**Agenda Item: 07**

**Report to:** Primary Care Commissioning Committee

**Date of meeting:** 06/10/2020

**Date paper distributed:** 29/09/2020

**Subject:** PCN Supplementary Scheme: Medicines Optimisation

**Presented by:** Julie Wilson, Assistant Director Programme Delivery & Primary Care

**Previously distributed to:** N/A

**STATUS OF THE REPORT *(auto check relevant box****)*

**Decision required** [x]

**For Discussion to give Assurance** [ ]  *(Only if requested by Committee member prior to meeting)*

**For Information** [ ]

**Report Exempt from Public Disclosure**  [x]  No [ ]  Yes

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| **PURPOSE OF REPORT:** | This report has been prepared to provide an update to the PCCC members regarding the impact of Covid-19 on the PCN Supplementary Scheme for Medicines Optimisation. The response required to the pandemic has meant that the majority of the requirements of the scheme have not been met and are likely to continue to be impacted by Covid.The scheme was approved for a one year period from the end of November 2019 to the beginning of December 2020. The scheme was due to be reviewed mid-way through to reflect any national changes. This did not happen, due to the focus on the Covid-19 response at that time. The national PCN Specification for 2020/21 includes a requirement for PCNs to undertake Structured Medication Reviews (SMR) from 1st October 2020, which will impact on the capacity available to support this scheme. It is therefore proposed that the scheme is not renewed when it comes to an end in December 2020, due to the potential ongoing impact of Covid-19, along with the new requirements for SMR, on the medicines optimisation support within the PCNs. It is also proposed that the CCG does not attempt to clawback the funding, due to the unexpected and uncontrollable nature of the disruption to the delivery of the scheme.As the funding available to support this scheme is an annual budget, this will leave uncommitted funding for the period December 2020 to March 2021, which equates to approximately £100k. It is proposed that this is ringfenced for PCNs to access non-recurrent support to aid remote working. For example, the CCG has received numerous requests for funding for IT equipment for the PCN additional roles, which is not covered within the CCG’s main GPIT budget. There may be other ideas from PCNs which support remote working, and / or the embedding of new ways of working, which could be considered; it is proposed that PCNs are provided the opportunity to put forward proposals for consideration which support new ways of working. |
| **Recommendations:** | The PCCC is asked to approve that:* the scheme ceases at the originally intended date
* the CCG does not attempt to clawback funding, on the basis that the Covid-19 response has had a significant adverse impact on this area which is not within the control of the PCNs
* the residual budget for 2020/21 supplementary schemes is ringfenced to provide opportunity for PCNs to secure non-recurrent funding to support new ways of working.
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| **Clinical Engagement**  | A view was sought from the PCNs regarding the impact of Covid on their ability to deliver this scheme.  |
| **Patient/Public Engagement** | N/A |
| **Committee Process and Assurance:** | N/A  |

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| **Link to CCG’s Priorities** | * Sustainable services
* Empowering people
 | [x] [ ]  | * Supporting communities
* Fit for purpose organisation
 | [x] [x]  |
| **Are there any specific and/or overt risks relating to one or more of the following areas?** | * Legal
* Finance
* Quality
* Equality analysis (and Due Regard Duty)
 | [ ] [x] [x] [ ]  | * Data protection
* Performance
* Other
 | [ ] [ ] [ ]  |

**Provide a summary of the identified risk**

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| The level of improvements in quality and financial savings that could have been achieved through this scheme will not be met. However, there is no set prescribing budget for the current financial year, due to the way in which CCG allocations have been set during Covid-19. This also means that the QIPP savings required for this year are unclear. The CCG’s Medicines Optimisation team still continue to support practices, where applicable, with smaller scale schemes.In terms of quality improvements, the PCN SMR scheme has now been commenced, which starts from 1st October 2020.  |

**Executive Summary**

Background

In November 2019, the PCCC agreed a local supplementary scheme for PCNs to support improved Medicines Optimisation. This was a one-year scheme, running until 1st December 2020. A full copy of the scheme is attached as an Appendix, for information.

The delivery of this scheme has been adversely affected by the Covid-19 response, but as yet there has been no explicit formal decision to pause the work. Payment has continued, in line with the income protection decision regarding other services which were paused but for which payment continued.

It was also agreed originally that the scheme would be reviewed in-year in light of any other PCN specifications, but this did not happen within the timescale originally anticipated; again due to the Covid-19 response.

This paper describes how the scheme has been adversely impacted by the Covid-19 response, as well as how it will continue to affect it, and proposes that the scheme is brought to an end at the date originally intended, with no replacement equivalent scheme for the remainder of 2020/21. There will be some funding left for the remainder of this financial year, and it is proposed that this is ringfenced and used to support PCNs in other ways, as outlined below.

Requirements of Scheme and Impact of Covid-19

The key requirements of the scheme are set out in italics below, with an explanation of how this has been affected by Covid-19 beneath each item.

