

Hints & Tips

Prescription
Information Services

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Issue 20



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Welcome to the July 2015 issue of Hints & Tips!

If you've got a hint or tip that you would like us to write about in a future edition, please email it to:

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Welcome to the July 2015 issue of Hints & Tips, your regular newsletter full of information and advice. In this issue we're highlighting the renaming of QIPP comparators, Electronic Repeat Dispensing guidance published by NHS England and the introduction of an updated Medicines optimisation dashboard, as well as recent changes to hospital invoices and the availability of Colecalciferol 15,000units/5ml oral solution and oral suspension.

We've included information on generic prescribing, additional data views available on the Information Services Portal and ensuring that prescribing is correctly attributed to your organisation, plus changes to the Misuse of Drugs Regulations 2001 and details of prescribing information available on the Information Services Portal for GP practices and cost centres. There's also your chance to have a say in shaping the future of the Potential Generic Savings report.

If you have any suggestions for topics you'd like to see included in a future edition, please contact us at: nhsbsa.communicationsteam@nhs.net

Changes to Medicine Optimisation Key Therapeutic Topic Comparators

The National Institute for Health and Care Excellence (NICE) Medicines and Prescribing Centre has been working since autumn 2010 to support the Department of Health and NHS England with Medicines Optimisation (formerly under the QIPP medicines use and procurement workstream) to ensure people obtain the best possible outcomes from their medicines.

The Medicines Optimisation Intelligence Group – a part of the NHS England Medicines Optimisation Measurement Work Stream - has approved the 2015/16 Medicines Optimisation Key Therapeutic Topic (MO KTT) Comparators.

As a result:

- Four new MO KTT comparators have been introduced and these were released into the Information Services Portal from May 2015:
 - 3 Day Courses of Antibiotics: ADQ/Items
 - Antidepressants: First choice: % Items (2015)
 - Dosulepin: % items
 - Other Lipid Modifying Drugs: % Items
- One existing comparator has been renamed:
 - Hypoglycaemic Agents has been renamed to Blood Glucose Lowering Drugs
- Eight MO KTT comparators are to be retired from August 2015 (quarter to June 2015 data)
 - ACE inhibitor % items
 - Low cost lipid modifying drugs
 - Lipid modifying drugs: Ezetimibe drugs
 - Omega-3 fatty acid compounds ADQ/STARPU
 - Antidepressants: First choice % items
 - Cephalosporins & Quinolones % items
 - 3 days Trimethoprim ADQ/item
 - Wound Care products: NIC/item
- The MO KTT comparator Laxatives ADQ/STARPU will move to the volume comparators category in the Information Services Portal from August 2015 (quarter to June 2015 data).

You can find more information at: http://www.hscic.gov.uk/media/17152/MO-KTT-Comparators-March-2015-Finalpdf/pdf/MO_KTT_Comparators_March_2015_Final.pdf

Updated Medicines optimisation dashboard launched

NHS England has launched an updated Medicines optimisation dashboard to help Clinical Commissioning Groups (CCGs) improve and understand how well patients across the country are being supported to use their medicines.

The dashboard is available at <http://www.england.nhs.uk/ourwork/pelmo-dash/> and brings data together, aligning it to various themes including patient safety, mental health, cardiovascular disease, respiratory disease, diabetes, antibiotic prescribing and community pharmacy.

The data will allow local NHS organisations to highlight variation in local practice and stimulate discussion on the appropriateness of local care.

Additional data views available for reports in the Information Services Portal (ISP)

To improve access to information for our customers, the NHS Business Services Authority has introduced additional data views for existing reports available in the ISP. You can now view:

- practices compared nationally for all volume and cost comparators
- national total by Clinical Commissioning Group (CCG) for repeat dispensing %items/%cost reports

You can now also view data for eight quarters for the Medicines Optimisation Key Therapeutic Topic (MO KTT) and Prescribing Comparator reports.

