

Hints & Tips

Prescription Information Services

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Welcome to the April 2016 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 April 2016 issue of Hints & Tips, your regular newsletter full of updates and information.

In this issue we've included an update on forthcoming developments to the ePACT service and the latest release of the Information Services Portal, as well as information on the data and reports we provide and how you can access them. There's an update on those prescribed items which appear in our information reports as 'Unspecified Code' and on changes to the format of the BNF, and information on the Forecast Outturn.

We're also looking at medicines which now have licensed equivalents available and centrally purchased vaccines. There's an update on the NHSBSA's Pacific Programme, and plenty more besides which we hope you'll find useful.

If there are any topics you'd like us to cover in future issues please let us know at nhsbsa.communicationsteam@nhs.net

ePACT 2

As you know, we're working to upgrade the technology we use to deliver the ePACT data to you. Recently we've shared a possible prototype solution with some of our users and asked for their views. The feedback from these sessions has been very positive and it's clear you value the ePACT prescribing data as it allows you to carry out your role effectively.

You told us that accessing the information you need quickly and easily is a key requirement and that different users need to access the data in different ways. For example, some users need to query the prescribing data online, while others need a combination of online analysis and ability to download the raw data. Some users don't need the facility to carry out analysis but purely need an effective way to access the raw data to populate local systems.

We'll share the full results of the engagement activities we've carried out very soon on our website and we'll keep you updated as the programme progresses. In the meantime, thank you to everyone who has contributed so far.

To give you an idea of the timeline we're currently working to, we've planned in the following key milestones:

Customer engagement	December 15 – February 16
Review and share findings	March - April 16
Delivery of first iteration and early adopters	Early summer 16
Transition to ePACT2	During 16/17



Information Services Portal – latest release

The latest release of the Information Services Portal was deployed at the beginning of March 2016 and the following features are now available:

- A new monthly report for registered NHS England Area Team users detailing all out of pocket expenses claims which pharmacy and appliance contractors have submitted to the NHS Business Services Authority.
- Updated Private CD Analysis reports which now include dispenser code, name and address.
- Three new views for Repeat Dispensing reports:
 - o National Totals by Primary Care Organisation (PCO)
 - o National Totals by Area Team (all PCOs)
 - o Area Team Totals (all PCOs)

What reports are available and how can I access them?

You might already use some of our more frequently accessed reports such as the MO KTT report, but did you know we also provide many other reports – for example, a Prescriber Details report which gives details of all the prescribers registered at a particular practice? Our information is based on prescribing by GPs and other prescribers that was dispensed in the community in England, and there's a huge range of information and prescribing related data. It is available to NHS stakeholders and the general public on the [Information Services Portal \(ISP\)](#) and on the NHSBSA website at <http://www.nhsbsa.nhs.uk/PrescriptionServices/3162.aspx>.

You can find a comprehensive guide to all the information we provide and how to access it at http://www.nhsbsa.nhs.uk/PrescriptionServices/Documents/PrescriptionServices/Prescribing_and_dispensing_reports_Guide_V3_Online.pdf, so if there's data you need for medicines management why not have a look and see what's available? If you haven't registered for the ISP yet you can access some of the reports as a guest user, or for access to a wider range of reports you can find details of how to register at <http://www.nhsbsa.nhs.uk/PrescriptionServices/3623.aspx>.

Did
you
know?

BNF update

The BNF's publisher has made changes to its format to bring the information into one place and enable future digital production. Background information regarding the changes is available [here](#). NICE is aware that NHS organisations, especially hospitals, use the BNF's chapter structure and have further developed it for a range of important uses which could be impacted by these changes, including collecting and reporting data on medicines and other prescribable products. As well as local systems, this also affects the NHSBSA's prescription information systems and reports, the dm+d supplementary release file, and the publications and data releases by the Health and Social Care Information Centre (HSCIC).

