Securing value from medicines

OPAT the time for change in Provider delivery

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OPAT Conference
11th December 2017

Alternative title!

Securing value from medicines

Using data, transparency & gamification to change policy, clinical care & patient safety!

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We need to stop taking medicines for granted

Medicines help a lot of people to get well but:

- Medication safety continues to be a serious issue
- **Around 5-8% of hospital admissions are medicines related, many of which are preventable**
- Bacteria are becoming resistant to antibiotics through overuse which is a global issue
- **Up to 50% of patients don't take their medicines as intended meaning their health is affected**
- Use of multiple medicines is increasing – over 1 million people now take 8 or more medicines a day

The NHS spends £16.8 billion a year on medicines (£1 in every £7 that the NHS spends) and they are the most common treatment in the NHS

Achieving the Five Year Forward View

NHS England

For the NHS to meet the needs of future patients in a sustainable way, we need to close all three gaps:

1. **Health and wellbeing gap** → **Radical upgrade in prevention**
2. **Care and quality gap** → **New Care Models and new support**
3. **Funding and efficiency gap** → **Efficiency and investment**

Medicines Value Programme:

Set up after the Next Steps on the NHS Five Year Forward View in March 2017 and the Carter Report in 2016

NHS England

The NHS wants to help people to get the best results from their medicines – while achieving best value for the taxpayer

- Enable patients to access treatment that is clinically effective, based on latest scientific discovery, at as low a price as possible
- Support patients to take their medicines as intended, with appropriate reviews, to maximise health outcomes

Savings reinvested in improving patient care and providing new treatments to grow the NHS for the future

1. **The NHS policy framework that governs access to and pricing of medicines**
2. **The commercial arrangements that influence price**
3. **Optimising the use of medicines**
4. **Developing the infrastructure to support an efficient supply chain**

To create a single voice….

- Involves NHS England, NHS Improvement, NHS Digital and Health Education England
- Regional offices, link with STPs and ACOs
- Nationally coordinated with AHSNs, Getting It Right First Time, NHS Right Care and NHS Clinical Commissioners

3. Optimising the use of medicines

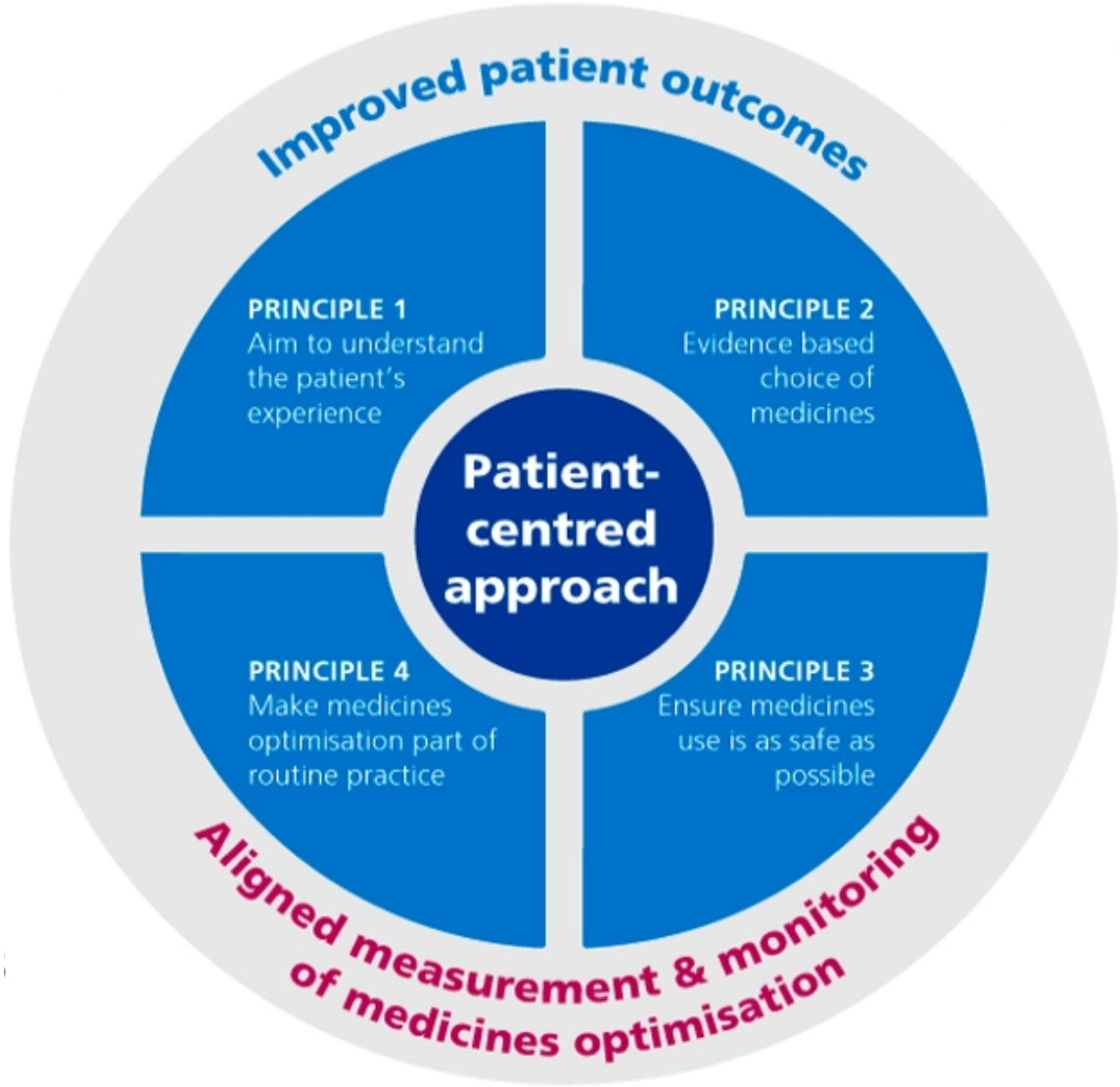
NHS England

To support the NHS, NHS England has set up four Regional Medicines Optimisation Committees (RMOCs), chaired by regional medical directors

