



Tower Hamlets
Clinical Commissioning Group

Low Value Medicines Consultation

A discussion paper in line with the
requirement to consult and
discuss with local overview and
scrutiny committee

Author: Samantha Buckland
Website: www.towerhamletscg.nhs.uk
Email: info@towerhamletscg.nhs.uk

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1	12/09/2017	Combined communications plan and MMT details on Low Value Medicines Consultation	Samantha Buckland	Executive Board
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Background

This consultation on 18 low value medicines is being run by NHS England (NHSE) and NHS Clinical Commissioners as part of a plan to develop new guidance on prescribing. It is hoped this guidance could help the NHS save money, while continuing to deliver the best possible outcomes for patients.

The new guidance could mean items that are often routinely prescribed could only be provided where they are absolutely necessary and deemed to be 'clinically effective'.

The aim is to produce a clear and equal prescribing process across the country and make savings which would be reinvested in patient care.

A list of items considered to be low priority for NHS funding has been produced as part of the consultation. This list, along with full details of the consultation, is available on the [NHS England website](#).

NHSE would like to hear from health professionals, the public and patients and relevant interest groups. The consultation is open until 21 October 2017.

The main list of drugs includes:

- Co-proxamol
- Dosulepin
- Prolonged-release Doxazosin
- Immediate release Fentanyl
- Glucosamine and Chondroitin
- Herbal treatments
- Lidocaine Plasters
- Liothyronine
- Lutein and Antioxidants
- Omega-3 Fatty acid compounds
- Oxycodone and Naloxone combination product
- Perindopril Arginine
- Rubefacients (excluding topical NSAIDs)
- Once daily tadalafil
- Travel vaccines
- Trimipramine
- Gluten Free Foods

Currently the Medicines Management Team have provided prescribing guidance on the following affected drugs:

- Pharmacological management of pain in adults (Drugs impacted from Low Value Medicines (LVM) consultation include Lidocaine patches, Paracetamol and Tramadol combination product, Oxycodone and Naloxone combination product, Fentanyl)
- Prescribing of gluten free products (LVM consultation includes a section on gluten free products, despite an earlier national consultation on this which ended in June 2017, results of which are not yet published)
- Liothyronine pathway
- Travel vaccines guidance
- Following June 2017 PDB – issued guidance on Trimipramine prescribing

There is an additional section which is starting to look at items that are prescribed in primary care but which are available over the counter in use for minor ailments or self limiting or acute illness. This section looks at a number of items that may be cheaper or considered more appropriate to be purchased over the counter, for self limiting or minor ailments, rather than routinely provided on prescription. It has been included as part of this consultation to offer the opportunity to express local views and shape how a future national consultation on the use of these medicines is focused. This might be a cause for concern in those CCG areas where there is high deprivation and access or affordability may further restrict patients accessing such over the counter treatments otherwise.

For more information, please see the [consultation document](#) and [frequently asked questions](#).

Low value medicines Monitoring Document for the main 18 items from PrescQIPP 12m to June 2017 (see APPENDIX 1)

This paper has been produced using the visual analytics tool that PrescQIPP (a Community Interest Company (CIC) which CCGs subscribe to for support in visual analytics of prescribing data, trends and comparisons with other CCGs) provide to CCGs which details the prescribing of each of the low value medicines over the last 12 months to June 2017.

The total cost across THCCG for this time period of all the 18 low value medicines was £636,172.

The highest costs are attributed to Travel vaccines (£156,361) and Trimipramine (£144,487). The lowest costs are attributed to Homeopathic therapy (£179) and Herbal therapy (£706).

The bubble chart shows the key drugs driving the costs (the larger the bubble, the larger the cost) and this shows that Trimipramine 50mg capsules (£105,674), Liothyronine 20mcg tablets (£52,937) and Twinrix Adult Vaccine (£49,223) are the top 3 drugs.

Note locally there have been some prescribing decisions made which have already started reducing the routine prescribing of some of these medicines. For example the issuing of guidelines as listed in the previous section of this paper.

While this document outlines the current costs for Tower Hamlets CCG (THCCG) on prescribing of these medicines it should be noted that this does not automatically result in the same amount being saved from prescribing should the consultation result in the routine prescribing of these medicines being stopped. For example there would be prescribing costs resulting from transfer to another medicine for some of those medicines listed. Or it may be a transfer of budgets from one cost centre to another, for example moving the prescribing of gluten free products budget to dieticians.

