

<b>Report to:</b>	NHS Hull Clinical Commissioning Group Board
<b>Date of Meeting:</b>	27 September 2019
<b>Subject:</b>	Controlled Drugs Annual Report 2018-19
<b>Presented by:</b>	Debbie Lowe, Deputy Director of Quality and Clinical Governance/ Lead Nurse
<b>Author:</b>	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 members 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 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

<b>IMPLICATIONS:</b> (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)

	<b>Tick relevant box</b>
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 – 2018/19 ANNUAL REPORT

### 1. INTRODUCTION

The purpose of this report is to update the Board 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 2018-19
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.
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 as appropriate. 6 incidents were reported directly to the CCG via the DATIX system.
Report Serious Incidents in line with guidance and Serious Incident policy.	No Serious Incidents have been reported

NHS Hull CCG Responsibilities	Actions continuing during 2018-19
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.
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.
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 2018/19**

This is based on prescribing data sourced via PrescQIPP using data from NHS BSA. Data is presented collectively for April 2018 to March 2019.

#### **Summary points**

- All controlled drug schedules - Hull CCG has the 4<sup>rd</sup> highest out of 6 CCGs re: 2018/2019 cost per 1000 patients in the Sustainability and Transformation Partnership (STP). It should be noted that the CCG has had the 2<sup>nd</sup> biggest reduction in cost per 1000 patients year on year 2018/2019 (Figure 1).
- Schedule 2 - Hull CCG has the 4<sup>rd</sup> highest out of 6 CCGs re: 2018/2019 cost per 1000 patients in the STP (Figure 2).

- Schedule 2 injectables - Hull CCG has the 5<sup>th</sup> highest out of 6 CCGs re: 2018/2019 cost per 1000 patients in the STP (Figure 3).
- Schedule 3 - Hull has the 2<sup>rd</sup> highest out of 6 CCGs re: 2018/2019 cost per 1000 patients in the STP (Figure 4).
- Schedule 4 - Hull CCG has the highest out of 6 CCGs re: 2018/2019 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 2018/2019
- Schedule 5 - Hull CCG has the 5<sup>th</sup> highest out of 6 CCGs re: 2018/2019 cost per 1000 patients in the STP (Figure 6).
- Analgesia is a key therapeutic area which was included in the CCG Medicines Optimisation Work Plan for 2018/2019 and has also been included in the 2019/2020 work plan. 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 was 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 2018/2019 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.

**Figure 1 - All controlled drug schedules**

Select Commissioner Grouping:		Filter Commissioner(s):				Select Schedule:				
STP HUMBER, COAST AND VALE		All				(All)				
Table showing monthly and overall YTD growth for All commissioners showing (All) controlled drugs										
Commissioner	YTD									
	Total Items Last Year	Items per 1,000 patients last year	Total Items This Year	Items per 1,000 patients this year	% Growth in Items	Total Act Cost Last Year	Cost per 1,000 patients last year	Total Act Cost This Year	Cost per 1,000 patients this year	% Growth in Cost
EAST RIDING OF YORKSHIRE	403,729	110	395,007	108	-2%	£3,638,434	£994	£3,340,641	£913	-8%
HULL	438,984	122	428,269	119	-2%	£3,464,638	£962	£3,100,035	£861	-11%
NORTH EAST LINCOLNSHIRE	211,971	104	208,934	103	-1%	£1,459,039	£716	£1,327,645	£651	-9%
NORTH LINCOLNSHIRE	255,061	118	248,839	115	-2%	£2,225,831	£1,033	£2,098,457	£974	-6%
SCARBOROUGH AND RYEDALE	186,643	129	181,665	125	-3%	£1,460,455	£1,008	£1,390,205	£960	-5%
VALE OF YORK	301,014	70	296,203	69	-2%	£2,924,751	£679	£2,905,169	£674	-1%
<b>Total</b>	<b>1,797,402</b>	<b>109</b>	<b>1,758,917</b>	<b>106</b>	<b>-2%</b>	<b>£15,173,149</b>	<b>£899</b>	<b>£14,162,151</b>	<b>£839</b>	<b>-7%</b>