RMOCs are connecting CCGs and providers with the national programme to take coordinated action:

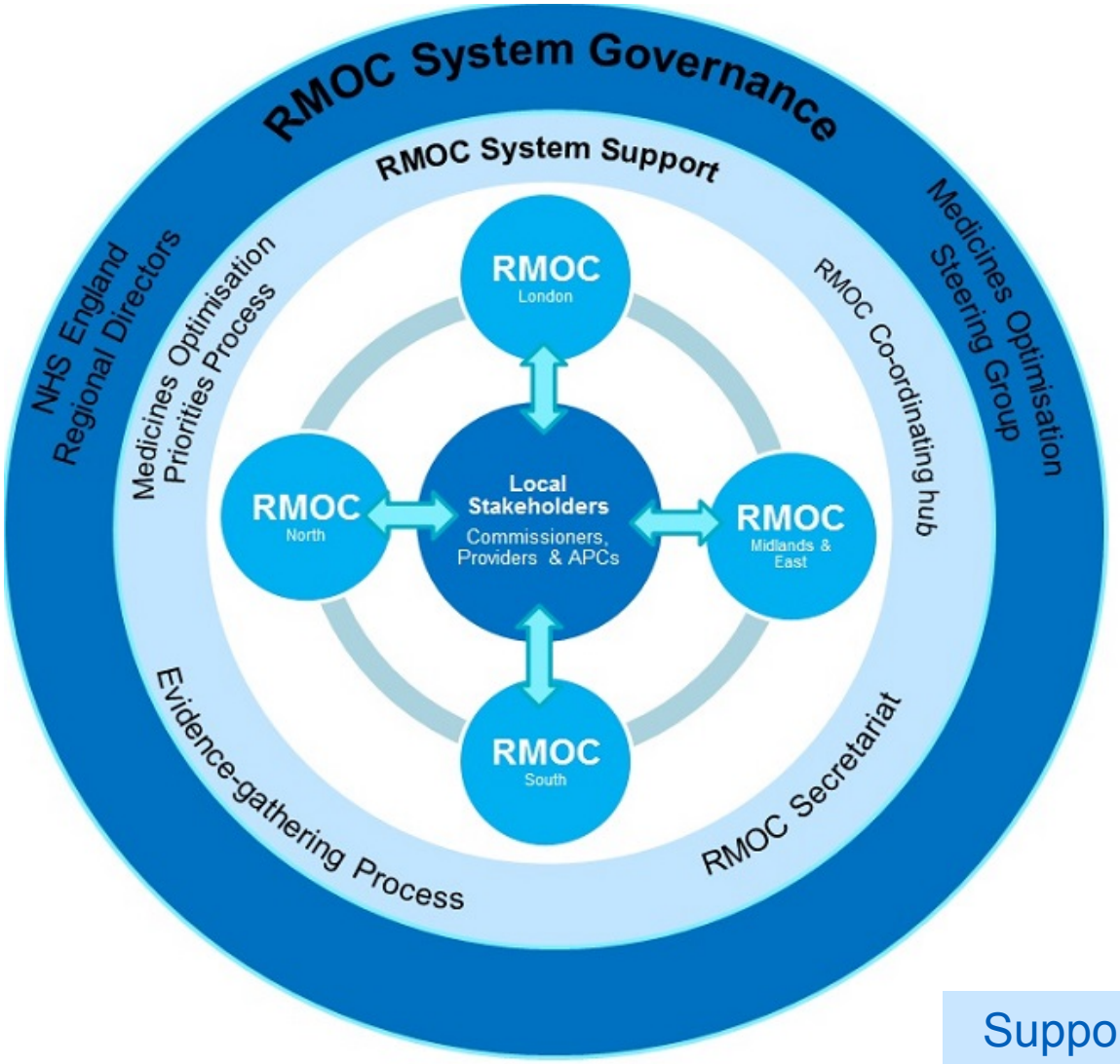
Initial priorities:

- Biosimilars
- Generics
- Antimicrobial Resistance
- Polypharmacy
- 'Low value' medicines
- Personalised medicines



