



**Cambridge
University Hospitals**
NHS Foundation Trust

Managing the introduction of medicines – the Cambridge experience

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Deputy Chief Pharmacist

Session

NHS structure – national and local

NHS medicines expenditure & funding

The Cambridge experience

NHS structure – national and local

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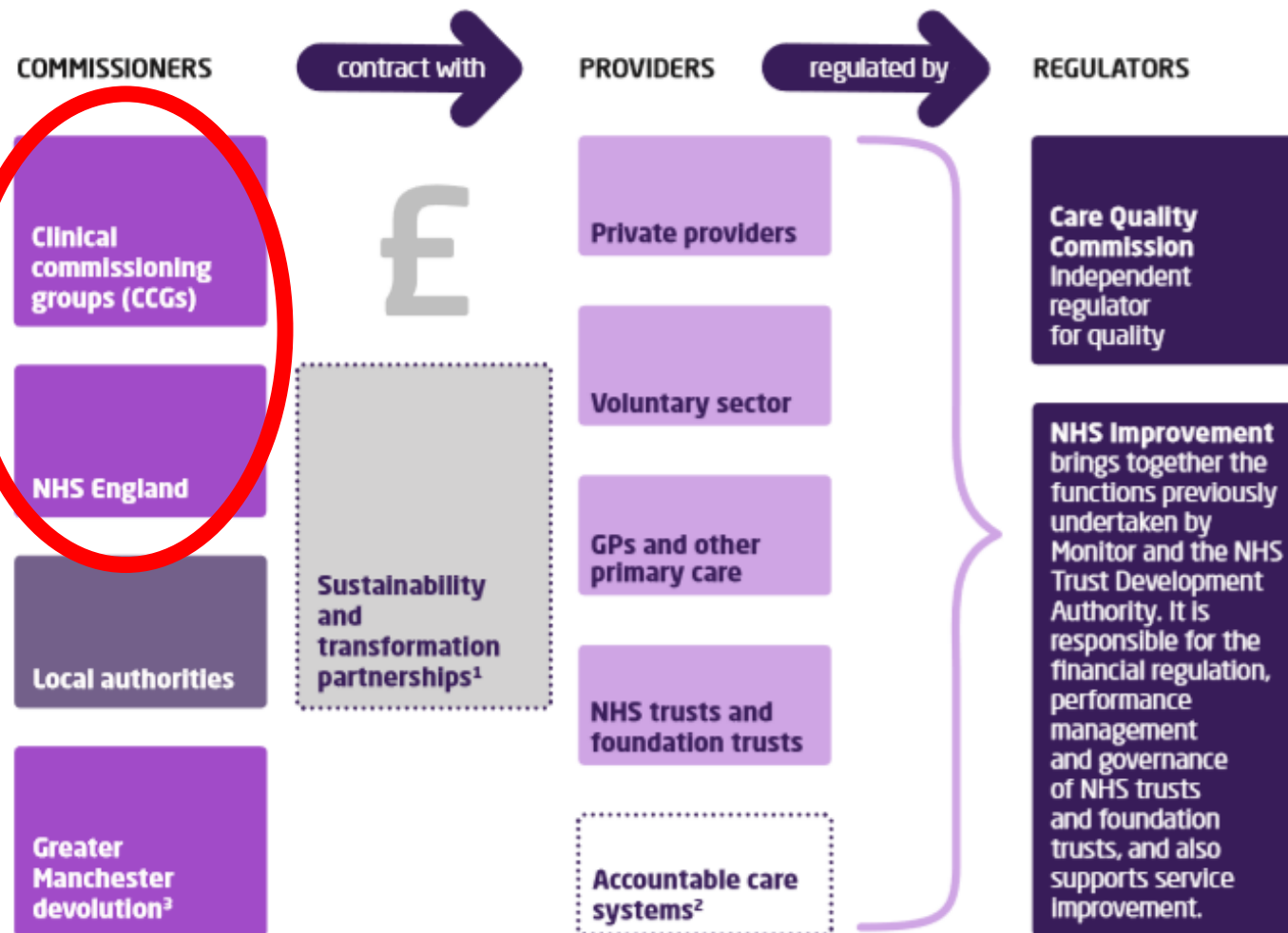