## Figure 2 Schedule 2

Select Commissioner Grouping:		Filter Commissioner(s):				Select Schedule:				
STP HUMBER, COAST AND VALE		All				Schedule 2				
Table showing monthly and overall YTD growth for All commissioners showing Schedule 2 controlled drugs										
Commissioner	YTD									
	Total Items Last Year	Items per 1,000 patients last year	Total Items This Year	Items per 1,000 patients this year	% Growth in Items	Total Act Cost Last Year	Cost per 1,000 patients last year	Total Act Cost This Year	Cost per 1,000 patients this year	% Growth in Cost
EAST RIDING OF YORKSHIRE	66,009	18	66,545	18	1%	£1,268,279	£346	£1,224,240	£334	-3%
HULL	80,219	22	82,462	23	3%	£1,198,183	£333	£1,162,340	£323	-3%
NORTH EAST LINCOLNSHIRE	29,795	15	28,684	14	-4%	£532,873	£261	£499,508	£245	-6%
NORTH LINCOLNSHIRE	43,480	20	38,657	18	-11%	£988,134	£458	£886,294	£411	-10%
SCARBOROUGH AND RYEDALE	24,930	17	24,737	17	-1%	£527,124	£364	£485,916	£335	-8%
VALE OF YORK	38,853	9	40,019	9	3%	£985,694	£229	£981,287	£228	0%
<b>Total</b>	<b>283,286</b>	<b>17</b>	<b>281,104</b>	<b>17</b>	<b>-1%</b>	<b>£5,500,288</b>	<b>£332</b>	<b>£5,239,585</b>	<b>£313</b>	<b>-5%</b>

## Figure 3 Schedule 2 Injectables

Select Commissioner Grouping:		Filter Commissioner(s):				Select Schedule:				
STP HUMBER, COAST AND VALE		All				Schedule 2 injections				
Table showing monthly and overall YTD growth for All commissioners showing Schedule 2 injections controlled drugs										
Commissioner	YTD									
	Total Items Last Year	Items per 1,000 patients last year	Total Items This Year	Items per 1,000 patients this year	% Growth in Items	Total Act Cost Last Year	Cost per 1,000 patients last year	Total Act Cost This Year	Cost per 1,000 patients this year	% Growth in Cost
EAST RIDING OF YORKSHIRE	2,256	1	2,116	1	-6%	£64,580	£18	£59,243	£16	-8%
HULL	1,111	0	1,170	0	5%	£22,357	£6	£24,692	£7	10%
NORTH EAST LINCOLNSHIRE	1,321	1	1,187	1	-10%	£17,830	£9	£16,782	£8	-6%
NORTH LINCOLNSHIRE	864	0	831	0	-4%	£28,509	£13	£19,825	£9	-30%
SCARBOROUGH AND RYEDALE	910	1	944	1	4%	£11,196	£8	£15,841	£11	41%
VALE OF YORK	1,534	0	1,517	0	-1%	£22,277	£5	£25,158	£6	13%
<b>Total</b>	<b>7,996</b>	<b>0</b>	<b>7,765</b>	<b>0</b>	<b>-3%</b>	<b>£166,749</b>	<b>£10</b>	<b>£161,543</b>	<b>£10</b>	<b>-3%</b>

**Figure 4 - Schedule 3**

Select Commissioner Grouping: STP HUMBER, COAST AND VALE      Filter Commissioner(s): All      Select Schedule: Schedule 3

Table showing monthly and overall YTD growth for All commissioners showing Schedule 3 controlled drugs