Regional Medicines Optimisation Committees

NHS England



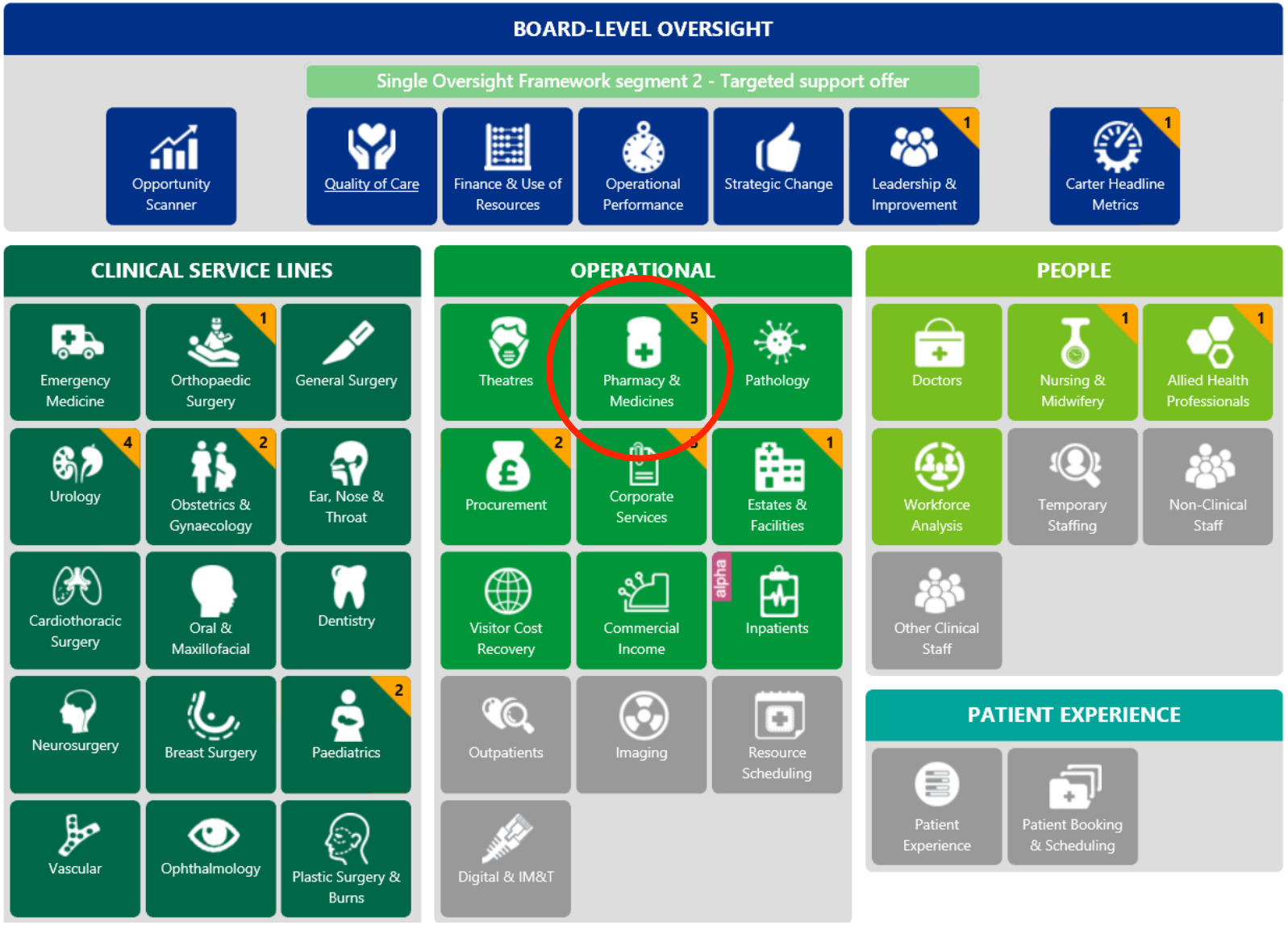
Purpose and scope:

- Monitor and support implementation of national advice and guidance
- Provide and disseminate resources to support and accelerate implementation
- Consider the implications of new ways of working and technological innovations
- Provide consistent advice on medicines optimisation
- Reduce duplication
- Horizon scan to identify challenges / issues to benefit from a system-wide approach

Supported by the Specialist Pharmacy Service: www.sps.nhs.uk

Model Hospital

NHS Improvement



Model Hospital (2)