The existing data views available for the Repeat Dispensing reports have also been renamed. The National Totals report has been renamed to National Totals by Area Team (CCG prescribing only). The Area Totals report has been renamed to Area Team Totals (CCG prescribing only)

You can find more information about the ISP at <http://www.nhsbsa.nhs.uk/3607.aspx>

Colecalciferol 15,000units/5ml oral solution and oral suspension

Colecalciferol 15,000units/5ml oral solution (i.e. Colecalciferol 3,000units/ml oral solution) is now available as a licensed medicine and is listed in Drug Tariff Part VIIIA, whereas Colecalciferol 15,000units/5ml oral suspension (i.e. Colecalciferol 3,000units/ml oral suspension) is only available as a Special Order product.

Did
you
know?



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Your chance to shape the future of the Potential Generic Savings report

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The Potential Generic Savings report is produced at National, Area Team, Primary Care Organisation and Practice level and shows the potential savings that might be achieved by prescribing generically. The report is frequently accessed and organisations have been using it to help monitor generic prescribing for many years.

However, the criteria for the report’s content were agreed some time ago and there are varied opinions regarding when generic prescribing is appropriate. The potential savings shown in the report might not be made if the prescriber has made the clinical decision to prescribe by brand. As the report content has not been reviewed for a number of years, items which may have been excluded previously may now be eligible for inclusion, while items which were previously included should perhaps now be excluded. This has highlighted the opportunity to review and improve the content of the report.

The NHS Business Services Authority is therefore looking to conduct a full review of this report in the near future and would welcome any feedback you might like provide for input into the review. Please email your feedback to nhsbsa.help@nhs.net

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When ‘generic’ prescribing isn’t...

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We are noticing an increasing volume of computerised prescriptions each month where the prescriber has prescribed a generic Drug Tariff Part VIIIA product along with the name of the branded product or the supplier in brackets. In this situation, the drug costs charged to the prescriber’s budget will be that of the branded medicine or the specified supplier. In many cases this cost will be significantly higher than the Drug Tariff Part VIIIA listed price. Where the prescriber has actually intended to prescribe the generic Part VIIIA product please ensure that the computerised prescribing system ‘pick lists’ are correctly set up so that branded or specific supplier products are not included within the practice formularies. The system supplier will be able to provide advice on the correct configuration of the system.

Ensuring that prescribing is correctly attributed to your organisation

Clinical Commissioning Groups (CCGs), Trusts or provider organisations who believe that any prescribing has been incorrectly attributed to their organisation can initiate a prescriber query with NHS Prescription Services who will carry out further investigation. If you'd like to request an investigation on behalf of your organisation, email details of the prescribing in question in the form of a Prescriber Dispenser Report from ePACT.net along with any supporting information to: nhsbsa.prescribingqueries@nhs.net

During the last financial year 2014-2015, 369 of these investigations were completed, uncovering prescribing costs of £2.29 million which had been charged to the incorrect practice/cost centre. This was due to errors on the prescription forms and EPS Release 2 messages in question and needed corrective action to resolve the issues identified. The most common errors identified were:

- Prescribers using invalid prescriber codes on prescription forms/EPS messages
- Prescription forms produced by the practice bearing no prescriber code
- Practices using the prescriber codes of prescribers who no longer work at the practice
- Prescribers moving practice and not informing NHS Prescription Services of the change.

To help resolve some of these issues, NHS Prescription Services relies on CCGs, Trusts and provider organisations to ensure that they keep us regularly informed of any changes to prescriber details. This includes changes to practice/cost centres where the prescriber is based. You can find more information on keeping us informed of

relevant changes at <http://www.nhsbsa.nhs.uk/PrescriptionServices/3879.aspx>.

Please also make sure that practices and prescribers understand that the prescriber information on a prescription form is needed to identify them and to allow the correct costs to be charged back to the practice budget. If incomplete or incorrect prescriber details are included on a prescription form, this will result in incorrect data being displayed on information reports. This in turn will make it more difficult to benchmark and monitor prescribing activity.

To submit details of additions, deletions and changes to organisational and prescriber data, send the appropriate notification forms to the NHS Business Services Authority at nhsbsa.prescriptioninformation@nhs.net. You can find the notification forms you'll need, grouped by organisation type, at: <http://www.nhsbsa.nhs.uk/PrescriptionServices/3879.aspx>.