NHS structure – national and local

TheKingsFund >

Ideas that change health care

The NHS: How providers are regulated and commissioned

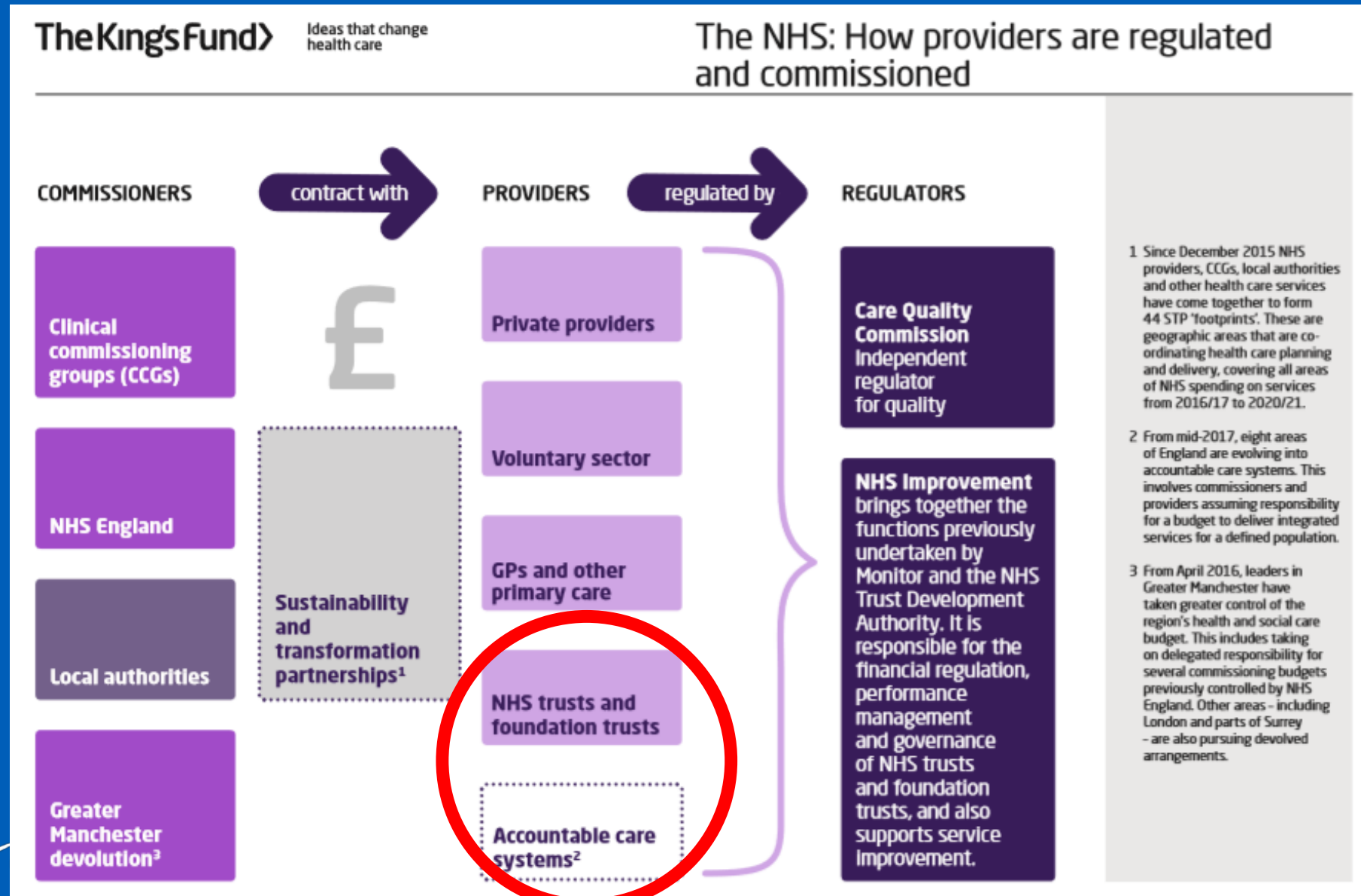


1 Since December 2015 NHS providers, CCGs, local authorities and other health care services have come together to form 44 STP 'footprints'. These are geographic areas that are co-ordinating health care planning and delivery, covering all areas of NHS spending on services from 2016/17 to 2020/21.

2 From mid-2017, eight areas of England are evolving into accountable care systems. This involves commissioners and providers assuming responsibility for a budget to deliver integrated services for a defined population.

3 From April 2016, leaders in Greater Manchester have taken greater control of the region's health and social care budget. This includes taking on delegated responsibility for several commissioning budgets previously controlled by NHS England. Other areas - including London and parts of Surrey - are also pursuing devolved arrangements.

NHS structure – national and local



NHS structure – national and local

- NHS England
- Midlands and East region
- Cambridgeshire and Peterborough system
- Population: 900,000
- 100 GP practices
- 2 Acute Hospital Trusts
- 1 Specialist Hospital Trust
- 1 Mental Health Trust
- 1 Community Services Trust
- 1 Clinical Commissioning Group



NHS structure – national and local



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NHS structure – national and local

- Addenbrooke's & Rosie Hospitals
- 1,000 beds
- Emergency, surgical and medical care for local people
- Regional centre of excellence for specialist services, e.g. organ transplantation, neurosciences, paediatrics, maternity care and genetics.
- 9,839 members of staff (2017/18).

NHS constitution for England

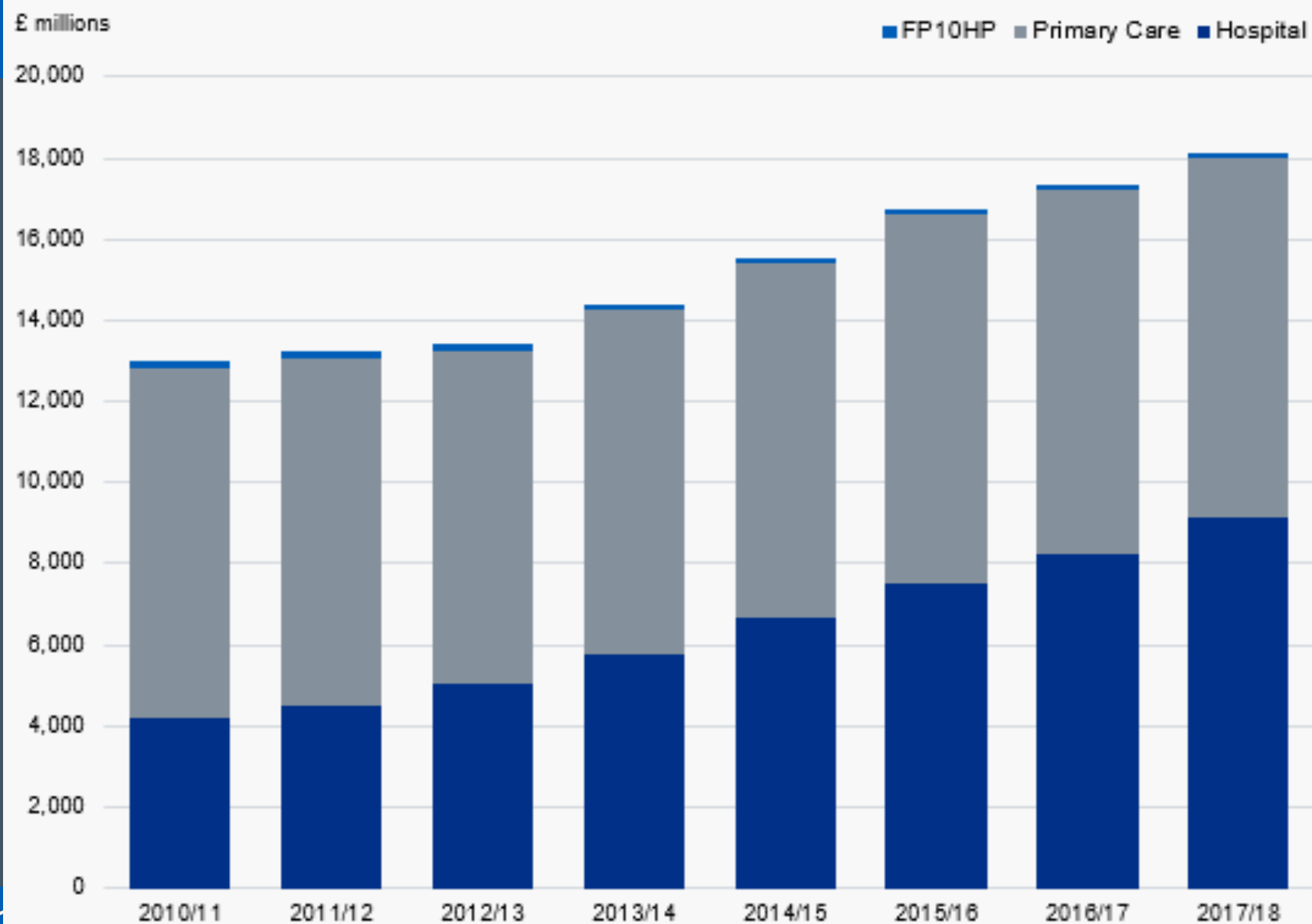
- Medicines (and treatments)...