Low value medicines Comparison Graphs for last financial year (see APPENDIX 2)

These graphs are also produced by PrescQIPP looking at the last financial year 2016/17. They produce the graphs to show if the CCG is either in the Top 50 CCGs for prescribing or the Bottom (BTM) 50 CCGs for prescribing.

A summary table is included below with those items where THCCG appears in the TOP 50 CCGs for prescribing is highlighted. In the graphs THCCG is represented as an orange bar.

LVM name	PrescQIPP data – LVM graphs BTM or TOP 50 CCGs
Co-proxamol	TH is in btm 50% of CCGs for prescribing
Dosulepin	TH is in btm 50% of CCGs for prescribing
Prolonged-release Doxazosin (also known as Doxazosin Modified Release)	TH is in btm 50% of CCGs for prescribing
Immediate Release Fentanyl	TH is in TOP 50% of CCGs for prescribing
Glucosamine and Chondroitin	TH is in TOP 50% of CCGs for prescribing
Herbal Treatments	TH is in TOP 50% of CCGs for prescribing
Homeopathy	TH is in btm 50% of CCGs for prescribing
Lidocaine Plasters	TH is in btm 50% of CCGs for prescribing
Liothyronine	TH is in btm 50% of CCGs for prescribing
Lutein and Antioxidants	TH is in btm 50% of CCGs for prescribing
Omega-3 Fatty Acid Compounds	TH is in btm 50% of CCGs for prescribing
Oxycodone and Naloxone Combination Product	TH is in TOP 50% of CCGs for prescribing
Paracetamol and Tramadol Combination Product	TH is in btm 50% of CCGs for prescribing
Perindopril Arginine	TH is in btm 50% of CCGs for prescribing
Rubefacients (excluding topical NSAIDs)	TH is in TOP 50% of CCGs for prescribing
Once Daily Tadalafil	TH is in btm 50% of CCGs for prescribing
Travel Vaccines	TH is in TOP 50% of CCGs for prescribing
Trimipramine	TH is in TOP 50% of CCGs for prescribing
Gluten Free Foods	TH is in btm 50% of CCGs for prescribing

TH = Tower Hamlets CCG

Low value medicines Communications plan for THCCG last DRAFT 150817 (see APPENDIX 3)

The Medicines Management Team has been working closely with the CCG and North East London Commissioning Support Unit (NELCSU) communications team to produce this communications plan for the consultation.

This plan covers all the website, social media, press release and general communications that will be actioned to ensure a wide coverage of the consultation takes place to inform public, patients taking any of the affected items, healthcare professionals and healthcare

organisations so they feel encouraged to participate in responding to the consultation before its closure in October 2017.

There are communications about the duty / legal requirements for GPs to provide a medicine which will need to be taken into account within the scope and context of the consultation.

CCGs need to take due regard of the consultation but must have arrangements in place which meet their statutory duty to consult.

There is a minimum requirement from NHSE that the consultation is discussed at the local Overview and Scrutiny Committee (OSC) by the CCG.

Appendix 1



HS_LVM

Consultation_Appendi

Appendix 2



HS_LVM

Consultation_Appendi

Appendix 3

Items which should not be routinely prescribed in primary care
Communications plan
August 2017

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Overview

Last year 1.1 billion prescription items were dispensed in primary care at a cost of £9.2billion. This cost coupled with finite resources means it is important that the NHS achieves the greatest value from the money that it spends. However, it is known that across England there is significant variation in what is being prescribed and to whom. Often, patients are receiving medicines which have been proven to be ineffective or in some cases dangerous, where there are other more effective, safer and/or cheaper alternatives.

NHS England has partnered with NHS Clinical Commissioners to support CCGs in ensuring that they can use their prescribing resources effectively and deliver best patient outcomes from the medicines that their local population uses. CCGs asked for a nationally co-ordinated approach to the development of commissioning guidance in this area to ensure consistency and address unwarranted variation. The aim is a more equitable process for making decisions about guidance on medicines but CCGs will need to take individual decisions on implementation locally.

Proposed national guidance has now been produced for CCGs on medicines which can be considered to be “of low priority for NHS funding”, and NHS England has launched a three-month consultation to gather views on this guidance. CCGs are being asked to support this.