Recent changes to hospital invoices

Hospital trusts have received their invoices in a new format since April 2015 (i.e. invoices relating to February 2015 prescribing). Trusts who previously received two separate invoices each month now receive a new single invoice. More information about these changes can be found at: <http://www.nhsbsa.nhs.uk/PrescriptionServices/3183.aspx>, including guidance to help hospitals trusts reconcile the new invoice.

There is no longer the need to use ePACT to reconcile the new invoice as the updated version enables all elements of the hospital trust invoice to be reconciled from reports contained within the Information Services Portal. The Remuneration Report should be used to reconcile the dispensing fees and charges. The Itemised Prescribing Payment (IPP) report should be used to reconcile the total prescribing and resources retained centrally elements. (Resources retained centrally are costs which are not prescription specific. These costs are shared across organisations whose prescribers' prescriptions have been dispensed in the community and have contributed to the cost. The share an organisation is required to pay is calculated based on their proportion of prescribing).

Please note that hospital trusts will still need to use ePACT to view information relating to prescribing costs for individual hospital units, cost centres or at prescriber level. If Hospital Trusts wish to assign invoice costs back to individual units for internal budget reasons they will need to run or amend any user defined or preset ePACT reports such as the Trust Level Analysis to use Actual Cost instead of NIC. They will also need to exclude any scripts dispensed by dispensing doctors practices. Reports will need to be run at presentation level and include the dispenser code to exclude these scripts.



Prescribing information on the Information Services Portal for GP Practice and Cost Centres

GP practices and costs centres can access the Information Services Portal (ISP), providing them with key areas of prescribing information. Using the ISP helps practices to monitor their prescribing trends and budget information and identify best practice. They can also compare and manage their prescribing performance against national and Primary Care Organisation comparators, reconcile personally administered items and extract prescribing data for GP appraisals.

We are aware that many practices and cost centres do not know that this information is available to them. CCGs and provider organisations are well placed to encourage practices/cost centres to register to use this service.

You can find further information about the ISP at:

<http://www.nhsbsa.nhs.uk/PrescriptionServices/3623.aspx>, including details of how to register.

Changes to the Misuse of Drugs Regulations

The Misuse of Drugs Regulations 2001 have been amended to ensure that the regulatory framework on controlled medicines is effective, reflects current policy and complements changes in the health sector. Most of the changes are effective from June 2015, including:

- the introduction of independent prescribing authorities for physiotherapists and chiropodists
- authority for electronic prescribing of Schedule 2 and 3 controlled drugs (NB: this requires changes to EPS message content before this can be implemented in EPS)
- changes to requirements for writing prescriptions for temazepam.

Use of a standard requisition form will be mandatory from November 2015.

There are also several other changes and a summary from the Home Office is available at: <https://www.gov.uk/government/publications/circular-0192015-a-change-to-the-misuse-of-drugs-regulations-2001/circular-0192015-misuse-of-drugs-amendment-no-2-england-wales-and-scotland-regulations-2015-si-2015891>



The Drug Tariff is also available as a PDF

Did
you
know?

A PDF version of the Drug Tariff is also available on the NHSBSA website, alongside the electronic version. To access the PDF, simply click on the PDF logo located on the Drug Tariff homepage at <http://www.nhsbsa.nhs.uk/PrescriptionServices/4940.aspx>.

You can navigate the document using either bookmarks or the search feature.

Electronic Repeat Dispensing guidance published

NHS England have published guidance on Electronic Repeat Dispensing and you can find this at <http://www.england.nhs.uk/ourwork/tsd/sst/erd-guidance/>. Dispensers can only use electronic repeat dispensing when both the prescribing and the dispensing systems are using EPS Release 2; it is not possible to use electronic repeat dispensing with EPS Release 1.

Repeat dispensing reports providing information on the percentage of repeat dispensing at both cost and item level are available on the Information Services Portal in the Prescribing Monitoring category.

Your dedicated helpline



For further information
please contact the Information
Services
Support Team:

0191 2035050

or email:

nhsbsa.help@nhs.net