...that have been considered by the National Institute for Health and Care Excellence (NICE) technology appraisal (TA) process and given a positive assessment

...that have not yet been considered by, or have not received a positive recommendation for use in the NHS through a NICE TA process

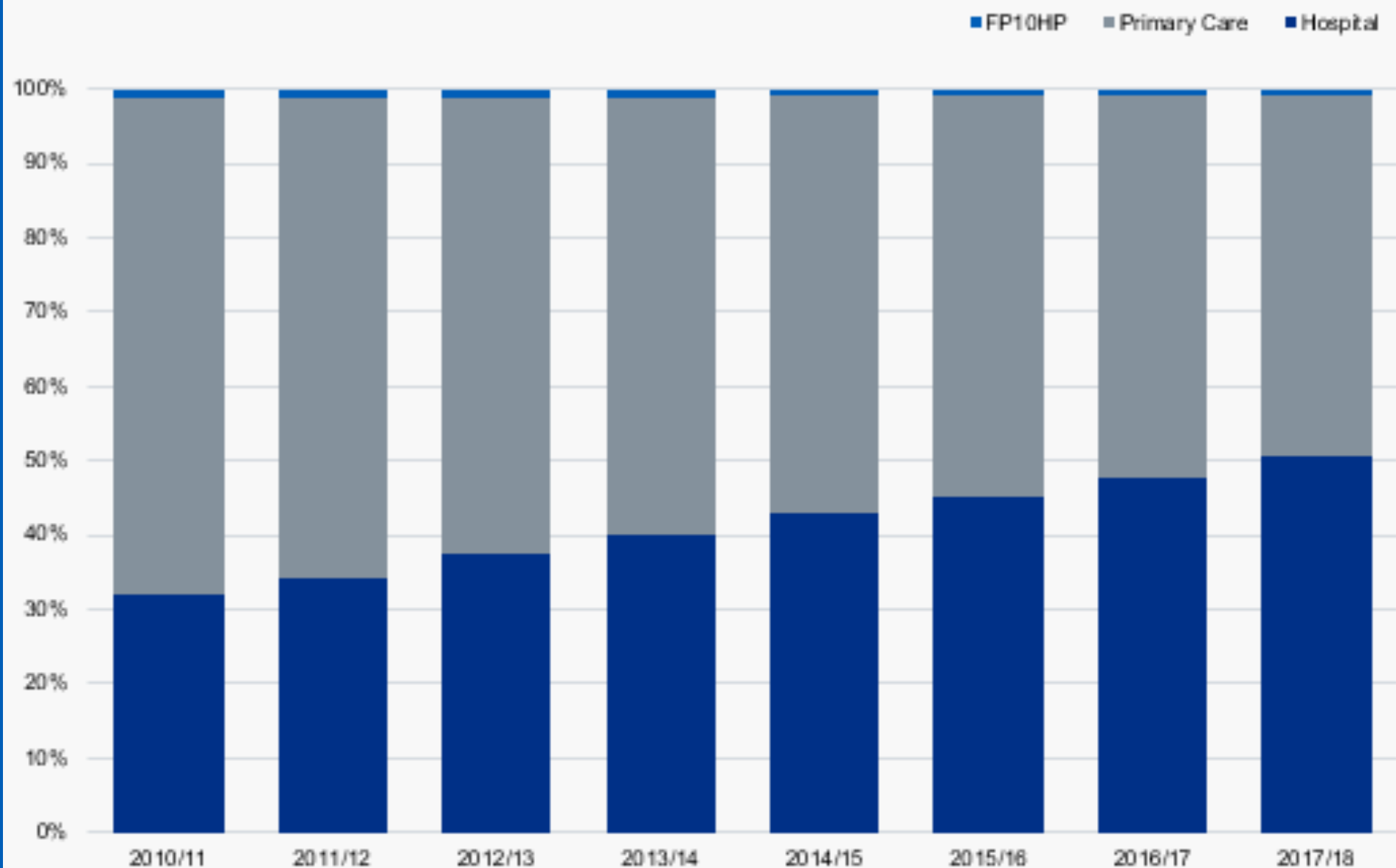
NHS medicines expenditure & funding

Figure 1: Total estimated costs at list price, 2010/11 to 2017/18



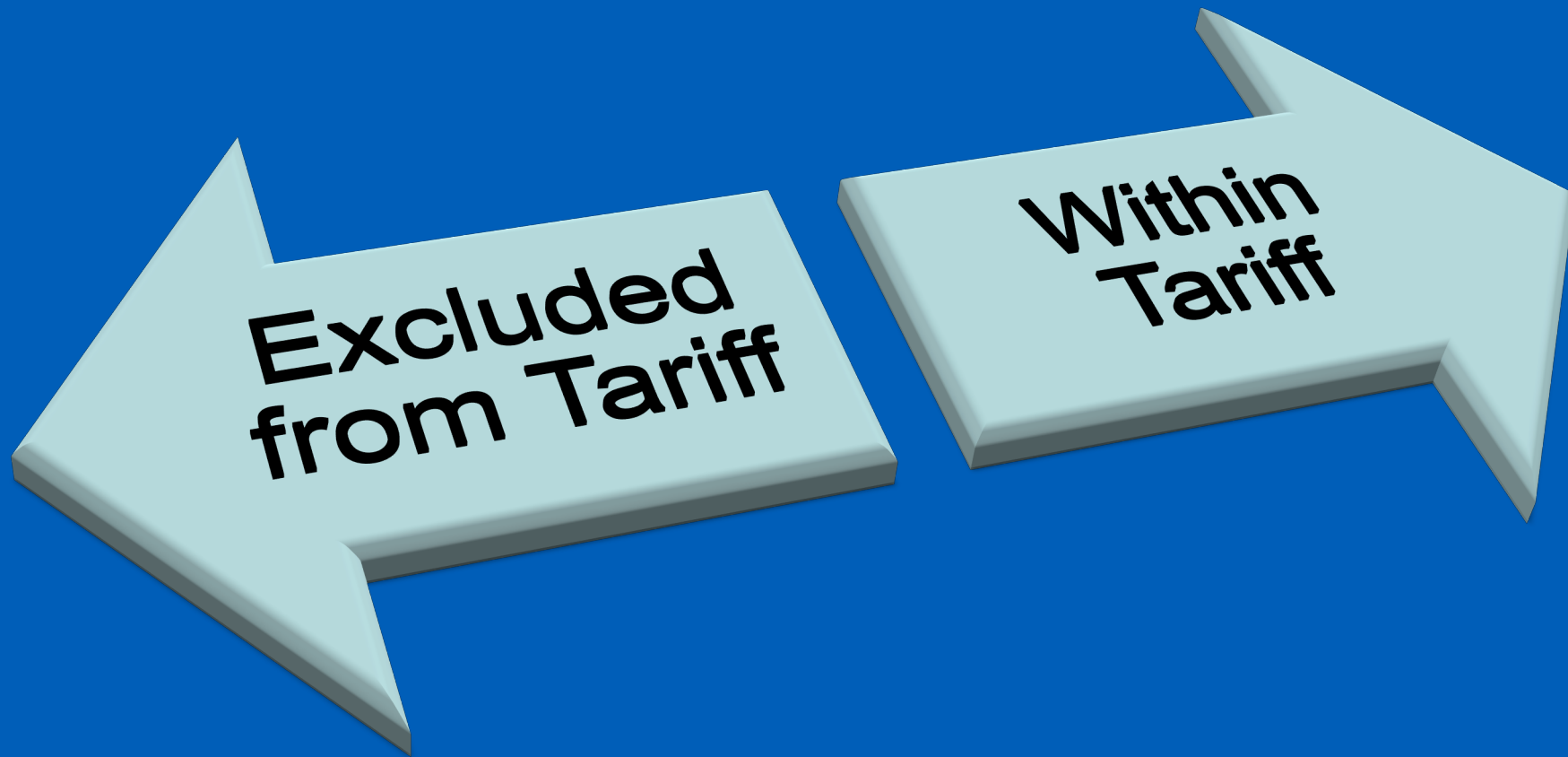