NHS Improvement

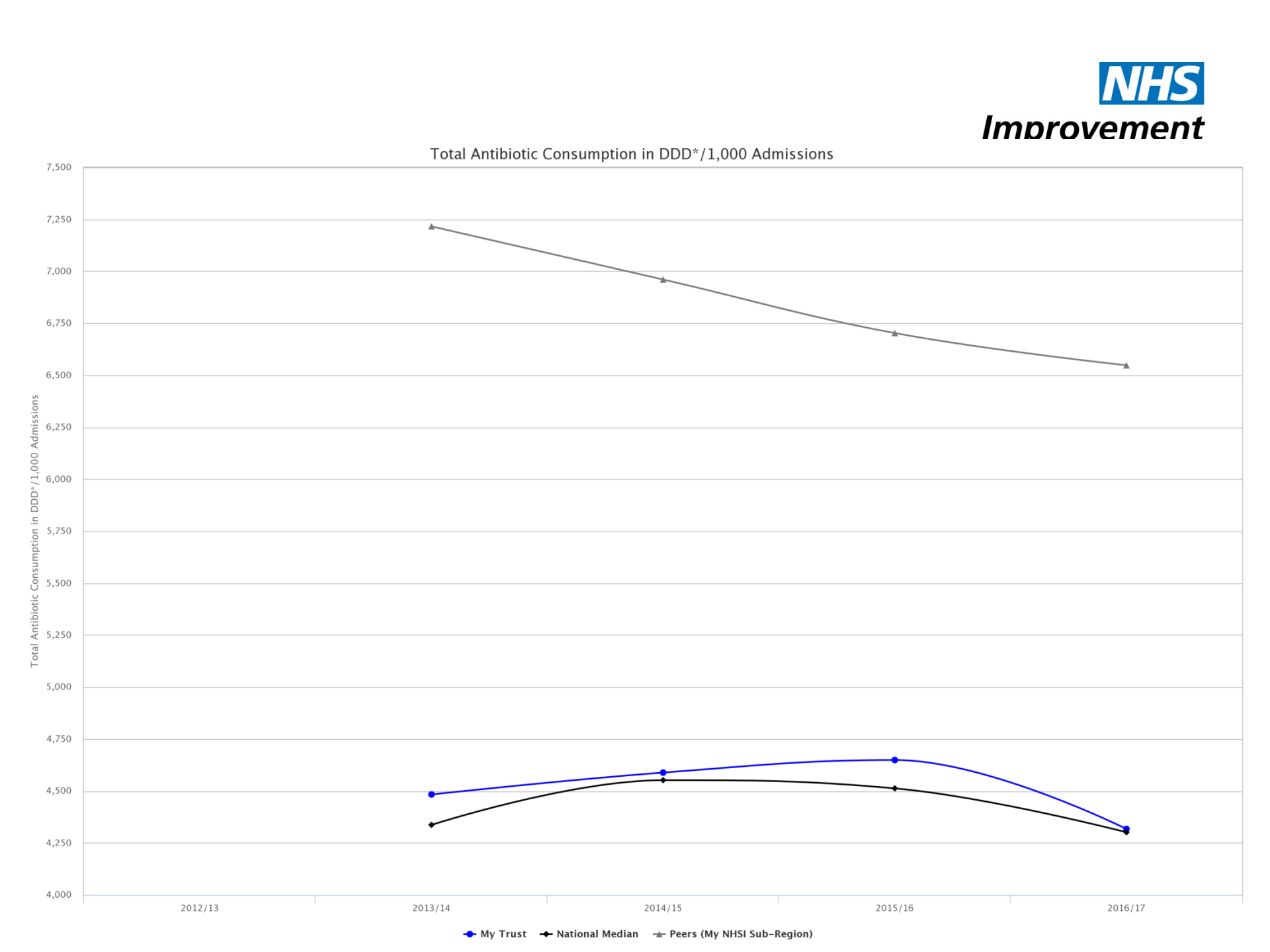
Effective	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Clinical Pharmacy Activity [Pharmacist Time Spent on Clinical Pharmacy Activitie...	2015/16	74%	67%	69%			No trendline available
% Pharmacists Actively Prescribing	2015/16	23.5%	17.0%	14.2%			No trendline available
% Medicines Reconciliation Within 24 Hours of Admission	2015/16	95%	70%	70%			
% Use of Summary Care Record (or Local System) per Month	Aug 2017	100.8%	47.1%	61.5%			
Dose-Banded Chemotherapy [Doses Delivered as Standardised Bands]	2015/16	22%	40%	18%			No trendline available
Number of Medication Incidents Reported to NRLS per 100,000 FCEs of Hospital Car...	Mar 2016	315.0	299.1	285.6			
% Medication Incidents Reported as Causing Harm or Death/All Medication Errors	Mar 2016	20.3%	11.2%	9.8%			No trendline available
Number of Days Stockholding	2015/16	18.2	19.5	18.8			No trendline available
Pharmacy Deliveries per Day [Average Number of Deliveries]	2015/16	16	14	15			No trendline available
e-Commerce - Ordering (Alliance)	2015/16	96.8%	94.5%	91.2%			No trendline available
e-Commerce - Ordering (AAH)	2015/16	97.1%	85.9%	82.0%			No trendline available

Current antimicrobial related metrics

Safe	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Total Antibiotic Consumption in DDD*/1,000 Admissions	2016/17	4,317	6,548	4,302			
Percentage of antibiotics prescriptions with evidence of review within 72 hours	Q4 2016/17	25%	24%	32%			No trendline available