The commissioning guidance, which is being consulted upon, is addressed to CCGs to support them to fulfil their duties around appropriate use of prescribing resources. This will need to be taken into account by CCGs in adopting or amending their own local guidance to their clinicians in primary care. The aim of the consultation is to provide information about the proposed national guidance to and to seek views about the proposals.

Who are we consulting and how can they respond?

The consultation, which is being nationally co-ordinated but also encompasses a local element, is addressed to all CCGs, the public and patients, and any relevant interest group or body.

It opened on 21 July and runs until 21 October 2017.

During the national consultation phase, an individual CCG can provide a response to the national consultation on the commissioning guidance, based on its own local consultation and engagement activities. This could include but is not limited to: the CCG's own perspective on the guidance; the outcome of any relevant local consultations; and/or local engagement with patient participation groups, local community groups representing people with protected characteristics, Healthwatch and/or discussion with the local overview and scrutiny committee.

The potential equality impact of the proposals has been considered and is outlined in an Equality and Health Inequalities Impact Assessment document published alongside this consultation.

Full details on the consultation, including a link to an online survey, can be found on the NHSE England website: <https://www.engage.england.nhs.uk/consultation/items-routinely-prescribed/>

The information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request.

Please contact NHS England on england.medicines@nhs.net

The full list of 18 medicines considered of 'low value' to the NHS, along with and FAQs sheet is available online here: <https://www.england.nhs.uk/wp-content/uploads/2017/07/low-value-medication-faqs.pdf>

Consultation format

Following the close of the consultation period, NHS England and NHS Clinical Commissioners will analyse and consider all responses received. A summary of the responses will be published on the NHS England and NHS Clinical Commissioners website to provide CCGs with an opportunity to reflect on what has been heard.

NHS England and NHS Clinical Commissioners, via the joint clinical working group, will review the responses received and develop finalised commissioning guidance. The finalised commissioning guidance will then be published with the expectation that CCGs should 'have regard to' it, in accordance with the Health and Social Care Act. It is proposed that the guidance will be statutory guidance.

Individual CCGs will then need to make a local decision on whether to implement the national commissioning guidance, with due regard to both local circumstances and their own impact assessments.

CCGs will be expected to take the proposed guidance, if and when issued, into account in formulating local policies, and for prescribers to reflect local policies in their prescribing practice.

The proposed guidance does not remove the clinical discretion of the prescriber in accordance with their professional duties.

Responsibilities

WEL CCGs are responsible for engaging with stakeholders, to ensure their views help to shape any changes. The CCGs will be supported by NEL CSU, which will advise on communications and engagement activity and help to deliver it.

Communications will be clear and easy to understand. Engagement activities will involve local people and stakeholders, particularly those likely to have an interest in these services, so that NHS England receives strong feedback, which is representative of the views of local people.

The CCGs' medicines management teams, governing bodies, and joint executive team where appropriate, are responsible for decision-making.

The CSU will:

- manage proactive and reactive media where appropriate
- manage public affairs (communications with local politicians and political groups)

- manage stakeholder communications
- advise on engagement with staff and service users
- draft ad hoc comms materials as required, e.g. correspondence

Communications and engagement objectives

- To understand the views of stakeholders on the guidance proposals, to help inform future decisions.
- To be open and honest about why these proposals are being made, the financial position of the NHS and its possible consequences.
- To engage with key stakeholders so they understand the rationale behind the guidance
- To reassure patients and stakeholders that plans are necessary and clinically-led **The CCGs' medicines management teams, governing bodies, and joint executive team where appropriate, are responsible for decision-making.**

Resources and budget

Communications and engagement activities are covered by the existing service level agreement between NEL CSU and the WEL CCGs.

Non-pay costs (e.g. advertising, public-facing leaflets, room hire etc) are not covered by the SLA. As this is an engagement exercise about saving money, costs will be minimal.

Stakeholders

There are a number of people and groups who will be interested in potential changes and from whom it is important that we hear views and keep them informed regarding our proposals. These are set out in the table below.

Timetable

The national survey opened on 21 July and runs until 21 October 2017.

Additional FAQs

Q1 - What is the process after the consultation ends and how soon after will prescribing of any items stop?

A - Following the close of the consultation period, NHS England and NHS Clinical Commissioners will analyse and consider all responses received. A summary of the responses will be published on the NHS England and NHS Clinical Commissioners website to provide CCGs with an opportunity to reflect on what has been heard.