Source: NHS Digital

Figure 2: Proportion of estimated costs at list price, 2010/11 to 2017/18



Source: NHS Digital

NHS medicines expenditure & funding



The Cambridge Experience

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Introduction of medicines

The process of developing and introducing new medicines in England

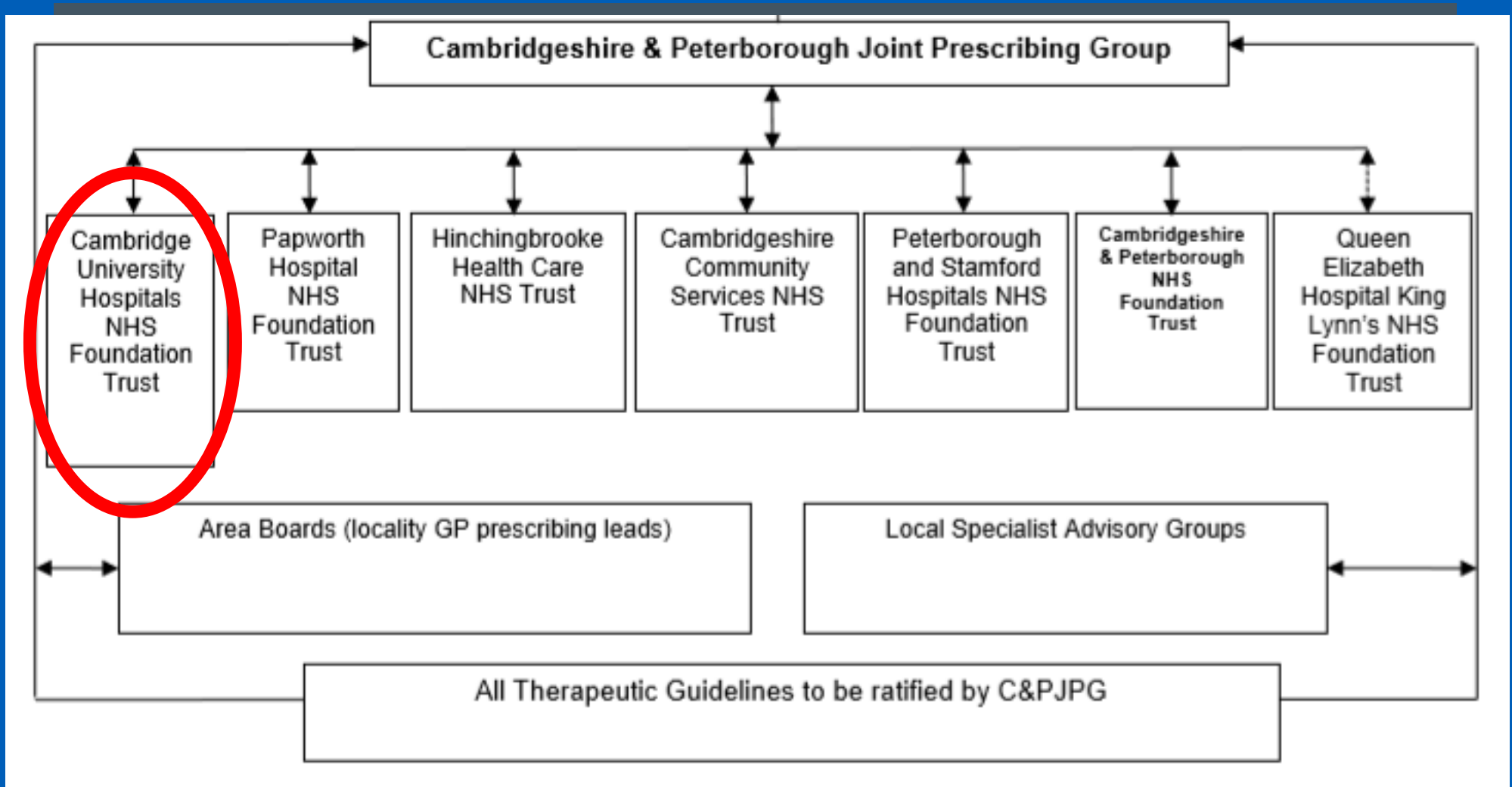
This process involves numerous steps, which can be simplified into four stages (see Figure 1).

