



**North East and  
North Cumbria**

# **Medication use and practice in North East and North Cumbria analysis and action**

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# Medicines in NENC

- Primary care spend approx. £600m/year (approximately 10% of all ICB spend)
  - Over 7 million prescriptions/month
  - 630+ pharmacies, and dispensing practices
- Secondary care spend £400-500m/year
- Volatile budget, and closely linked to supply chain challenges

# How do we manage prescribing as a system

## Formulary, guidance and governance

- Making good decisions about which medicines can and should be used in which circumstances
- Restricting access to medicines which are not evidence based or cost effective
- Benchmarking/data

## Changing behaviour

- Incentives
- Behavioural insights, communications – public and prescriber facing

## Improving systems

- Medicines Optimisation pharmacists in practices/PCNs
- Software to aid decisions
- Eliminating systemic drivers of waste and poor quality of care

## Prevention and non-pharmacological

- Preventing long term ill health and the consequent resource utilisation of that
- Promoting non-pharmacological options where these are evidence based

# Prescribing

- Higher spend than England average on medicines
- Closely linked to deprivation and highly reflective of demographics
- NENC is low on cost per item, but high on prescribing volume – overprescribing

Weighted per capita prescribing costs

Greater Manchester	29.77
West Yorkshire	29.15
South Yorkshire	29.04
<b>North East and North Cumbria</b>	<b>28.81</b>
North East and Yorkshire	28.66
North of England	28.60
North West	28.52
Cheshire and Merseyside	28.19
Humber and North Yorkshire	27.52
Lancashire and South Cumbria	27.09
England	26.76

Weighted per capita prescribing frequencies

<b>North East and North Cumbria</b>	<b>1.12</b>
South Yorkshire	1.10
North East and Yorkshire	1.04
North of England	1.01
Greater Manchester	1.00
North West	0.97
West Yorkshire	0.96
Cheshire and Merseyside	0.96
Humber and North Yorkshire	0.94
Lancashire and South Cumbria	0.94
England	0.87

# National Medicines Optimisation Opportunities

NHSE produced a list of 16 areas for systems to choose from

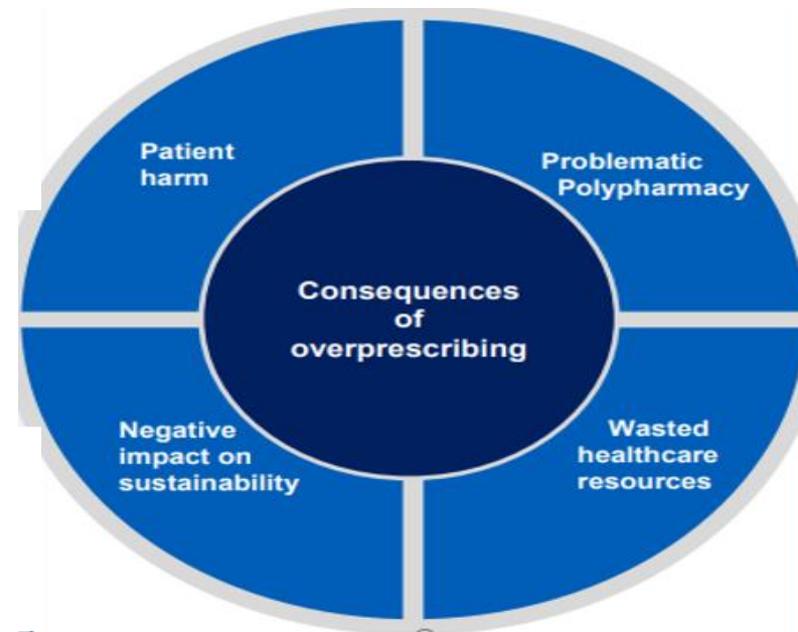
These are a mix of financial, quality and safety measures

NENC have prioritised:

- Addressing problematic polypharmacy/overprescribing
- Improving valproate safety
- Reducing opioid use in non-cancer pain
- Appropriate use of blood glucose meters and testing strips
- Obtaining secondary care medicines in line with framework agreements

# Overprescribing

10% of medicines prescribed in primary care are 'pointless'. Addressing this would lead to:



REDUCTION IN  
HOSPITAL  
ADMISSIONS



REDUCTION IN  
ADVERSE INCIDENTS –  
BETTER OUTCOMES



REDUCTION IN  
CARBON  
FOOTPRINT



£30M/YEAR  
REDUCTION IN  
WASTE



REDUCTION IN  
HEALTH  
INEQUALITIES



REDUCTION IN  
DISPROPORTIONATE  
PRESCRIBING BURDEN  
ON BAME, DEPRIVED  
AND LD COMMUNITIES



GREATER PRIMARY  
CARE CAPACITY –  
400,000  
HOURS/MONTH



HAPPIER AND  
HEALTHIER  
PATIENTS

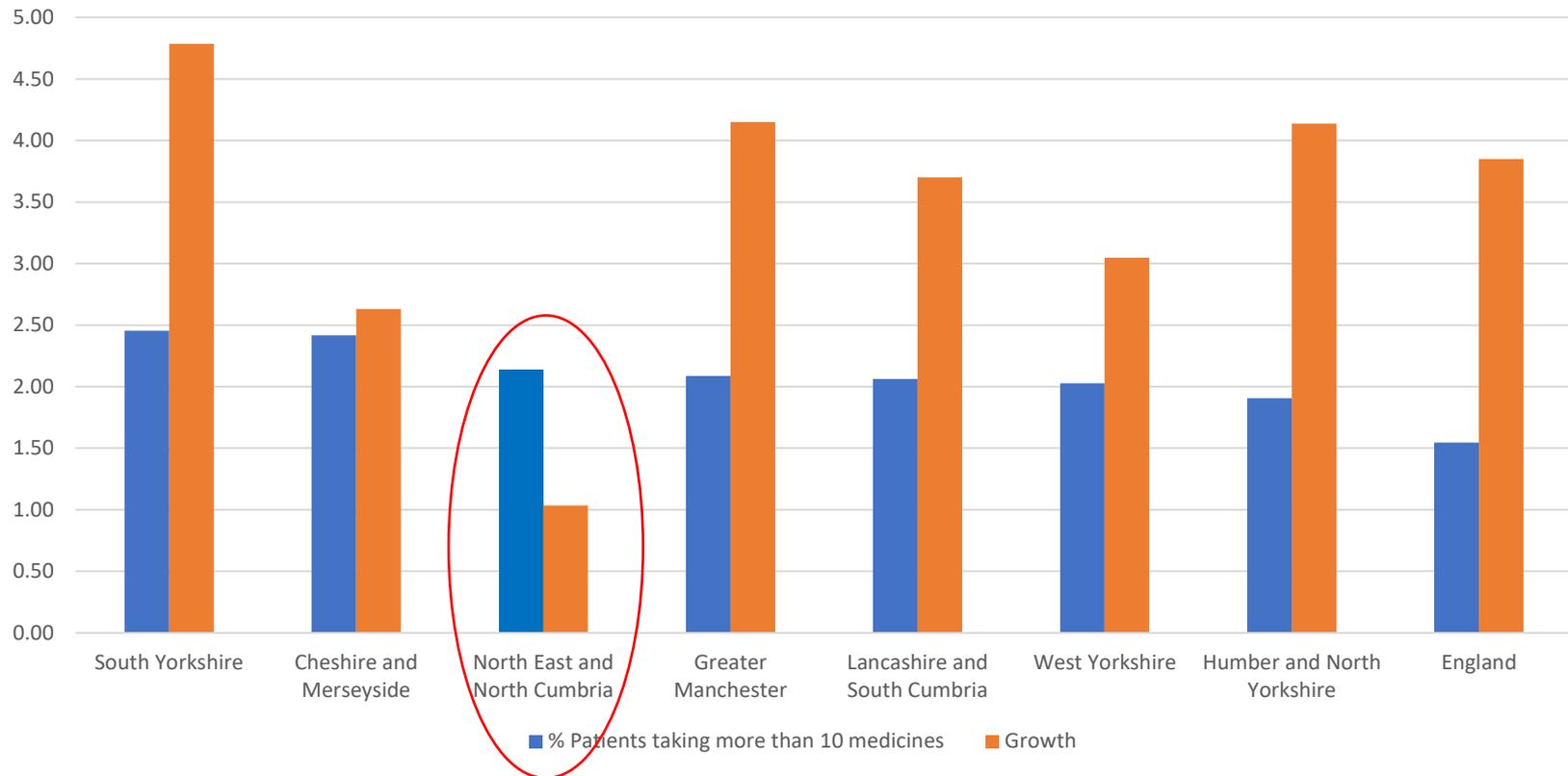
# Overprescribing

- Prescribing can act as a pressure valve