NHS England and NHS Clinical Commissioners, via the joint clinical working group, will review the responses received and develop finalised commissioning guidance. The finalised commissioning guidance will then be published with the expectation that CCGs should 'have regard to' it, in accordance with the Health and Social Care Act.

Individual CCGs will then need to make a local decision on whether to implement the national commissioning guidance, with due regard to both local circumstances and their own impact assessments.

Q2 - Is THCCG involved in the decision making following the consultation?

A - See the final paragraph of answer to question 1 above

Q3 - Will THCCG be inputting its views into the consultation and can this be shared?

A - During the national consultation phase, an individual CCG can provide a response to the national consultation on the commissioning guidance, based on its own local consultation and engagement activities. This could include but is not limited to: the CCG’s own perspective on the guidance; the outcome of any relevant local consultations; and/or local engagement with patient participation groups, local community groups and other stakeholders.

Will THCCG have to follow the decisions by NHSE following the consultation or can prescribing decisions on the 18 areas be made at CCG level?

A - See the final paragraph of answer to question 1 above

What if one of the drugs is the only medicine that works for a particular patient?

The proposed guidance does not remove the clinical discretion of the prescriber in accordance with their professional duties.

If prescribing of these drugs is stopped, can they be obtained privately and what if patients can’t afford to obtain them privately?

To follow

What is/are the TH formulary status for each of the 18 areas? [for example at least two of these would be considered hospital-only prescribing (RED) but historic prescribing exists in primary care]

Does TH have any prescribing guidelines on any of the 18 areas? [for example we do for liothyronine]

To follow

Action plan

Audience	Channel	Activity/materials	Date	Responsibility
Communications and Engagement staff	Six-weekly meeting with CCG colleagues across WEL	Add to agenda – JH to attend to update if required	10 August 2017 (10:00 – 12:00)	10 August 2017 (10:00 – 12:00)
Communications and Engagement staff	Tower Hamlets Together user and stakeholder group	Add to agenda – JH to attend to update if required	13 September 2017 (13:00 – 15:00)	Jessica Neece
Communications and Engagement staff	THCCG comms and engagement monthly meetings	Add to agenda – JH to attend to update if required	(12:00 – 12:45) 08 August 2017 (12:00 – 12:45) 15 August 2017	(12:00 – 12:45) 08 August 2017 (12:00 – 12:45) 15 August 2017
GPs/practice staff	<ul style="list-style-type: none"> GP intranet GP CCG website with A-Z clinical service directory Service Alert System 	Article outlining scope and aims of consultation + updates as required	As required, by Safa Moghul or Dr (Kenny) Win Leung Siu	As required, by Safa Moghul or Dr (Kenny) Win Leung Siu
GPs/practice staff	<ul style="list-style-type: none"> Prescribing Brief 	Article outlining scope	Prescribing	Samantha

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		and aims of consultation updates as required	Bulletin – September 2017 (date tbc)	Buckland
GPs/practice staff	<ul style="list-style-type: none"> • Locality meetings (4 localities, 1 meeting per locality each month) • Bi-monthly Clinical Commissioning forums (jointly with GP Care Group – GP federation) • Topical GP Summits 	<ul style="list-style-type: none"> • Email outlining scope and aims of consultation • Briefings as required 	<p>North East (13:00 – 14:30) 13 September 2017</p> <p>South West (14:00 – 15:10) 15 September 2017</p> <p>South East (13:30 – 14:45) 20 September 2017</p> <p>North West (13:00 – 14:30) 27 September 2017</p> <p>Bi-monthly GP forum (18:00 – 20:30) 05 September 2017</p> <p>Locality Chairs Board (12:30 – 14:00) 29 August, 2017</p>	<p>North East (13:00 – 14:30) 13 September 2017</p> <p>South West (14:00 – 15:10) 15 September 2017</p> <p>South East (13:30 – 14:45) 20 September 2017</p> <p>North West (13:00 – 14:30) 27 September 2017</p> <p>Bi-monthly GP forum (18:00 – 20:30) 05 September 2017</p> <p>Locality Chairs Board (12:30 – 14:00) 29 August, 2017</p>
GPs	<ul style="list-style-type: none"> • Education and training opportunities (CEPN led with GP Care Group oversight) 	As required	Unsuitable for this consultation.	Unsuitable for this consultation.
Nurses	<ul style="list-style-type: none"> • Education and training 	As required	Unsuitable for this	Unsuitable for this