Figure 1 Simplified visualisation of the medicines development and introduction process

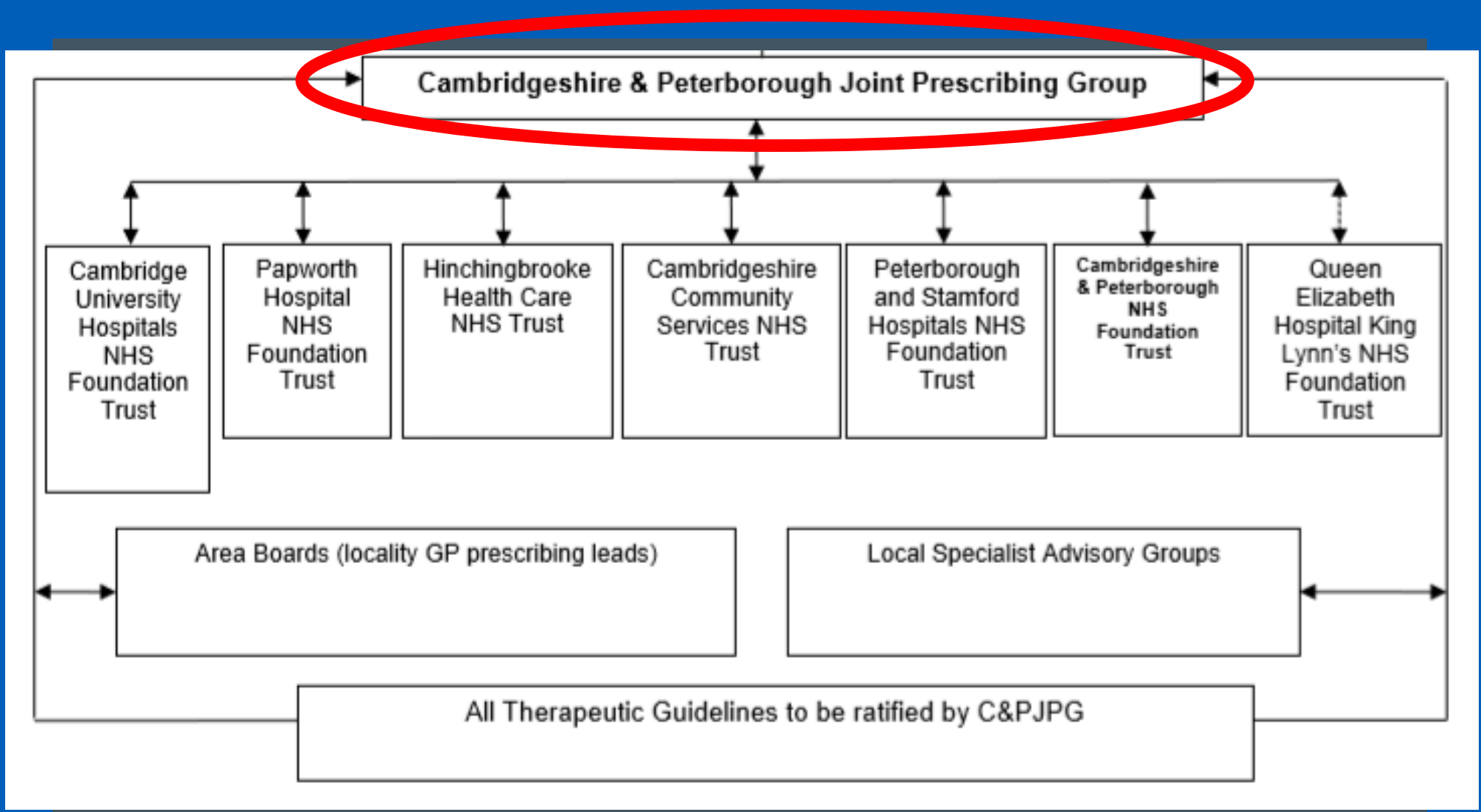


Source: *Monitor Deloitte et al 2015*

The Cambridge & Peterborough system



The Cambridge & Peterborough system



Cambridgeshire & Peterborough Joint Prescribing Group

- Chaired by GP
- Membership:
 - GPs
 - Hospital clinicians
 - Pharmacists
 - Lay member
- Meets every 2 months
- Strategic medicines management advisory committee consisting of representatives from across the Cambridgeshire and Peterborough health economy.

CUH Joint Drugs & Therapeutics Committee

- Chaired by consultant
- Membership:
 - Clinicians
 - Pharmacists
 - Nurse
 - Lay member
 - Hospital commissioning team
- Meets monthly
- Supports medicines and clinical governance in CUH and work with commissioners through effective policies, which assures best practice in prescribing, supply, administering and monitoring of medicines within available resources.

Regional Medicines Optimisation Committees

- Four across NHS England.
- Recommendations, provide resources, and co-ordinates activities to ensure optimal use of medicines.
- Chaired by the Regional Medical Director for the respective NHS region.
- Membership drawn from the senior NHS Medical and Pharmacy community within each region as well as from other key partners.