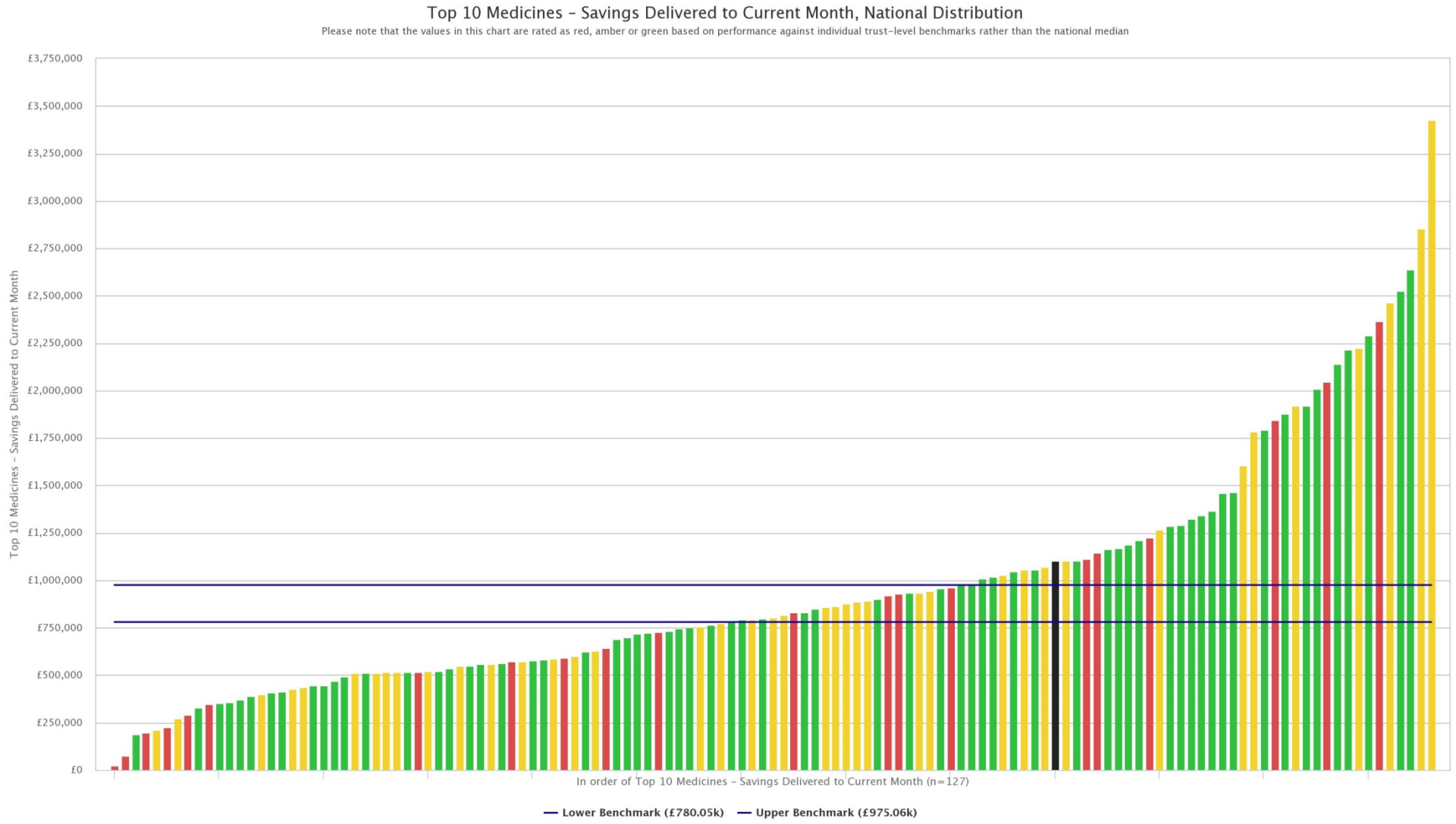
NHS Improvement

Total Antibiotic Consumption in DDD*/1,000 Admissions , National Distribution

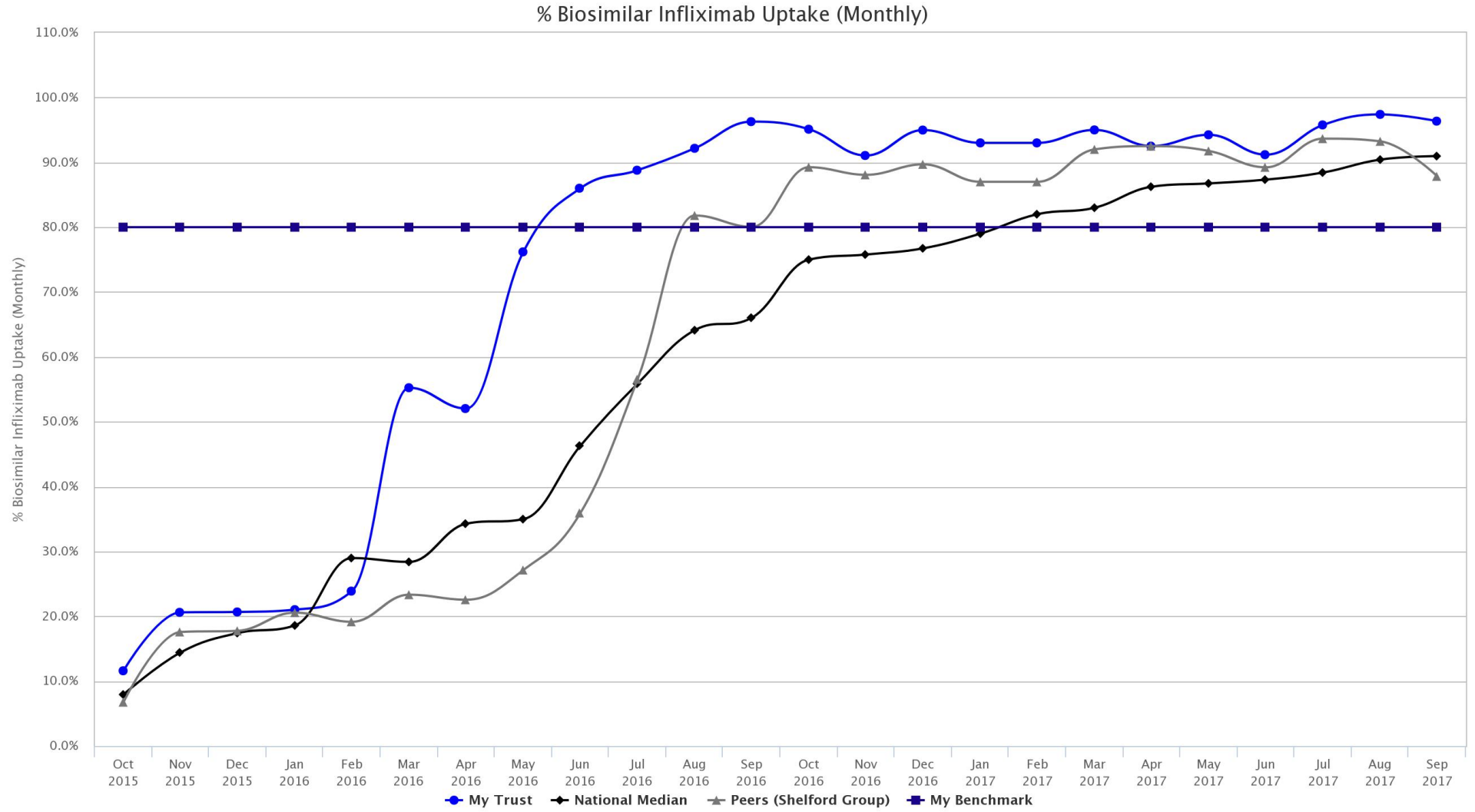

Total Antibiotic Consumption in DDD*/1,000 Admissions
Total Antibiotic Consumption in DDD*/1,000 Admissions
7,500
7,250
7,000
6,750
6,500
6,250
6,000
5,750
5,500
5,250
5,000
4,750
4,500
4,250
4,000
2012/13
2013/14
