

Item: 8.3

Report to:	NHS Hull Clinical Commissioning Group Board
Date of Meeting:	28 September 2018
Subject:	Controlled Drugs Annual Report 2017-18
Presented by:	Sarah Smyth, Director of Quality & Clinical Governance / Executive Nurse
Author:	Kevin McCorry, Medicines Optimisation Pharmacist, NECS

STATUS OF THE REPORT:

To approve	<input type="checkbox"/>	To endorse	<input type="checkbox"/>
To ratify	<input type="checkbox"/>	To discuss	<input type="checkbox"/>
To consider	<input type="checkbox"/>	For information	<input type="checkbox"/>
To note	<input checked="" type="checkbox"/>		

PURPOSE OF REPORT:

The purpose of this report is to update the Board Meeting on the NHS England Single Operating Model for Controlled Drugs at a local level. The report will highlight any local issues or concerns.

RECOMMENDATIONS:

1. That NHS Hull CCG be assured that the responsibilities as outlined within the Memorandum of Understanding are being delivered.
2. That the Board Meeting note the report relating to the prescribing of Controlled Drugs in NHS Hull CCG.

REPORT EXEMPT FROM PUBLIC DISCLOSURE No Yes

If yes, grounds for exemption
(FOIA or DPA section reference)

CCG STRATEGIC OBJECTIVE (See guidance notes below)

Objective 1 - Reduce public sector demand and variation whilst promoting access based on need and meeting NHS Constitution and statutory requirements.
Objective 5 - To set the quality and safety standards aligned to the objectives of the integrated commissioning strategy and work plan.
Objective 12 - Quality

IMPLICATIONS: (summary of key implications, including risks, associated with the paper),	
Finance	As per paper
HR	None
Quality	As per paper
Safety	As per paper

ENGAGEMENT: (Explain what engagement has taken place e.g. Partners, patients and the public prior to presenting the paper and the outcome of this)

With CCG GP Prescribing lead, GP Practices, Hull and East Riding Prescribing Committee, Humber Foundation Trust, HEY Hospitals Trust, and CHCP Medicines Services

LEGAL ISSUES: (Summarise key legal issues / legislation relevant to the report)

Misuse of Drugs Act 1971
 Misuse of Drugs Regulations 2001 (and subsequent amendment)
 Department of Health Guidance (2006)
 Human Medicines Regulations 2012 and amended 2013

EQUALITY AND DIVERSITY ISSUES: (summary of impact, if any, of CCG's duty to promote equality and diversity based on Equality Impact Analysis (EIA). **All** reports relating to new services, changes to existing services or CCG strategies / policies **must** have a valid EIA and will not be received by the Committee if this is not appended to the report)

	Tick relevant box
An Equality Impact Analysis/Assessment is not required for this report.	✓
An Equality Impact Analysis/Assessment has been completed and approved by the lead Director for Equality and Diversity. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment.	
An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section xx in the enclosed report.	

THE NHS CONSTITUTION: (*How the report supports the NHS Constitution*)

The report supports the delivery of the NHS Constitution as the commissioning of primary care services will aid in the delivery of the following principles, rights and NHS pledges:

- 1) The NHS aspires to the highest standards of excellence and professionalism
- 2) NHS works across organisational boundaries and in partnership with other organisations in the interests of patients
- 3) Quality of care

You have the right to expect NHS organisations to monitor, and make efforts to improve, the quality of healthcare they commission or provide.

CONTROLLED DRUGS – 2017/18 ANNUAL REPORT

1. INTRODUCTION

The purpose of this report is to update the Quality and Performance Committee on the NHS England Single Operating Model for Controlled Drugs at a local level. The report will highlight any local issues or concerns.

2. BACKGROUND

The Memorandum of Understanding outlines the responsibilities of NHS England/Area Team and the CCG. Each year the Quality and Performance Committee receives an update to provide the CCG with a summary of the work undertaken in the previous year and assurance that each of the CCG's responsibilities has been delivered with the support of the NECS Medicines Management Team through engagement with NHS England Area Team and the Local Intelligence Network (LIN).

