NHS
Herefordshire and Worcestershire
Clinical Commissioning Group

COMMISSIONING FOR QUALITY IN MEDICINES MANAGEMENT 2021/22 – NHS Trust Providers

This document details the requirements in the healthcare services contracts that the Clinical Commissioning Group (CCG) has with provider organisations. Outlined are the role and responsibilities of our provider organisations in ensuring a transparent and collaborative approach to the safe and cost effective management of medicines, seamless care of patients between NHS organisations and ensuring high quality prescribing. The document is updated annually for changes in process and best practice and taken to the Herefordshire and Worcestershire Medicines and Prescribing Committee (MPC) (with representatives from the CCG and provider organisations across the Health Economy) to ensure that its requirements are both fair and reasonable. Once agreed by the MPC, the details will then be included as part of the contract requirements from providers for the following contract year.

Providers are responsible for ensuring that all clinicians are aware of these expectations along with any detailed prescribing guidance that might be in place.

Medicines and treatments commissioned by NHS England are not covered by these requests.
The requirements set out in this document also apply to private providers of healthcare where patients are treated on a NHS treatment pathway.
Where 'medicines' are described in this document, this should be read to include medicines (all categories), prescribable appliances and medical devices.

1. Key Legislation, Policy and Guidance

- The provider must ensure that pharmaceutical services delivered comply with national service specifications and performance indicators and all relevant national and regional circulars.
- The provider will at all times act in accordance with any specific commissioning arrangements that are in place between them and the commissioner.
- All services and advice provided should comply with key legislation and professional guidance, including any supplementary regulations or amendments in relation to medicines.
- The provider must adhere to the requirements set out in the CCG Prescribing Policy.

2. Medicines Governance

- The provider has an up-to-date Medicines Policy and associated procedures and can evidence implementation throughout the organisation through audit.
- The provider has a rolling programme for review of its clinical pharmaceutical services to ensure that they comply with a relevant set of standards.
- All prescribing, including Non-Medical Prescribing is within prescriber competencies and is appropriately managed and monitored to be within the scope of a professional governance framework.
- Audit of any NHS FP10 prescribing is expected to be undertaken and reviewed in line with commissioned formulary requirements.
- Medicines management training for all staff handling medicines is planned and delivered.
- The CCG is committed to meeting its statutory obligations of funding NICE TAs within three months of publication; the provider is expected to ensure that processes are in place so that patients who meet

the requirements for treatment under a NICE TA have access to the medicine(s). [NICE - Guidance and advice list]

- The provider should maintain adequate records to demonstrate compliance with NICE TAs and provide periodic reports demonstrating this. Where a proprietary IT-based approval system has been agreed with the CCG (e.g. Blueteq, OpenEyes), the provider should ensure that relevant templates are completed prior to initiation of the treatment and at agreed follow up intervals; data provided to the CCG will not have Patient Identifiable Data (PID).
- Other NICE guidance [e.g. Clinical Guidelines (CG), NICE Guidelines (NG), Interventional Procedures Guidance (IPG) Medical Technology Guidance (MTG)], where a medicine is recommended will not be routinely funded; the provider is therefore expected to follow such guidance in line with expectations set out by the CCG.
- The provider should recognise the importance of a system wide approach to managing allergies in line with NICE CG183: Drug Allergy: Diagnosis and Management.
- The provider should recognise the importance of a system wide approach to antimicrobial stewardship in line with NICE NG15: Antimicrobial Stewardship and ensure that all prescribers receive induction and training in prudent antimicrobial use and are familiar with the antimicrobial resistance and stewardship competencies. The provider will be expected to validate their antibiotic prescribing data against local Antimicrobial Prescribing Guidance.

3. Formularies/ Prescribing Guidelines

- Clinicians are expected to follow prescribing pathways/guidance, developed through collaboration with relevant specialists and managed by the MPC. Any departure from this requires sound clinical reasons and justification should be documented in the patient's healthcare record by the decision maker.
- Clinicians must only prescribe medicines that are approved for use by the commissioner, in line with any restrictions as detailed in the Joint Medicines Formulary.
- The provider must recognise the need for new medicines to be commissioned prior to being available for use. Clinicians must follow the process for applying to use new medicines and abide by the decisions of the MPC. New indications for existing formulary medicines will require a new medicines application.
- Clinicians should not ask primary care to prescribe medicines that have not been approved for use by the commissioner nor should they suggest to patients that a non-approved medicine or treatment can be obtained from primary care.
- Clinicians should not ask primary care to prescribe medicines which expert assessment does not recommend for primary care use unless agreed by the MPC.
- Clinicians should prescribe generic products whenever possible, except for those agents where it is clinically necessary to indicate the brand prescribed for therapeutic or safety reasons as per formulary recommendations. The prescribing of 'special'[1] formulations should only be considered when suitable alternative licensed options have been exhausted.
- The provider will where possible use patients own medicines for non-formulary items and switch the patient to a formulary choice where appropriate. The provider should notify the CCG of non-formulary prescribing by any clinician.
- The providers are expected to proactively engage with Horizon Scanning, including the identification of more affordable treatments e.g. biosimilars.