2014/15
2015/16
2016/17
My Trust
National Median
Peers (My NHSI Sub-Region)

Hospital Pharmacy & Medicines Optimisation:

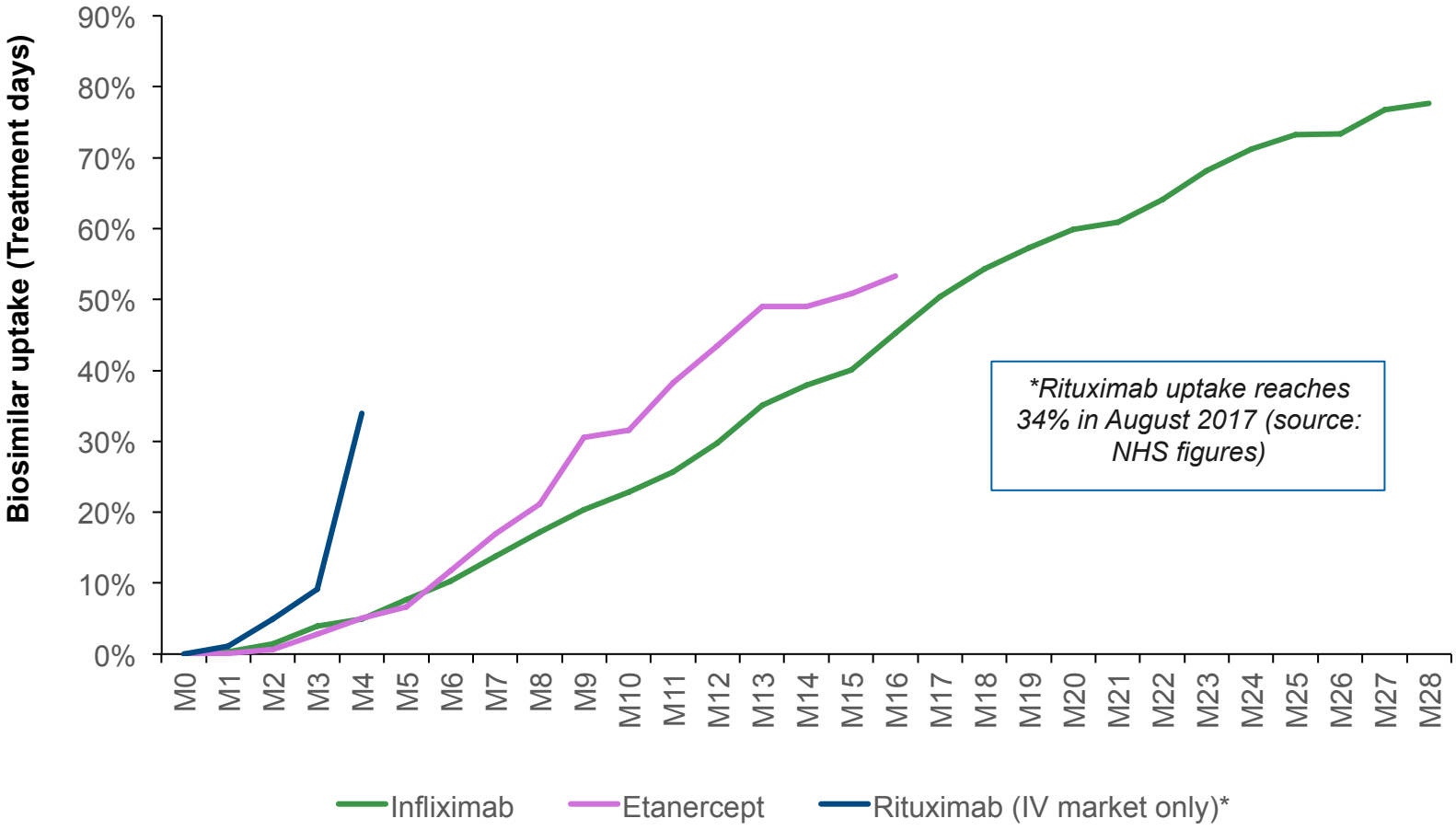
NHS Improvement



NHS Improvement



Biosimilar market share in treatment days



Source: QI MIDAS Restricted MTH Jun 2017; Each product treatment day share calculated with respect to the individual, relevant accessible market