  - Long secondary care waiting lists e.g. surgery
  - Lack of non-pharmacological alternatives e.g. counselling
  - General practice pressures – limited time for medicines reviews
  - Virtual appointments – antibiotic prescribing in covid
  - Private providers – people accessing healthcare in other ways not limited by local guidelines
  - Poor health literacy



# Polypharmacy

% patients taking > 10 medicines



# Overprescribing strategy



Are your  
medicines  
**w**orking  
for you ?

# Medicines supply



Double the supply problems there were in 2022 - affects about 10% of prescribed medicines at any one time



Causes include covid, geopolitics, fuel prices, Brexit, changes in taxes on medicines and increased demand



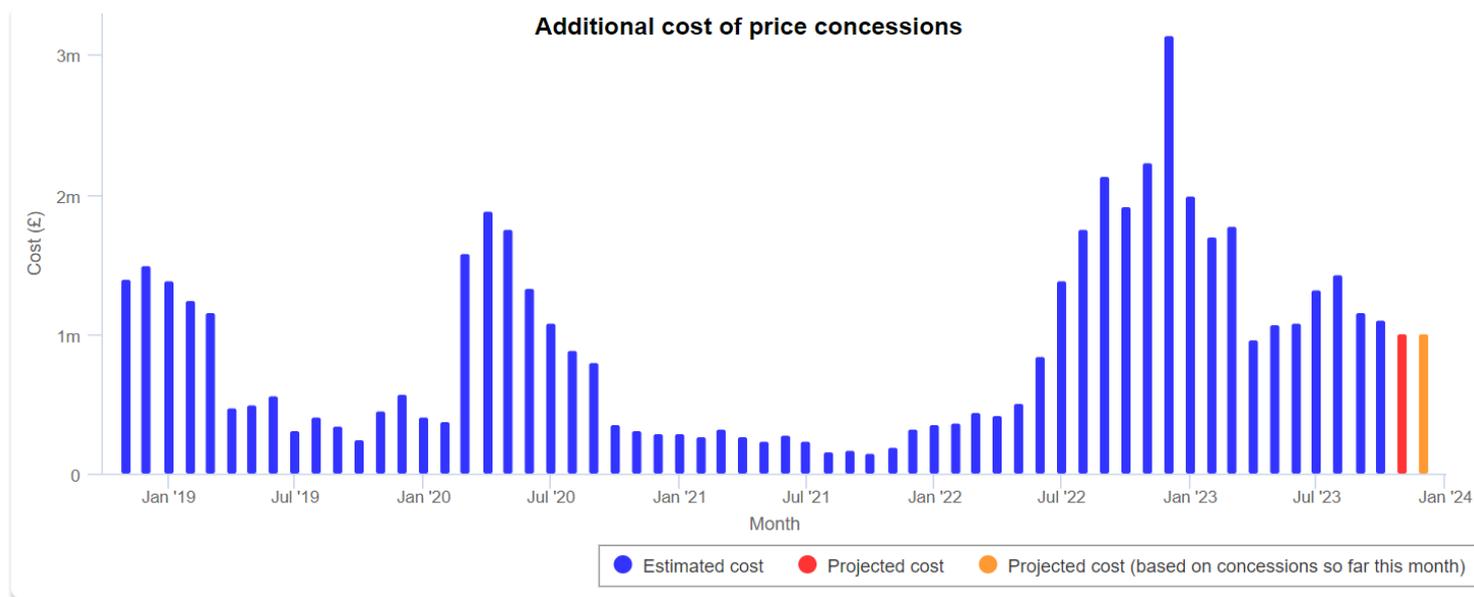
Notable recent examples include HRT, ADHD, antidepressants, diabetes and obesity medicines