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	opportunities (CEPN led with GP Care Group oversight)		consultation.	consultation.
Practice Managers Forum	Bi-monthly Practice Managers Forum	Add to agenda	Contact made with Ian Jackson, Chair for PM forum requesting agenda item	Contact made with Ian Jackson, Chair for PM forum requesting agenda item
CCG Staff	<ul style="list-style-type: none"> THCCG staff intranet Internal email 	<ul style="list-style-type: none"> Article outlining scope and aims of consultation All staff email for urgent or significant updates 	<p>Jessica Neece tbc</p> <p>Nicola Weaver tbc</p>	<p>Jessica Neece</p> <p>Nicola Weaver</p>
CCG Staff	Monthly staff briefing	Add to agenda	Inappropriate for this consultation	Inappropriate for this consultation
MPs	Regular meetings	Add to agenda <u>OR</u> Letter outlining scope and aims of consultation	TBC	TBC
Overview and scrutiny committee	<ul style="list-style-type: none"> Committee clerk Regular meetings 	<ul style="list-style-type: none"> Email outlining scope and aims of consultation Presentation if requested 	Contact made with David, LBTH to request agenda item	Contact made with David, LBTH to request agenda item
Council/members	Newsletters/internal channels	Article outlining scope and aims of consultation	10 August 2017 (10:00 – 12:00)	10 August 2017 (10:00 – 12:00)
Public	<ul style="list-style-type: none"> CCG website CCG Twitter account Media 	<ul style="list-style-type: none"> CCG website CCG Twitter account Media release as req'd 	TBC	CSU
Public	<ul style="list-style-type: none"> Community Commissioning Panel- Every 6 weeks- next meeting is 14 Sept. Healthwatch Advisory Group- Quarterly 	Add to agenda – short presentation as required	<p>14 September</p> <p>TBC- Sept/Oct</p>	<p>CSU</p> <p>CCG to present</p>

Public	<ul style="list-style-type: none"> GP practices GPs/practice staff 	Posters/flyers as required	TBC	CSU to oversee as required
Public	<ul style="list-style-type: none"> Your Voice Counts Events with THT partners (Quarterly) AGM (with interactive dialogue/engagement elements) Governing body meetings in public (bi-monthly) 	Add to agenda	Next one in Oct 12 September 06 Sept	CSU CCG to present
Local NHS trusts	Internal channels/newsletters	Email/article outlining scope and aims of consultation	TBC	CSU
Voluntary organisations/patient groups	THCVS WITH Forum THT User and Stakeholder Work stream THT Partners user forums (ELFT, Barts, GP Care Group, LBTH, THCVS)	<ul style="list-style-type: none"> Email/letter outlining scope and aims of consultation Presentation if required 	TBC 13 September Can confirm with partners on 13 Sept.	CSU CCG to present

Narrative

Views are being sought from GPs and health professionals as part of a consultation on items that should not be routinely prescribed in primary care.

The consultation is being run by NHS England (NHSE) as part of a nationally-coordinated approach to develop new commissioning guidance on prescribing.

The aim is to produce a clear and equitable process for making decisions about medicines that allows clinical commissioning groups (CCGs) to use their prescribing resources effectively while delivering the best possible patient outcomes.

As part of this process, NHSE has partnered with NHS Clinical Commissioners to support CCGs in developing a list of items that they consider low priority for NHS funding. Any savings achieved will be reinvested in improving patient care.

The full list of items included in the consultation is as follows:

- Co-proxamol
- Dosulepin
- Prolonged-release Doxazosin (also known as Doxazosin Modified Release)
- Immediate Release Fentanyl
- Glucosamine and Chondroitin
- Herbal Treatments
- Homeopathy

- Lidocaine Plasters
- Liothyronine
- Lutein and Antioxidants
- Omega-3 Fatty Acid Compounds
- Oxycodone and Naloxone Combination Product
- Paracetamol and Tramadol Combination Product
- Perindopril Arginine
- Rubefaciants (excluding topical NSAIDs)
- Once Daily Tadalafil
- Travel Vaccines
- Trimipramine
- Gluten Free Foods

CCGs are now being asked to consult at a local level on the proposed national guidance for CCGs and, as part of this, views are being sought from health professionals, the public and patients, and any relevant interest group or body in Tower Hamlets. **The consultation be open until 21 October 2017.**

You can respond to the consultation via the online web-form [here](#).

For more information, you can read the [consultation document](#).