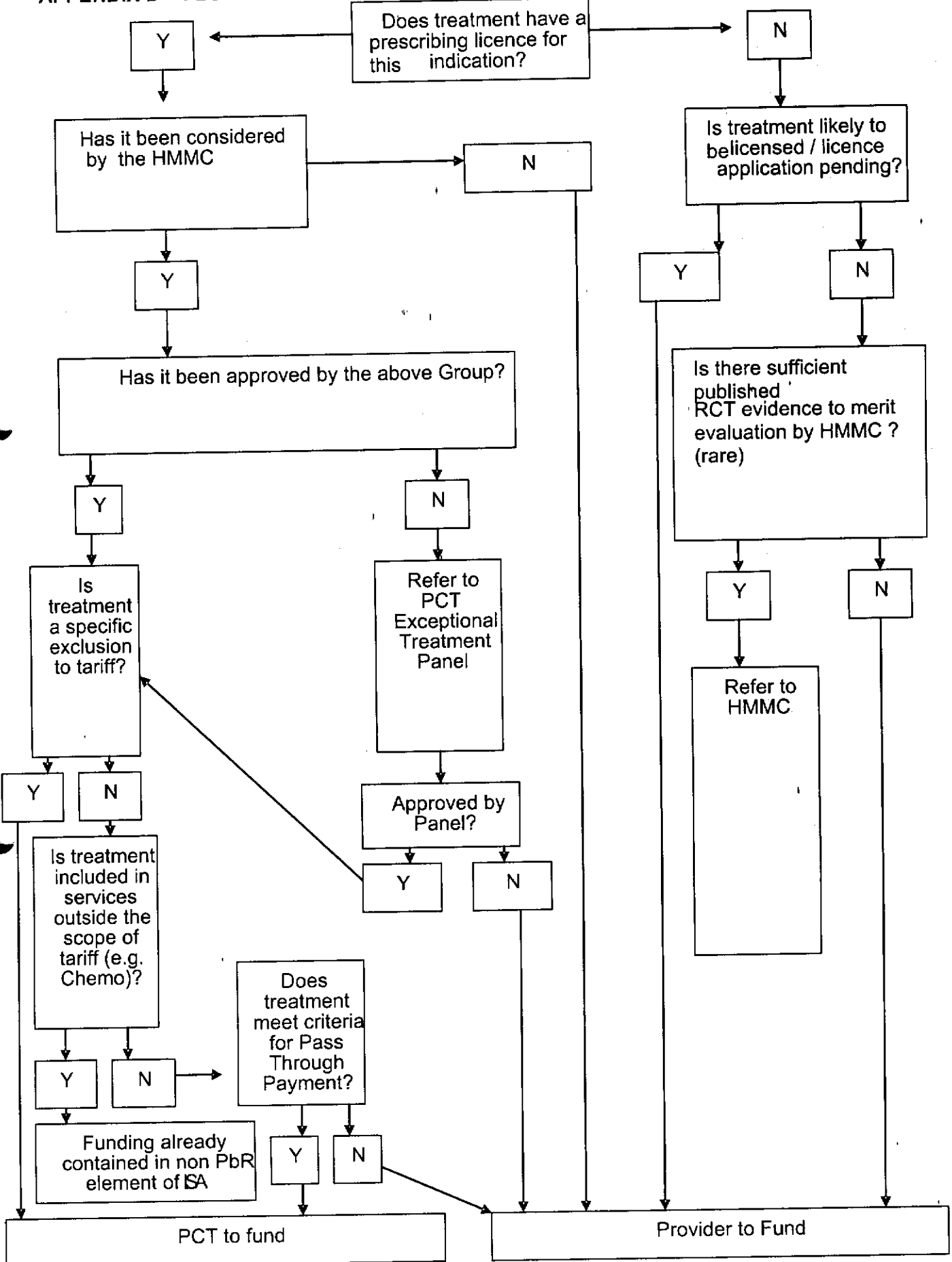
HPT Drug & Therapeutics Committee

East & North PBC Prescribing Group

Some Expert sub groups as above (there may be others with a specialist view provided they fulfil the Quality standards)

- Meet alternate months: All groups to work to same quality standards (outlined by HMCC) to ensure consistency.
- **Work programmes to include:** new drugs, new uses of drugs, new evidence on existing drugs that will impact on primary care; identify areas for disinvestment; development and monitoring of joint formularies. Monitor implementation of decisions.
- Local focus to maintain engagement with GPs and consultants to **ensure that prescribing across primary/ secondary care is within agreed principles.** PBC representation on all groups in line with The Audit Commission's Review on Medicines Management in hospitals that recommended a health economy wide managed entry of drugs' group. PBC representation on all groups - The Audit Commission's Review on Medicines Management recommended a health economy wide managed entry of drugs group. The PCT supports joint groups between PBCs and NHS Trusts (e.g. WHMMC) Prepare application for drug treatment – reviewer and applicant to attend expert group AND HMCC to present evidence and answer queries
- Review evidence for clinical-effectiveness & cost-effectiveness. Complete critical appraisal & priority setting for each application.
- **Outputs:** To be make recommendations to HMCC for drugs, new uses of drugs and new evidence that represents value-for-money but may have resource implications. To advice HMCC of drugs, new uses of drugs and new evidence that was not approved (to **contribute to the GREY List**)

APPENDIX D – FLOW CHART PROCESS FOR THE MANAGEMENT OF DRUG TREATMENTS



HMMC = Hertfordshire Medicines Management Committee