A steering group with representation from the BNF's publisher, DH, HSCIC, NHSBSA, NICE, Devolved Administrations, All England Chief Pharmacists Group and the Pharmaceutical Advisors Group has been established and will meet quarterly. The group will focus on the development of an NHS owned information standard, which will eventually replace the legacy BNF chapter structure. Use of the standard will then be mandated throughout the NHS to ensure consistency across all systems, although please note that this is a long term objective. The group will also develop a strategy to support the requirements of users throughout the NHS to make a smooth transition with minimal disruption. We will be consulting widely with users to help with this work.

We'd like to reassure you that while this work is ongoing, the BNF's publisher will continue to support the chapter structure featured in previous editions of the BNF through 'BNF Legacy', which is available at: www.medicinescomplete.com

We will update you on progress, including information about timescales for the transition, following the next steering group meeting in May.

Licensed equivalents now available

Generic description	Generic description
Morphine sulphate 1mg/1ml solution for injection ampoules	Torbay Pharmaceuticals
Colecalciferol 1,000unit tablets	Stexerol-D3 1,000unit tablets - ProStrakan Ltd
Nitrazepam 2.5mg/5ml suspension sugar free	Nitrazepam 2.5mg/5ml suspension (Essential Pharma Ltd)

Morphine sulfate 1mg/1ml solution for injection ampoules have recently been licensed by Torbay Pharmaceuticals and should ideally be dispensed in preference to Morphine sulfate 1mg/1ml solution for injection ampoules (Special Order). The Special Order product has now been discontinued.

Stexerol-D3 1,000unit tablets have recently been licensed by ProStrakan Ltd and they should ideally be dispensed in preference to Colecalciferol 1,000unit tablets (Special Order). The Special Order product has now been discontinued.

Instead of dispensing Nitrazepam 2.5mg/5ml suspension sugar free (Special Order) which is unlicensed, you can now obtain Nitrazepam 2.5mg/5ml suspension (Essential Pharma Ltd) which is a licensed product and is available through AAH Pharmaceuticals Ltd and Alliance Healthcare (Distribution) Ltd.



Customer satisfaction surveys

We're always working to improve our services for customers. To help us achieve this, over the last year we have carried out surveys on specific topics (such as ePACT) as well as our annual customer satisfaction surveys in January and February.

We realise that completing surveys can be time-consuming but your views are very important to us and we really appreciate the time taken by everyone who was able to complete our Customer Satisfaction Survey for 2016. We heard from over 270 of our Information Services users and your feedback will be extremely useful in helping us to improve our services.



When the results have been collated we will share an overview in Hints & Tips.

Unspecified items

A small proportion of prescribed items appear in our information reports as 'Unspecified Code'. This is because the product prescribed has not yet been, or can't be, added to our drug database and is therefore captured as unspecified.

We're not able to legally provide images of these prescriptions to CCGs, although we provide details of unspecified items with a net ingredient cost (NIC) of £75 or over to named contacts at primary care organisations by email each month. We will soon reduce this value to £60.

CCGs, CSUs and other organisations involved in monitoring prescribing have highlighted that they would like the information relating to drugs captured as unspecified code items to be improved. We therefore continually review the items captured as such and, where appropriate, add the item to our database. Over the last three financial years the number of items captured as unspecified has more than halved, with the value of these items also reducing. The trend over the latest three years from April to November also shows a significant decrease, with the total value for 2015/16 forecasted at under the £10 million mark:

Trend by financial year

	2012-13	2013-14	2014-15
	Apr - Mar	Apr - Mar	Apr - Mar
Total items captured with unspecified code	658,242	453,271	314,469
Total value of items captured with unspecified code (£)	28,168,633	21,833,248	20,204,796

Trend by year to date (April to November)

	2012-13	2013-14	2014-15	2015-16
	Apr - Nov	Apr - Nov	Apr - Nov	Apr - Nov
Total items captured with unspecified code	375,888	323,828	202,655	132,794
Total value of items captured with unspecified code (£)	15,743,869	15,238,255	15,650,557	7,586,739

The two most costly items captured as unspecified codes between August 2015 and October 2015 were Liraglutide 6mg/ml solution for injection 3ml pre-filled disposable devices and Lidocaine 5% medicated plasters. During that period, these two products accounted for a cost to the NHS of approximately £222,600.00. They have now been added to Drug Tariff Part VIII A, and at the current Drug Tariff price the cost of prescribing during that period would now be approximately £76,000.00. This represents a saving of approximately £147,500.00 to the NHS.