3. INFORMATION

Responsibilities of NHS Hull CCG for the safe use of Controlled Drugs

NHS Hull CCG Responsibilities	Actions continuing during 2017-18
Name an individual as CD Lead to act as a focal point for liaison with the NHSE-YH lead CDAO in relation to the safe use and management of CDs.	Sarah Smyth, Director of Quality & Clinical Governance/Executive Nurse is the Lead for Controlled Drugs for Hull CCG
Ensure the CCG, its governing body and member practices are aware of who represents them on Local Intelligence Network (LIN) and how and when to raise concerns.	A North of England Commissioning Support (NECS) Senior Medicines Optimisation Pharmacist or Medicines Optimisation Pharmacist or Locality Pharmacist represents the CCG on the Humber LIN. The new electronic NHS England Controlled Drug Reporting Tool has been communicated via CCG communication and has also been to the CCG Council of Members meeting to raise awareness.
Play an active part in the LIN sharing intelligence as appropriate and taking action to improve the safe use of CDs.	All controlled alerts and learnings from the LIN have been circulated to all GP practices. Where a need for learning is identified the NECS Senior Medicines Optimisation Pharmacist or Medicines Optimisation Pharmacist or Locality Pharmacist and CCG CD Lead will agree a process for sharing the learning across the CCG based on the individual incident. 1 incident was reported directly to the CCG from a GP practice related to a Community Pharmacy incident. NECS medicines optimisation has follow up and confirmed that it had been reported

NHS Hull CCG Responsibilities	Actions continuing during 2017-18
	via NHS England Controlled Drug reporting tool.
Follow guidance regarding recording and sharing intelligence with respect to well- founded concerns reported to any officer of the CCG including sharing with a responsible body.	All CD incidents reported via the Hull Datix system are reviewed by the NECS Medicines Optimisation team to ensure they have been shared with the NHS England Controlled Drug Accountable Officer
Report Serious Incidents in line with guidance and Serious Incident policy.	No Serious Incidents have been reported
Take part in incident panels where appropriate as agreed with the NHSE-YH CDAO.	No incident panels to date but should this be necessary this would be communicated to the CCG by the NECS Senior Medicines Optimisation Pharmacist or Medicines Optimisation Pharmacist or Locality Pharmacist.
Participate in a system for learning from CD incidents and sharing this learning.	Learning is circulated across the Yorkshire & Humber region via the LIN.
Practice and prescriber level analysis of CD prescribing trends and investigation of outliers in line with assuring appropriate, safe and effective prescribing within the CCG. Report concerns to NHSE-YH CDAO as appropriate.	The NECS Medicines Optimisation Team monitors excess prescribing of CDs issued by prescribers in the primary care setting. It is good practice to supply a maximum of 28 days' supply on one prescription.
Bring concerns about the safe use of CDs by other healthcare providers to the attention of the LIN or NHSE-NYH CDAO in line with intelligence sharing agreement.	Accountable Officers from local healthcare providers attend the six monthly LIN including HEYHT, Humber and CHCP. All providers report incidents directly to the NHS England Y&H Area Team. The annual or biannual controlled drug annual reports from HEYHT; CHCP; Humber have been reviewed via CCG contracting and NECS Medicines Optimisation to provide assurances on controlled drug processes for the Hull CCG providers.
Alert NHSE-NYH CDAO of intelligence received regarding premises used in connection with the management or use of CDs which is not subject to inspection by other regulatory bodies.	No premises identified.

NHS Hull CCG Responsibilities	Actions continuing during 2017-18
Support NHSE-NYH CDAO in ensuring adequate steps are taken to protect patients and the public if there are concerns about inappropriate or unsafe use of CDs by a person who is not providing services for any designated body, but who provides services in the LIN area.	None identified.

Controlled Drug Prescribing Data 2017/18

This is based on prescribing data sourced via PrescQIPP using data from NHS BSA. Data is presented collectively for April 2017 to March 2018.