*PART 1: Delivering against the CCG 2019/20 Initiatives and Remaining within Prescribing Budget*

*Engagement in CCG priorities in relation to quality and cost effectiveness, as outlined within the prescribing review meetings with the CCG’s Medicines Optimisation team. This will be measured through:*

*1.1 PCN engagement in* ***at least 2 prescribing review meetings with the CCG’s Medicines Optimisation team by 31st March 2020 and a further 3rd meeting by 30th November 2020*** *to ensure CCG priorities are discussed (these must be over and above the 2 peer review meetings required during 2019/20 as part of the QOF Quality Improvement Domain for Prescribing Safety)*

*1.2 Targeting of CCG 2019/20 prescribing priorities\* and* ***containment of spend within budget at PCN level by 31st March 2020.*** *Target is specific to each PCN (See appendix 1); these have been shared with PCNs earlier in the year and regular reporting is available to support PCNs to understand their current position and take action to address it.*

In relation to 1.1, all PCNs had one meeting. However, the second meeting did not take place in all cases due to Covid-19 (2 of the 3 meetings were planned for dates that were then affected by lockdown). The CCG’s Medicines Optimisation team also stood down all of their usual QIPP work in order to support practices and networks with the Covid-19 response and national priorities.

In relation to 1.2, spend increased significantly in March 2020 due to a number of factors associated with Covid-19; this was a national issue, not just local; there was a 16% rise in costs during March 2020. The intention had been to revise the scheme to also include the 2020/2021 budget, but the CCG does not have a specific prescribing allocation, nor any clear budget or QIPP target for 2020/2021, due to the fact that the NHS was provided with set allocations during the Covid-19 response and the arrangements for the remainder of the financial year are still unknown.

*2. Supporting the Antimicrobial Resistance (AMR) agenda by reducing variation between practices and maintaining or improving the PCN performance on the:-*

*2.1 Antibacterial Items per Specific Therapeutic group Age-Sex Related Prescribing Unit (STAR-PU) 12 month rolling average – by 30 November 2020.*

*2.2 Proportion of co-amoxiclav, cephalosporin & quinolone items as a percentage of total antibacterial items – by 30 November 2020.*

In relation to both points, there has been an increase in the prescribing of antibiotics during the Covid-19 response. For example, in March 2020 there was a 5% increase in the number of items prescribed from the ‘Infections’ chapter of the British National Formulary (BNF) compared to March 2019. Whilst the CCG as a whole continues to meet the requirements set by the scheme, this could be further adversely affected by any further Covid surge during the remainder of the lifetime of the scheme.

*PART 2: Tackling significant variation in prescribing*

*3. Action plan from the PCN highlighting findings of analysis of variation and action plans for quality improvement to address that variation – by 14th February 2020*

*This action plan will need to be specific regarding the areas to be addressed, as this will form the basis of assessment of progress. The CCG will undertake a mid-year assessment of progress in June 2020.*

*4. Reduced variation between practices (different levels of opportunity are set out within Appendix 1) – by 30th November 2020*

In relation to point 3, all PCNs submitted action plans. However, progress against those plans has not been taken forward, or monitored, due to the Covid-19 response.

In relation to point 4, this required a significant amount of work which has not been possible due to the need to focus on the Covid-19 response.

Feedback has been sought from primary care pharmacy teams and staff have reported that there has been significant impact on their work due to Covid-19. This has meant some of the resources that would have been allocated to medicines optimisation work have had to be redeployed to focus on the Covid-19 tasks and ensuring the acute health needs of their populations are managed. Even with dedicated Medicines Optimisation support, Covid has impacted certain cohorts of patients differently, which could affect the previously planned projects in that they may no longer be appropriate.

Proposed Next Steps

Whilst it is recognised that there is some return to a ‘new normal’, there is insufficient time left within the lifetime of the scheme to make any significant headway, and it would be unfair to hold the PCNs to account for delivery as originally intended and attempt to clawback funding.

Furthermore, the PCN specification, which was published in March 2020 (revised to reflect the Covid-19 response) includes a requirement for commencing the Structured Medication Reviews from 1st October 2020. Any capacity that was available within the PCN MO workforce will need to focus on this requirement for the remainder of the year.

However, the CCG’s Medicines Optimisation team have started to work on a revised Medicines Optimisation QIPP plan and will work with practices to support changes and improvements in those areas identified.

In addition, the Structured Medication Reviews should themselves bring about improvements in prescribing.

The funding for the scheme has been continuing, in line with other decisions regarding protecting income for practices during the Covid-19 response. However, it will cease in line with the original scheme lifetime as at the end of November 2020.

As the budget used for this supplementary scheme is an annual budget that is available each financial year, this will mean that there will be some funding available from December 2020 to March 2021 to support PCNs. A number of requests for funding have been made by PCNs recently; most notably the request for IT equipment for the PCN additional roles, which is not covered through any other funding routes. This is critical in terms of enabling staff to work remotely and it is proposed that the remaining funding for this scheme is ringfenced for this purpose. There may be other ideas from PCNs which support remote working, and / or the embedding of new ways of working, which could be considered; it is proposed that PCNs are provided the opportunity to put forward proposals for consideration which support new ways of working.

Recommendation

The PCCC is asked to approve that:

* the scheme ceases at the originally intended date
* the CCG does not attempt to clawback funding, on the basis that the Covid-19 response has had a significant adverse impact on this area which is not within the control of the PCNs
* the residual budget for 2020/21 supplementary schemes is ringfenced to provide opportunity for PCNs to secure funding to support new ways of working.