Managing shortages demands significant resources from the system and impact on patient care

# Medicines supply

Over the last 12 months we estimate that price concessions have cost NHS North East and North Cumbria Integrated Care Board an additional **£15,637,000** (of which **£10,167,000** is in the current financial year)

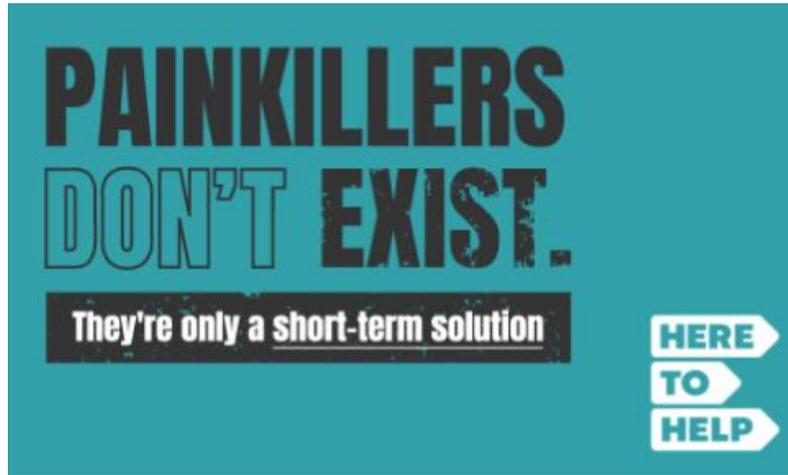


Cost concessions – temporary higher prices for medicines in short supply cost the ICB over £15m last year

# Medicines Safety



# Opioids – a case study



- Number of patients on high dose opioids has reduced from **8,256** in 2018 to **3,804** last month (a 54% reduction)
- NENC has moved from highest prescriber of opioids in England to 78<sup>th</sup> centile
- Huge cultural shift required with significant investment in time and energy



# Shared care

- Prescribing of medicines in primary care where secondary care retain some clinical responsibility
- Challenging because of increasing workload in primary care along with waiting lists in secondary care
- Not core contract work for general practice, but essential to ensure secondary care remains able to see new patients

# Preventative prescribing

- Increasing evidence for, and use of, medicines for prevention
  - Include anticoagulants, lipid control, diabetes
- Represents a short-term challenge to resources, for longer term outcome improvements
- Balance between using new technologies versus promoting non-pharmacological approaches

# Research and innovation



Engagement with the pharmaceutical and medical technology industries has significant potential to improve quality of care and drive investment in NENC



Needs to be appropriate engagement at a system level to ensure adequate governance



ICB/Industry forum in development (supported by Health Innovation North East and North Cumbria)

# Medicines Optimisation strategy



In development, and reflects change in resource available to the team post ICB 2.0



System wide approach to improving the effectiveness, safety, quality and efficiency of medicines use



Will engage patients, prescribers and all parts of the system



Will be informed by behavioural insights work

# Medicines





**Questions?**