Summary points

- All controlled drug schedules - Hull CCG has the 4rd highest out of 6 CCGs re: 2017/2018 cost per 1000 patients in the Sustainability and Transformation Partnership (STP). It should be noted that the CCG has had the 2nd biggest reduction in cost per 1000 patients year on year 2017/2018 (Figure 1).
- Schedule 2 - Hull CCG has the 4rd highest out of 6 CCGs re: 2017/2018 cost per 1000 patients in the STP (Figure 2).
- Schedule 2 injectables - Hull CCG has the 5th highest out of 6 CCGs re: 2017/2018 cost per 1000 patients in the STP (Figure 3).
- Schedule 3 - Hull has the 2rd highest out of 6 CCGs re: 2017/2018 cost per 1000 patients in the STP (Figure 4).
- Schedule 4 - Hull CCG has the highest out of 6 CCGs re: 2017/2018 cost per 1000 patients in the STP (Figure 5). It should be noted that the CCG has had the biggest reduction in cost per 1000 patients year on year 2017/2018
- Schedule 5 - Hull CCG has the 5th highest out of 6 CCGs re: 2017/2018 cost per 1000 patients in the STP (Figure 6).
- For the all controlled drug prescribing and most of the controlled drug schedules information above; Hull CCG is in the lowest 3 CCGs in the STP; which is positive given the demographic of Hull CCG compared to other CCGs in the STP. The below bullets points are the actions being put in place to further improve controlled drug prescribing.
- Analgesia is a key therapeutic area which has been included in the CCG Medicines Optimisation Work Plan for 2018/2019. Historical prescribing behaviours and greater use of oxycodone, fentanyl patches and buprenorphine patches has led to the CCG being high cost per population controlled drug prescribing. Changing or titrating patients to other opioid options and dealing with the dependence issues created from continual opioid prescribing will not be easy and is likely to require significant extra resources to tackle. Analgesic prescribing has been included in the CCG Quality Premium to promote review of opioids and appropriate prescribing.
- A 'Morphine as first line strong opioid choice' prescribing indicator has been introduced into the 2017/2018 GP practice enhanced service - Extended Medicines Management Scheme; with the aim to reduce the prescribing of other strong opioids when a strong opioid is considered appropriate. This is also included in the 2018/2019 GP practice enhanced service prescribing indicators.

All controlled drug schedules

Figure 1

Controlled Drugs Monitoring 2017/18; April - March 2018										
Growth table										
PrescQIPP Community Interest Company										
Filter AT, ONS Cluster, HB, CSU/Hosted Service or STP					Filter Commissioner(s)					
STP COAST, HUMBER & VALE					All					
Commissioner	All schedules									
	2016/17 Items	2016/17 Items per 1,000 patients	2016/17 Cost	2016/17 Cost per 1,000 patients	2017/18 Items	2017/18 Items per 1,000 patients	% growth items	2017/18 Cost per 1,000 patients	2017/18 Cost	% growth cost
SCARBOROUGH AND RYEDALE	189,702	1,594	£1,547,611	£13,004	185,778	1,548	-2%	£11,874	£1,424,938	-8%
NORTH LINCOLNSHIRE	253,201	1,468	£2,312,307	£13,409	253,332	1,458	0%	£12,715	£2,209,090	-4%
HULL	406,309	1,381	£3,659,389	£12,437	401,401	1,350	-1%	£10,989	£3,266,481	-11%
EAST RIDING OF YORKSHIRE	407,974	1,352	£4,085,301	£13,379	387,513	1,279	-5%	£11,754	£3,561,409	-12%
NORTH EAST LINCOLNSHIRE	202,125	1,196	£1,452,175	£8,592	198,132	1,170	-2%	£7,877	£1,334,056	-8%
VALE OF YORK	305,107	870	£3,141,833	£8,963	297,663	840	-2%	£7,994	£2,831,189	-10%
Total	1,764,418	1,310	£16,148,615	£11,631	1,723,819	1,274	-13%	£10,534	£14,627,163	-53%