Introduction of medicines

NICE TA/HST

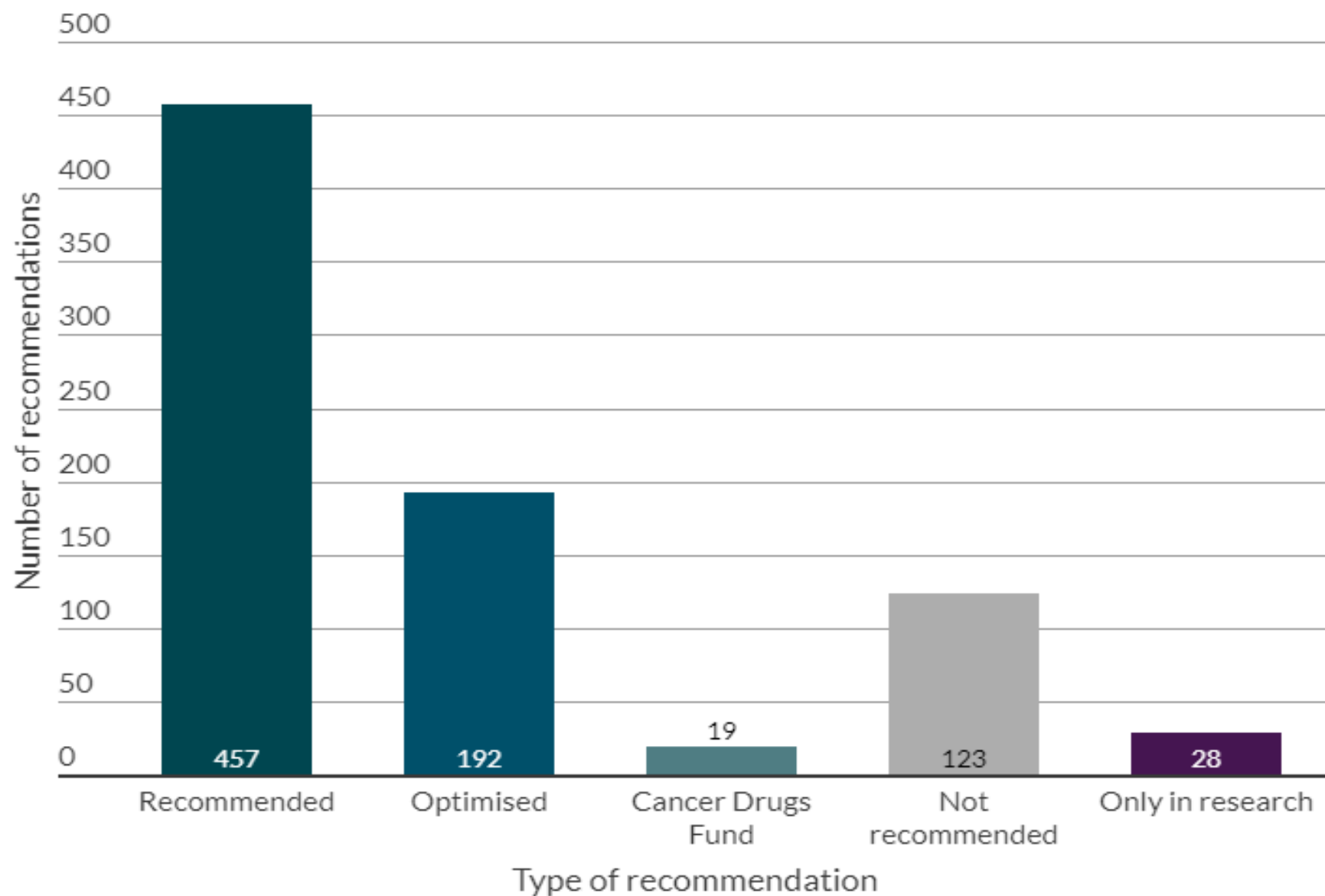
Commissioning
Policies

Early Access
Medicines
Schemes

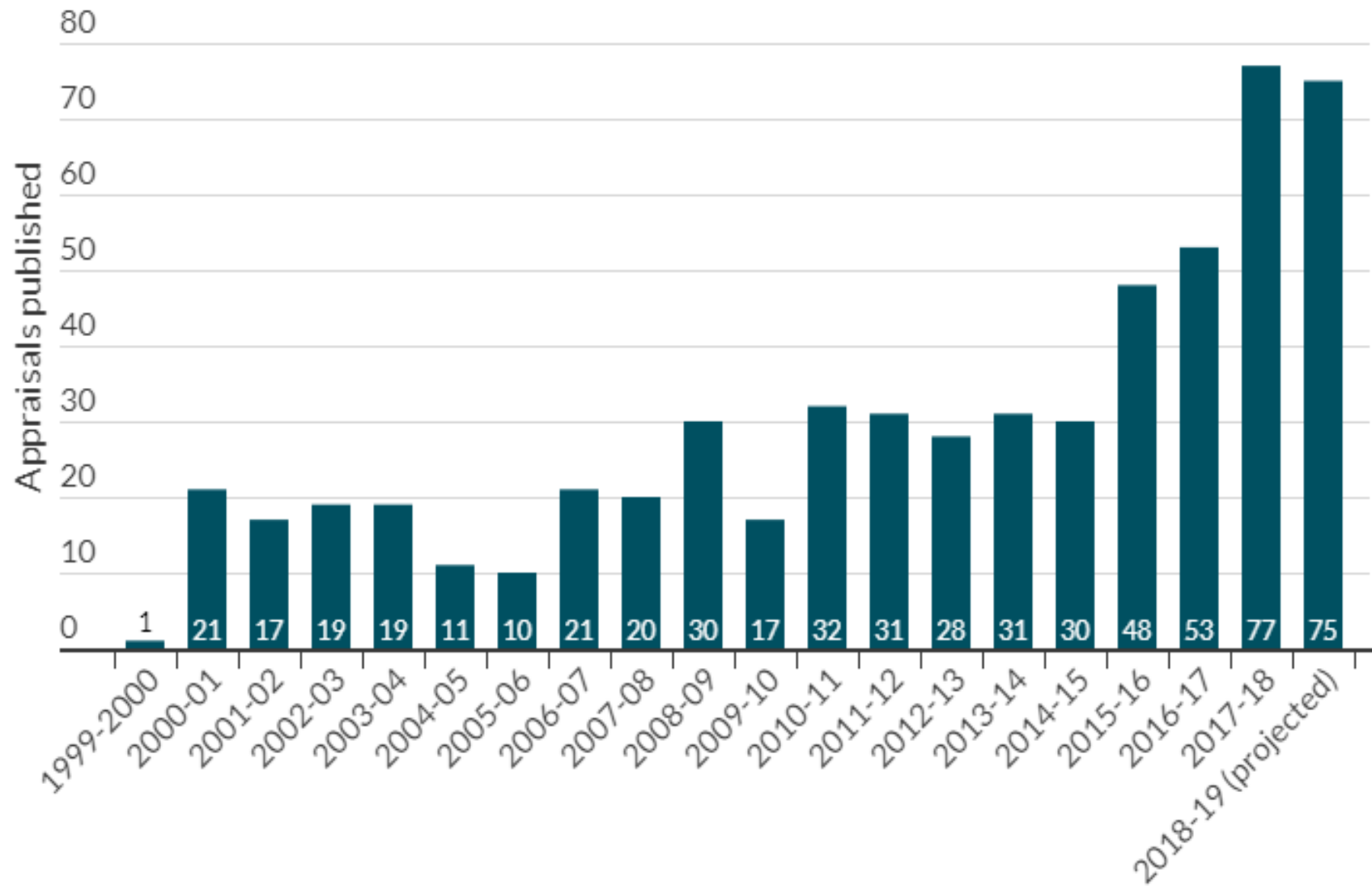
Cancer Drugs
Fund

Clinician
requests

Recommendations made by technology appraisal committees since 2000



Technology appraisal guidance published since 2000



Introduction of medicines

- Business case – clinician completes
- Independent evaluation – formulary pharmacist
- Clinical effectiveness
 - Evidence, quality, NNT
 - Comparison with current treatments
- Safety
 - Safety, comparison with current treatments, NNH

Introduction of medicines