Some products are captured as unspecified where the 'supplier name' endorsed on a prescription is not listed on our database. Further analysis of the data for this period shows that for the most popular items captured as unspecified drugs there are a number of Drug Tariff Part VIII A generic items which are similar:

Unspecified product (e.g. where we do not have a match to the 'supplier' endorsed)	Drug Tariff Part VIII A item
Beclometasone 100mcg/dose inhaler cfc free	Beclometasone 100mcg/dose breath actuated inhaler CFC free
Ibuprofen 200mg capsule	Ibuprofen 200mg tablet
Ibuprofen 400mg capsule	Ibuprofen 400mg tablet
Isosorbide mononitrate 40mg M/R tablet	Isosorbide mononitrate 40mg M/R capsule
Diazepam 2mg/5ml oral solution	Diazepam 2mg/5ml oral solution sugar free
Diltiazem 90mg MR tablets	Diltiazem 90mg MR capsule

The cost of these six items captured with the unspecified code between August 2015 and October 2015 was approximately £47,500.00. A switch in the prescribing of these items to the Drug Tariff Part VIII A listed presentation would have cost approximately £11,500.00 – resulting in a saving of around £36,000.00 for the NHS. Changes in prescribing (where appropriate) should therefore contribute towards making these savings to the drugs bill.

For a variety of reasons there will always be a percentage of items which will be captured with the unspecified code. We will continue to work on reducing this figure where we can, which should in turn reduce the cost to the NHS.



Don't forget...

If a GP moves practice, remember to inform us of the change. If a GP moves practice and we haven't been informed, their prescribing will be attributed to the senior partner of the GP's previous practice for any electronic prescription messages submitted.

Unidentified nurse prescribing

We receive a substantial number of Practice Nurse (PN) prescriptions for Non-Medical Prescribers (NMPs) who have not been registered with NHS Prescription Services at the practice specified on their prescriptions. This has resulted in a high volume of unidentified nurse prescribing, which impacts on prescribing budgets and any clinical governance arrangements that rely on prescribing information provided by us. To register NMPs at a practice the CCG's authorised signatory must complete an NMP registration form and submit it to the NHSBSA. When we receive the registration form, we will update our database within three working days. You can find the form at: <http://www.nhsbsa.nhs.uk/PrescriptionServices/3971.aspx>.

From 1 April 2016, if we can't identify the nurse from the prescriber details provided due to the nurse not being registered, we will attribute the prescribing to the practice's senior partner.



Medicine optimisation data

In response to user feedback following the first full revision of the medicines optimisation dashboard in November 2015, the data for metrics has been refreshed where more up to date data is available. This should help CCGs to better understand how well their local populations are being supported, optimise medicines use and inform local planning. To find out which metrics have been updated, click on the 'Changes' tab within the dashboard.



The dashboard is presented to allow local NHS organisations to highlight variation in local practice and provoke discussion on the appropriateness of local care. It is not intended as a performance measurement tool.

More information can be found at: <https://www.england.nhs.uk/ourwork/pe/mo-dash/>

The next data refresh will take place in May 2016.

Medicines Optimisation Key Therapeutic Topics (MO KTT) comparators

The MO KTT comparators are a set of charts and data tables available within the Information Services Portal which show values for prescribing. They're intended to support organisations and prescribers to review the appropriateness of current prescribing, revise prescribing where appropriate and monitor implementation. The comparators are not intended to be used as targets or performance tables, but to highlight variation and support local discussion and decisions. As you've highlighted to us that it would be useful to have this information more regularly, we now publish these reports each month showing data for a rolling quarter.

Pacific Programme update

Many of you will already be aware of the NHSBSA's Pacific Programme, so here's a brief overview and update that we hope you'll find helpful. If you'd like to know more, please [get in touch](#).