Schedule 2

Figure 2

Controlled Drugs Monitoring 2017/18; April - March 2018										
Growth table										
PrescQIPP Community Interest Company										
Filter AT, ONS Cluster, HB, CSU/Hosted Service or STP					Filter Commissioner(s)					
STP COAST, HUMBER & VALE					All					
Commissioner	Schedule2									
	2016/17 Items	2016/17 Items per 1,000 patients	2016/17 Cost	2016/17 Cost per 1,000 patients	2017/18 Items	2017/18 Items per 1,000 patients	% growth items	2017/18 Cost per 1,000 patients	2017/18 Cost	% growth cost
SCARBOROUGH AND RYEDALE	24,050	202	£505,624	£4,248	25,568	213	6%	£4,423	£530,879	5%
NORTH LINCOLNSHIRE	38,661	224	£1,017,205	£5,899	43,654	251	13%	£5,793	£1,006,530	-1%
HULL	75,860	258	£1,256,986	£4,272	80,342	270	6%	£4,036	£1,199,949	-5%
EAST RIDING OF YORKSHIRE	67,008	222	£1,394,649	£4,624	67,689	223	1%	£4,356	£1,319,794	-5%
NORTH EAST LINCOLNSHIRE	29,117	172	£554,373	£3,280	30,566	180	5%	£3,121	£528,638	-5%
VALE OF YORK	40,046	114	£991,225	£2,828	39,549	112	-1%	£2,793	£989,213	0%
Total	274,742	199	£5,720,062	£4,192	287,368	208	30%	£4,087	£5,575,002	-11%

Schedule 2 Injectables

Figure 3

Controlled Drugs Monitoring 2017/18; April - March 2018										
Growth table										
Filter AT, ONS Cluster, HB, CSU/Hosted Service or STP STP COAST, HUMBER & VALE										
Filter Commissioner(s) All										
Commissioner	Schedule2_injections									
	2016/17 Items	2016/17 Items per 1,000 patients	2016/17 Cost	2016/17 Cost per 1,000 patients	2017/18 Items	2017/18 Items per 1,000 patients	% growth items	2017/18 Cost per 1,000 patients	2017/18 Cost	% growth cost
SCARBOROUGH AND RYEDALE	817	7	£7,875	£66	910	8	11%	£93	£11,196	42%
NORTH LINCOLNSHIRE	848	5	£27,501	£160	864	5	2%	£164	£28,509	4%
HULL	1,172	4	£29,567	£101	1,111	4	-5%	£75	£22,357	-24%
EAST RIDING OF YORKSHIRE	2,184	7	£64,611	£214	2,255	7	3%	£213	£64,509	0%
NORTH EAST LINCOLNSHIRE	1,258	7	£17,470	£103	1,321	8	5%	£105	£17,830	2%
VALE OF YORK	1,405	4	£21,285	£61	1,534	4	9%	£63	£22,277	5%
Total	7,684	6	£168,309	£117	7,995	6	26%	£119	£166,679	28%


Schedule 3

Figure 4

Controlled Drugs Monitoring 2017/18; April - March 2018										
Growth table										
Filter AT, ONS Cluster, HB, CSU/Hosted Service or STP STP COAST, HUMBER & VALE										
Filter Commissioner(s) All										
Commissioner	Schedule3									
	2016/17 Items	2016/17 Items per 1,000 patients	2016/17 Cost	2016/17 Cost per 1,000 patients	2017/18 Items	2017/18 Items per 1,000 patients	% growth items	2017/18 Cost per 1,000 patients	2017/18 Cost	% growth cost
SCARBOROUGH AND RYEDALE	39,639	333	£397,257	£3,338	37,824	315	-5%	£2,480	£297,586	-25%
NORTH LINCOLNSHIRE	44,142	256	£339,056	£1,966	43,566	251	-1%	£1,765	£306,620	-10%
HULL	85,249	290	£780,562	£2,653	82,419	277	-3%	£2,061	£612,603	-22%
EAST RIDING OF YORKSHIRE	81,258	269	£838,115	£2,779	75,539	249	-7%	£2,021	£612,345	-27%
NORTH EAST LINCOLNSHIRE	33,053	196	£201,088	£1,190	30,585	181	-7%	£980	£165,947	-17%
VALE OF YORK	67,677	193	£858,569	£2,449	64,069	181	-5%	£1,794	£635,533	-26%
Total	351,018	256	£3,414,647	£2,396	334,002	242	-29%	£1,850	£2,630,634	-127%