- Other supporting information: national guidelines, local decisions
- Value for money
 - Comparison against current treatment options
 - Include any impact on activity, e.g. outpatient appointments
 - Commissioning responsibility / Funding arrangements

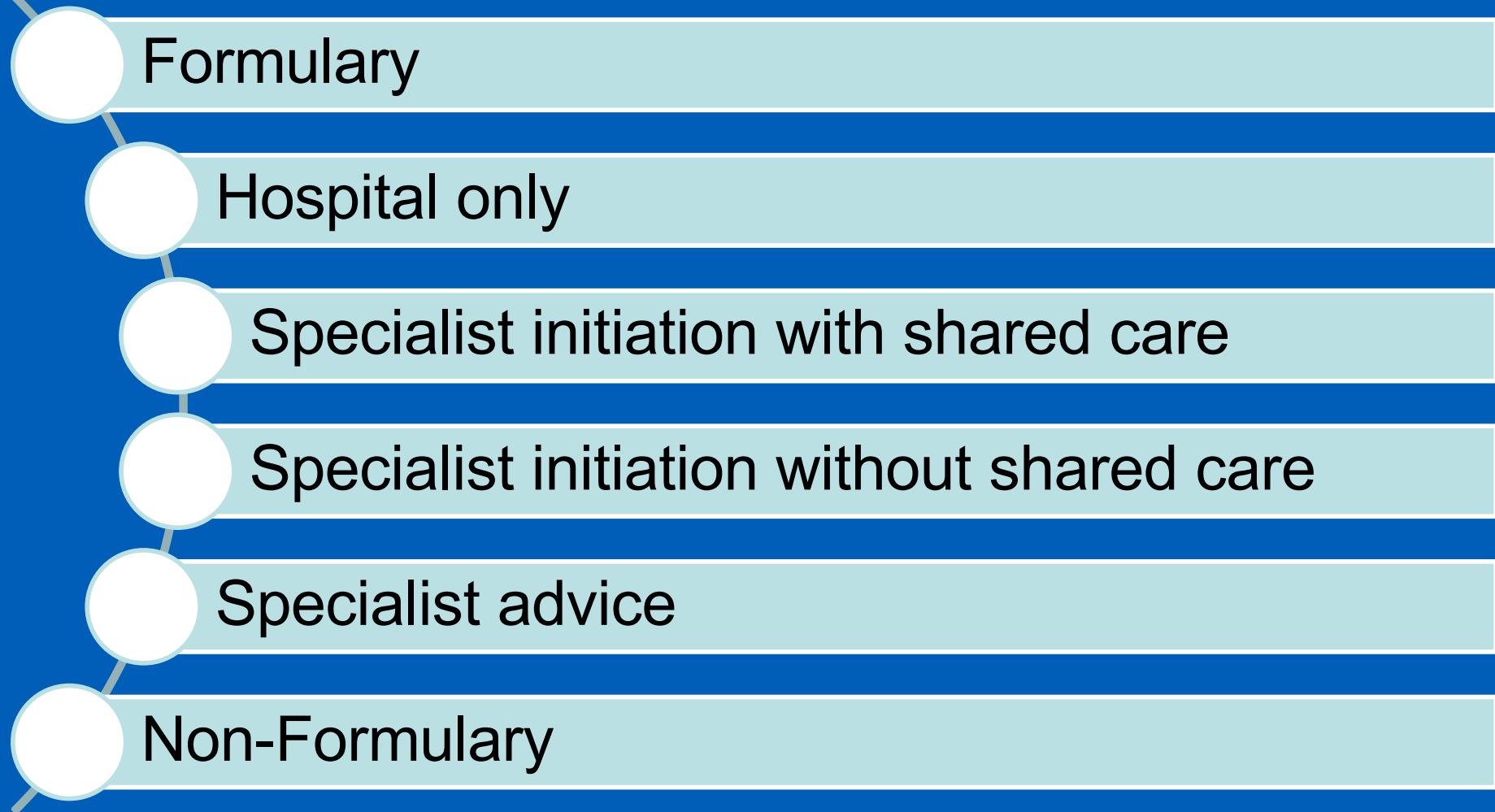
Introduction of medicines

- What is the impact on patient safety?
- What is the clinical effectiveness of this intervention?
- What is the cost effectiveness or resource impact of this intervention?
- What is the strength of evidence that the intervention is based on?
- Have the views of stakeholders been sought?