Top 10 drugs – Anti-microbial/Fungal

NHS Improvement

Top Ten Medicines - Valganciclovir	Period	Trust Actual	Peer Median	Benchmark Value	Info	Variation	Trend
Valganciclovir Baseline Target Annual Saving	2017/18	£70,228	£45,828	£0		Click for national variation	No trendline available
Valganciclovir Monthly target saving	2017/18	£5,852	£3,819	£0		Click for national variation	No trendline available
Valganciclovir Monthly savings delivered	Oct 2017	£5,256	£3,785	£5,852		Click for national variation	
Valganciclovir cumulative savings	Oct 2017	72%	79%	100%		No variation available	

Top Ten Medicines - Caspofungin	Period	Trust Actual	Peer Median	Benchmark Value	Info	Variation	Trend
Caspofungin Baseline Target Annual Saving	2017/18	£637.38k	£156.33k	£0		Click for national variation	No trendline available
Caspofungin Monthly target saving	2017/18	£53,115	£13,027	£0		Click for national variation	No trendline available
Caspofungin Monthly savings delivered	Oct 2017	£54,511	£12,801	£53,115		Click for national variation	
Caspofungin cumulative savings	Oct 2017	37%	40%	100%		No variation available	

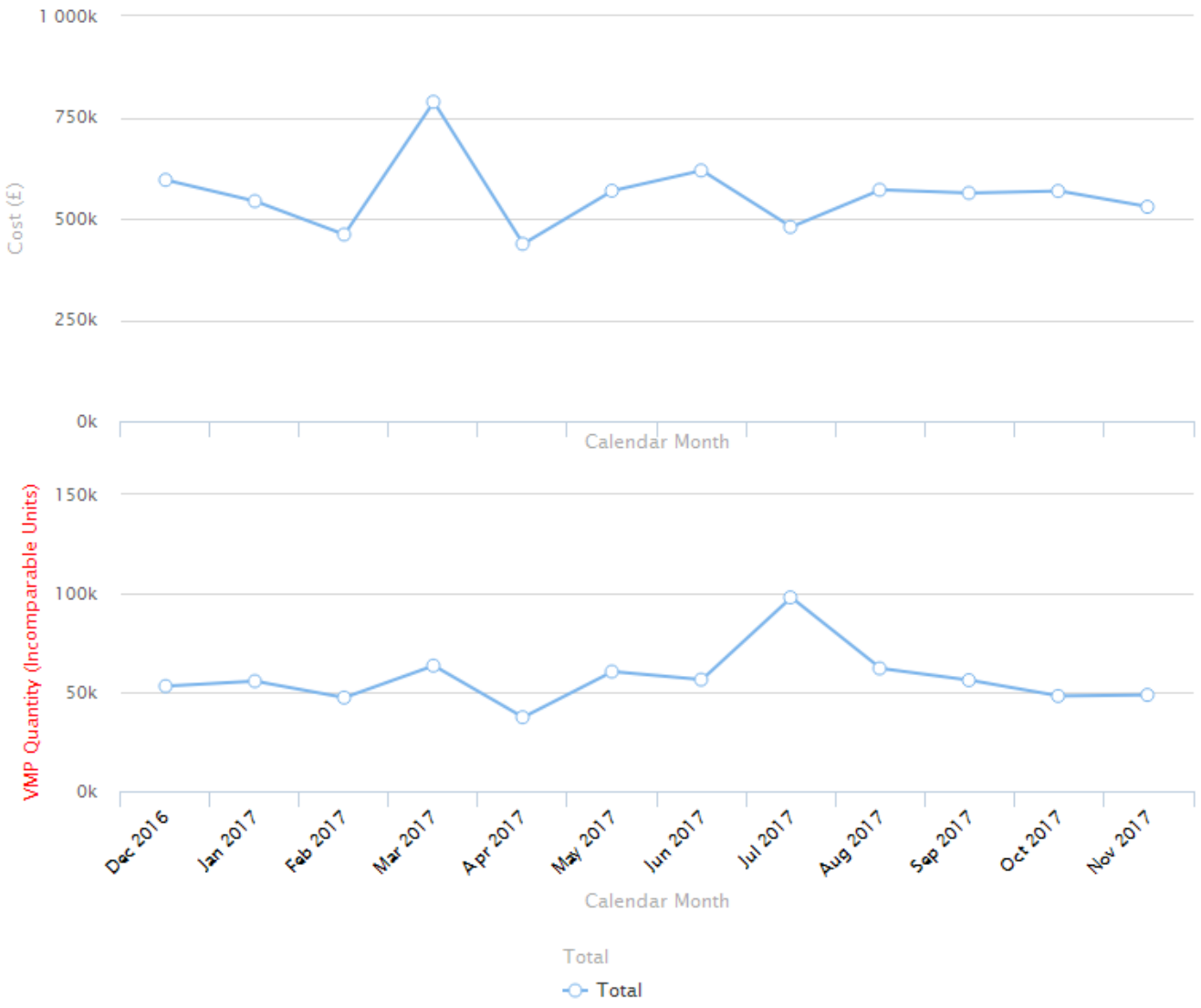
Top Ten Medicines - Linezolid	Period	Trust Actual	Peer Median	Benchmark Value	Info	Variation	Trend
Linezolid Baseline Target Annual Saving	2017/18	£151.73k	£95,616	£0		Click for national variation	No trendline available
Linezolid Monthly target saving	2017/18	£12,644	£7,968	£0		Click for national variation	No trendline available
Linezolid Monthly savings delivered	Oct 2017	£13,514	£8,501	£12,644		Click for national variation	
Linezolid cumulative savings	Oct 2017	105%	103%	100%		No variation available	

NHS Improvement

BUT !