Commissioner	Total Items Last Year	Items per 1,000 patients last year	Total Items This Year	Items per 1,000 patients this year	YTD					
					% Growth in Items	Total Act Cost Last Year	Cost per 1,000 patients last year	Total Act Cost This Year	Cost per 1,000 patients this year	% Growth in Cost
EAST RIDING OF YORKSHIRE	77,077	21	73,396	20	-5%	£655,190	£179	£660,028	£180	1%
HULL	84,045	23	79,420	22	-6%	£654,129	£182	£578,975	£161	-11%
NORTH EAST LINCOLNSHIRE	31,743	16	30,138	15	-5%	£194,949	£96	£171,866	£84	-12%
NORTH LINCOLNSHIRE	44,272	21	42,693	20	-4%	£322,648	£150	£327,877	£152	2%
SCARBOROUGH AND RYEDALE	38,642	27	36,226	25	-6%	£321,042	£222	£306,461	£212	-5%
VALE OF YORK	66,235	15	65,343	15	-1%	£688,923	£160	£718,797	£167	4%
<b>Total</b>	<b>342,014</b>	<b>20</b>	<b>327,216</b>	<b>19</b>	<b>-4%</b>	<b>£2,836,880</b>	<b>£165</b>	<b>£2,764,004</b>	<b>£159</b>	<b>-3%</b>

**Figure 5 - Schedule 4**

Select Commissioner Grouping: STP HUMBER, COAST AND VALE      Filter Commissioner(s): All      Select Schedule: Schedule 4

Table showing monthly and overall YTD growth for All commissioners showing Schedule 4 controlled drugs

Commissioner	Total Items Last Year	Items per 1,000 patients last year	Total Items This Year	Items per 1,000 patients this year	YTD					
					% Growth in Items	Total Act Cost Last Year	Cost per 1,000 patients last year	Total Act Cost This Year	Cost per 1,000 patients this year	% Growth in Cost
EAST RIDING OF YORKSHIRE	78,740	22	75,955	21	-4%	£830,873	£227	£637,766	£174	-23%
HULL	91,101	25	85,247	24	-6%	£844,508	£234	£643,952	£179	-24%
NORTH EAST LINCOLNSHIRE	43,337	21	42,352	21	-2%	£307,374	£151	£273,545	£134	-11%
NORTH LINCOLNSHIRE	46,561	22	46,865	22	1%	£354,033	£164	£365,749	£170	3%
SCARBOROUGH AND RYEDALE	37,413	26	35,175	24	-6%	£247,365	£171	£239,791	£166	-3%
VALE OF YORK	57,905	13	56,629	13	-2%	£635,134	£147	£655,754	£152	3%
<b>Total</b>	<b>355,057</b>	<b>21</b>	<b>342,223</b>	<b>21</b>	<b>-4%</b>	<b>£3,219,288</b>	<b>£182</b>	<b>£2,816,559</b>	<b>£162</b>	<b>-13%</b>

## Figure 6 - Schedule 5

Select Commissioner Grouping:		Filter Commissioner(s):				Select Schedule:				
STP HUMBER, COAST AND VALE		(All)				Schedule 5				
Table showing monthly and overall YTD growth for All commissioners showing Schedule 5 controlled drugs										
Commissioner	YTD									
	Total Items Last Year	Items per 1,000 patients last year	Total Items This Year	Items per 1,000 patients this year	% Growth in Items	Total Act Cost Last Year	Cost per 1,000 patients last year	Total Act Cost This Year	Cost per 1,000 patients this year	% Growth in Cost
EAST RIDING OF YORKSHIRE	179,647	49	176,995	48	-1%	£819,512	£224	£759,363	£207	-7%
HULL	182,508	51	179,970	50	-1%	£745,460	£207	£690,074	£192	-7%
NORTH EAST LINCOLNSHIRE	105,775	52	106,573	52	1%	£406,013	£199	£365,944	£180	-10%
NORTH LINCOLNSHIRE	119,884	56	119,793	56	0%	£532,506	£247	£498,713	£231	-6%
SCARBOROUGH AND RYEDALE	84,748	59	84,583	58	0%	£353,729	£244	£342,196	£236	-3%
VALE OF YORK	136,487	32	132,695	31	-3%	£592,723	£138	£524,172	£122	-12%
<b>Total</b>	<b>809,049</b>	<b>50</b>	<b>800,609</b>	<b>49</b>	<b>-1%</b>	<b>£3,449,943</b>	<b>£210</b>	<b>£3,180,462</b>	<b>£195</b>	<b>-8%</b>

## 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 Board note the report relating to the prescribing of Controlled Drugs in 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