Schedule 4
Figure 5

Controlled Drugs Monitoring 2017/18; April - March 2018
Growth table




Filter AT, ONS Cluster, HB, CSU/Hosted Service or STP **Filter Commissioner(s)**

STP COAST, HUMBER & VALE All

Commissioner	Schedule4									
	2016/17 Items	2016/17 Items per 1,000 patients	2016/17 Cost	2016/17 Cost per 1,000 patients	2017/18 Items	2017/18 Items per 1,000 patients	% growth items	2017/18 Cost per 1,000 patients	2017/18 Cost	% growth cost
SCARBOROUGH AND RYEDALE	38,795	326	£231,071	£1,942	37,134	309	-4%	£1,996	£239,529	4%
NORTH LINCOLNSHIRE	48,366	280	£330,082	£1,914	46,066	265	-5%	£1,975	£343,238	4%
HULL	90,316	307	£889,085	£3,021	90,098	303	0%	£2,766	£822,040	-8%
EAST RIDING OF YORKSHIRE	81,521	270	£793,958	£2,632	78,150	258	-4%	£2,668	£808,323	2%
NORTH EAST LINCOLNSHIRE	44,423	263	£269,775	£1,596	42,788	253	-4%	£1,612	£273,092	1%
VALE OF YORK	57,737	165	£614,979	£1,754	57,050	161	-1%	£1,721	£609,509	-1%
Total	361,158	269	£3,128,950	£2,143	351,286	258	-18%	£2,123	£3,095,731	2%

Schedule 5
Figure 6

Controlled Drugs Monitoring 2017/18; April - March 2018
Growth table



Filter AT, ONS Cluster, HB, CSU/Hosted Service or STP **Filter Commissioner(s)**

STP COAST, HUMBER & VALE All

Commissioner	Schedule5									
	2016/17 Items	2016/17 Items per 1,000 patients	2016/17 Cost	2016/17 Cost per 1,000 patients	2017/18 Items	2017/18 Items per 1,000 patients	% growth items	2017/18 Cost per 1,000 patients	2017/18 Cost	% growth cost
SCARBOROUGH AND RYEDALE	86,401	726	£405,784	£3,410	84,342	703	-2%	£2,882	£345,749	-15%
NORTH LINCOLNSHIRE	121,184	703	£598,462	£3,471	119,182	686	-2%	£3,017	£524,193	-12%
HULL	153,712	522	£703,190	£2,390	147,431	496	-4%	£2,051	£609,532	-13%
EAST RIDING OF YORKSHIRE	176,003	584	£943,969	£3,130	163,880	541	-7%	£2,497	£756,438	-20%
NORTH EAST LINCOLNSHIRE	94,274	558	£409,469	£2,423	92,872	548	-1%	£2,058	£348,548	-15%
VALE OF YORK	138,242	394	£655,774	£1,871	135,461	382	-2%	£1,623	£574,657	-12%
Total	769,816	581	£3,716,648	£2,782	743,168	559	-19%	£2,355	£3,159,117	-88%

During 2017-18 the Medicines Optimisation Team has also supported the CCG by:

1. Participated in a safeguarding review where there was controlled drugs involvement.
2. Advised on relevant controlled drug and community pharmacy dispensing elements of a domestic homicide review.
3. Investigating incidents involving Controlled Drugs reported via Datix ensuring they have been reported to the CD-AO.

4. RECOMMENDATIONS

It is recommended:

1. That NHS Hull CCG be assured that the responsibilities as outlined within the Memorandum of Understanding are being delivered.
2. That the Quality and Performance committee note the report of incidents and issues relating to the prescribing of Controlled Drugs across NHS Hull CCG.

Glossary of Terms

CD - Controlled Drug (Named in Schedule 2 or 3 of the Misuse of Drugs Regulations 2001)

CD-AO - Controlled Drugs Accountable Officer

MDT - Multi disciplinary team