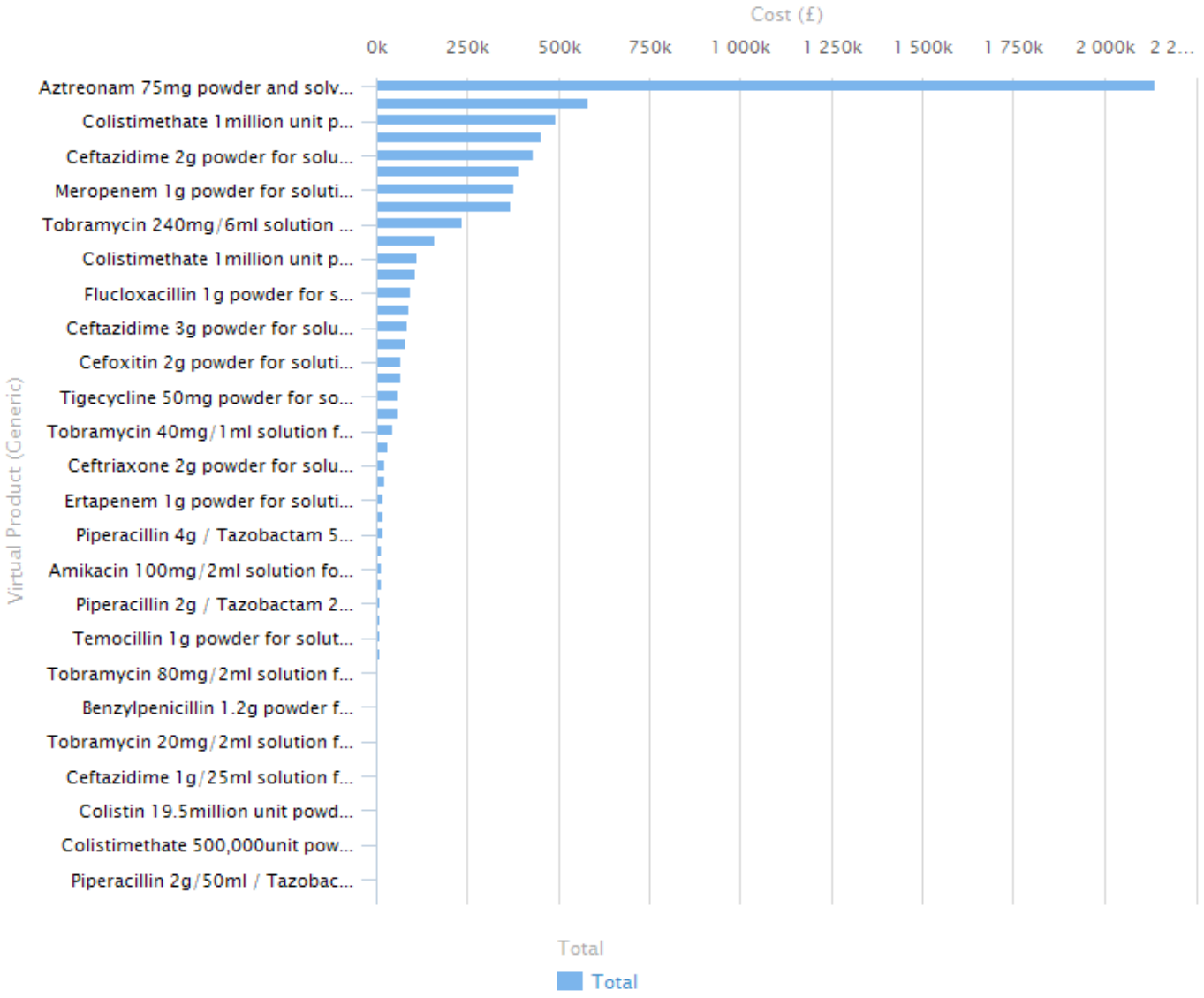
Data Data Data

Date Range: Last 12 Months (Dec 2016 - Nov 2017). **Trusts**: Custom. **Drugs**: Flag: OPAT. **Specialties**: Internal (exc. Stock, Sales) (225 of 230). **Prescription Types**: All



Wrong Data Data Data!

NHS Improvement



Conclusions

NHS Improvement

- Model Hospital can support development and monitoring of OPAT services
- Needs to have good data – not manual collection + >70% organisations providing – standard descriptions in pharmacy systems
- Could include data elements from OPAT-NORS registry
- NHSI can support process to push for change – but process needs Real World Evidence – benefit, costs + Expertise in OPAT
- Happy to add in metrics to expose issues to policy leaders & local health economy

Thank you!

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