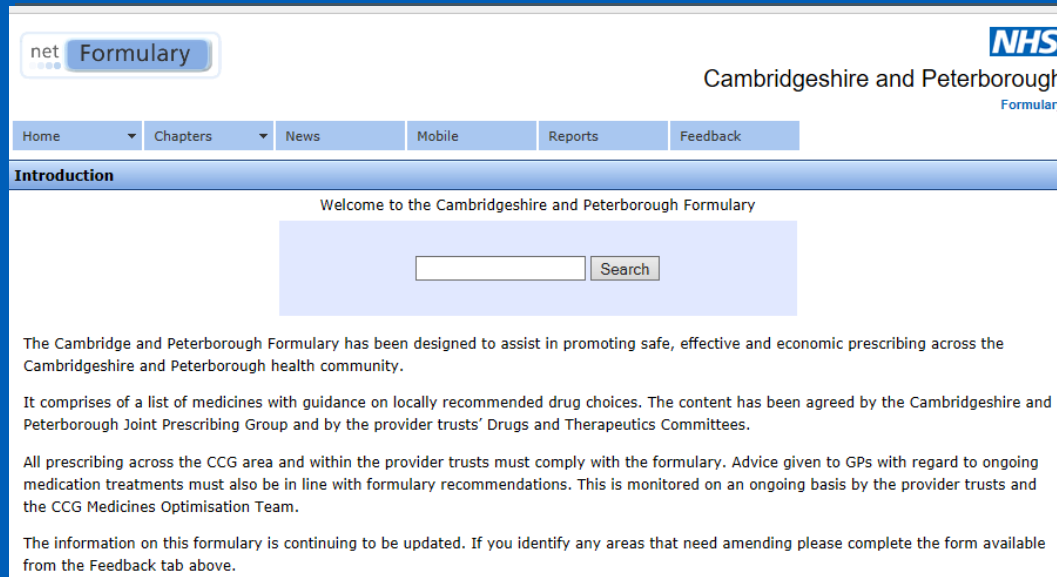
Introduction of medicines

- What is the intervention's place in therapy relative to other available treatments?
- Is the intervention in line with/support national guidance and priorities?
- Is the intervention in line with/support local health priorities?
- What impact does this development have on equity and fairness?

Introduction of medicines



Introduction of medicines



The screenshot shows the website's introduction page. At the top left is the 'net Formulary' logo. To the right is the 'NHS Formulary' logo. Below these is a navigation menu with links for Home, Chapters, News, Mobile, Reports, and Feedback. The main heading is 'Introduction' with a sub-heading 'Welcome to the Cambridgeshire and Peterborough Formulary'. A search bar is present. The text below explains the formulary's purpose: to assist in promoting safe, effective, and economic prescribing across the health community. It notes that the content is agreed by the Joint Prescribing Group and provider trusts' committees. It also states that all prescribing must comply with the formulary and that the information is being updated.

net Formulary

NHS Formulary

Cambridgeshire and Peterborough Formulary

Home Chapters News Mobile Reports Feedback

Introduction

Welcome to the Cambridgeshire and Peterborough Formulary

Search

The Cambridge and Peterborough Formulary has been designed to assist in promoting safe, effective and economic prescribing across the Cambridgeshire and Peterborough health community.

It comprises of a list of medicines with guidance on locally recommended drug choices. The content has been agreed by the Cambridgeshire and Peterborough Joint Prescribing Group and by the provider trusts' Drugs and Therapeutics Committees.

All prescribing across the CCG area and within the provider trusts must comply with the formulary. Advice given to GPs with regard to ongoing medication treatments must also be in line with formulary recommendations. This is monitored on an ongoing basis by the provider trusts and the CCG Medicines Optimisation Team.

The information on this formulary is continuing to be updated. If you identify any areas that need amending please complete the form available from the Feedback tab above.



<http://www.cambridgeshireandpeterboroughformulary.nhs.uk/default.asp>

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Introduction of medicines

02.02.01 Thiazides and related diuretics



Bendroflumethiazide

First Choice

BNF SPC BNF C

GREEN

Indapamide

(2.5mg tablets)

Formulary

BNF SPC BNF C

GREEN

- 2.5 mg tablets only. MR prep is non formulary.
- For use in patients with renal failure or those who are intolerant of bendroflumethiazide or co-amilozide.

Metolazone

BNF SPC BNF C



Restricted

NO SCG

- Metolazone has been withdrawn from the UK market on commercial grounds and is available on a NAMED PATIENT BASIS only. unlicensed. It should only be prescribed when there is no suitable licensed alternative.
- For most patients a switch to bendroflumethiazide (in combination with a loop diuretic) would be suitable and is supported by the British Society for Heart Failure.
- Metolazone may be prescribed for renal patients when a high dose of a loop diuretic +/- another thiazide has failed to control fluid retention adequately.
- **Ongoing management and provision of the medicine will need to be discussed with the GP before initiation.**
- **Please note - this medication is not commonly prescribed as a daily dose.**

Summary

Cambridge is part of the Cambridgeshire and Peterborough system, and the wider NHS.

Robust processes are in place for managing the different ways in which medicines are introduced.

These consider clinical effectiveness and safety, value for money and commissioning responsibility.

A system-wide medicines formulary has been adopted and work continues to identify ways of working collaboratively.



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Questions

References

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- Cambridgeshire and Peterborough System Plan <https://www.fitforfuture.org.uk/what-were-doing/publications/>
- CUH website <https://www.cuh.nhs.uk/>
- NHS Constitution <https://www.gov.uk/government/publications/the-nhs-constitution-for-england>
- NHS Digital <https://digital.nhs.uk/data-and-information/publications/statistical/prescribing-costs-in-hospitals-and-the-community>

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<https://improvement.nhs.uk/resources/national-tariff-1719/>

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<https://www.cambridgeshireandpeterboroughccg.nhs.uk/health-professionals/>

- RMOG

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- NICE

<https://www.nice.org.uk/About/What-we-do/Our-Programmes/NICE-guidance/NICE-technology-appraisal-guidance>

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<https://www.nice.org.uk/Guidance/MPG1>
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