Overview

The Pacific Programme was launched in Spring 2013 in response to a challenge set by the Director General for the NHS and the Permanent Secretary, who asked the NHSBSA to consider what more it could do to deliver value for the wider NHS.

Pacific's aim is to collaborate with colleagues across the healthcare system to release £1bn of recurring savings, while maintaining or improving outcomes for patients. This is an ambitious but achievable target, based on the work to date and given the £32bn of payments that the NHSBSA makes each year through its various business streams.

The scope of the programme is deliberately broad, to maximise its potential benefit – essentially, any initiative that will release recurrent value for the NHS can be considered for inclusion, provided the NHSBSA is well placed to make a positive contribution.

Pacific is now well established, with key stakeholders across the NHS increasingly aware of the programme and the team providing support to a range of national initiatives, including aspects of the NHS RightCare and New Care Models programmes.

What have we achieved so far?

- The programme has already delivered £200m of savings. This was achieved primarily by driving better value from NHS Supply Chain, reducing patient and provider fraud or error, and optimising end-to-end processes. Projects already in delivery or with high confidence of success are expected to save over £500m by April 2018.
- The Pacific team has introduced various business processes and tools that are increasingly being used across the NHSBSA and beyond. Their benefits management process recently received a positive review from PwC and is being adopted across the change portfolio.
- An experienced core team has been built and developed, which is increasingly being called upon to support initiatives beyond the NHSBSA's borders. For example, the Department of Health's Overseas Healthcare Team is seeking our continued support for the EEA Redesign Programme, we are providing growing support to the development of the Medicines Digital Strategy and we have been supporting the Community Pharmacy Review (CPR) for almost a year.

Over the past few months, the team has been engaging more closely with colleagues in CCGs through WebEx presentations, topic-specific surveys and detailed discussions. This engagement has helped to raise awareness of the programme, enabled two-way conversations with CCGs and connected some CCG colleagues with local or national initiatives they hadn't known about before. Further discussions are currently on-going to help more CCGs understand how the NHSBSA's resources, expertise and national reach can support them in delivering even better value for money.

CCG feedback

- I look forward to **positive changes** that I know will come out of this
- It is really **encouraging** that someone at the centre is **offering support** and looking to **make a difference**
- It's so **refreshing** to have such an **open conversation**...with an ALB looking for ways to **help** us

Can we help you more?

If you've already been involved in discussions with the Pacific team, we're very grateful for your time and contributions and would welcome any [feedback](#) you might have.

If you haven't been involved so far but would like to discuss how Pacific might help you address issues or achieve objectives, please [get in touch](#).

You can find out more about the Pacific Programme by visiting [our website](#).

Centrally purchased vaccines

We have recently identified an increase in the number of FP34D/FP34PD Appendix forms and FP10 prescription forms claiming payment for vaccines where practices have later identified these as having been 'centrally purchased'.

In England, 'centrally purchased vaccines' are those used for routine immunisation programmes. They're ordered and delivered from a specialist pharmaceutical distribution company through the Department of Health's ImmForm website, and should only be used for purposes approved by the Department of Health. The 'Green Book' reminds healthcare professionals that it may be considered fraudulent if centrally purchased vaccines are knowingly used for non-approved circumstances. Where vaccines and other items are obtained and dispensed on a centrally supplied basis by GP practices providing dispensing services (i.e. dispensing doctors and personally administered account types), reimbursement can't be made by NHS Prescription Services. An FP34D/ PD Appendix or FP10 form should therefore only be submitted for payment to cover the personal administration of the vaccine where the vaccine has been purchased by the practice.

Among the vaccines commonly claimed in error are Meningococcal (ACWY, Bexsero, Menveo and Nimenrix), Nasal Influenza vaccines (Fluenz Tetra) and Shingles vaccines (Zostavax), all of which may be covered by various immunisation programmes or be purchased directly by practices.

Your dedicated helpline



For further information
please contact the Information
Services

Support Team:

0191 2035050

or email:

nhsbsa.help@nhs.net