[1] Specials are individually prepared unlicensed formulations of existing medicines made for a specific patient. They are usually considerably more expensive than standard preparations.

- Providers should ensure that their clinicians are aware and follow the processes to request funding for clinically exceptional cases via the Individual Funding Request (IFR) route and request funding for service developments.
- Sample packs of medicines should not be provided to patients.

4. On-going Prescribing of Specialist Medicines

- Local prescribing guidelines may be used to identify when some of the patient care in relation to medicines and their monitoring can be delivered by the primary care prescriber on behalf of the specialist and to ensure that all parties are aware of their obligations.
- The use of Local prescribing guidelines allows for primary care prescribers to prescribe specialist medicines and have confidence that the practice is safe and appropriate.
- Development and approval of local prescribing guidelines will be through collaboration with the relevant specialists and managed by the MPC at which there is primary care prescriber representation.
- Primary care prescribers must be asked if they are willing to take over the on-going prescribing and specified monitoring and only where agreement is confirmed can patients be sent to their primary care prescriber to obtain prescriptions.
- Consultants must maintain prescribing responsibility until the patient's primary care prescriber has indicated they are happy to accept the prescribing arrangement for the patient.
- A primary care prescriber has the right to refuse to enter into a prescribing arrangement, but to refuse on the grounds of medicine cost alone is unacceptable. When a primary care prescriber has refused to enter into a prescribing arrangement, the specialist will continue to have prescribing responsibility. Providers should notify the relevant CCG of primary care prescribers who do not routinely accept prescribing of specialist medicines.

5. Clinical Trials

- Medicines being used as part of a hospital-initiated clinical trial will be supplied by the hospital.
- Funding arrangements for the period following completion of a clinical trial must be agreed with the CCG prior to the trial commencing. It should be noted that the Commissioner does not routinely fund medicines that are part of a trial either during the trial period, following completion of a trial, or after withdrawal of compassionate funding by a pharmaceutical company.
- Ethically, patients participating in a clinical trial must be made aware that there is no guarantee that the medicine(s) will be continued at the end of the trial, irrespective of the results.

6. Controlled Drugs (CDs)

- The provider has a current CDs policy in place and can evidence implementation throughout the organisation through audit.
- The provider has a named accountable officer for CDs who is registered with the Care Quality Commission (CQC).
- The organisation has completed the CQC Self-Assessment tool within the previous 12 months and has an action plan in place for resolving any issues rated as amber or red and this action plan is available to the CCG for assurance purposes.
- Prescribers will adhere to local prescribing guidance for the safe management of CDs such as prescribing by brand to ensure consistency of supply and reduce the risk of error.
- The provider will provide their quarterly NHSE CD Local Intelligence Network (LIN) occurrence reports to commissioners as part of their assurance process.

7. Medicines Handling & Assessment

- The provider should be fully compliant with the requirements and standards outlined in accordance with NICE NG5 Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes (March 2015)
- The provider should be fully compliant with the requirements and standards outlined in accordance with NICE CG76: Medicines adherence: involving patients in decisions about prescribed medicines and supporting adherence
- The provider should be fully compliant with the requirements and standards outlined in accordance with NICE MPG2: Patient Group Directions.
- Providers are encouraged to have a policy of supporting self-administration of medication where possible and safe to do so in order to maintain independence.

8. Medicines Brought into Healthcare Settings

- Providers should have systems and procedures in place to maximise the appropriate use of 'patients own medicines'. Only labelled, original packs should be used. Procedures should ensure that there is no inappropriate destruction of such medicines and patient verbal consent is sought before destruction. Medicines in compliance aids should not be used during an admission.
- Providers should have systems to identify prescribing or dispensing errors from the community and report these in line with relevant incident reporting systems.

9. Medicines Supply

- When a patient is discharged and on-going care is required, medicines, appliances and dressings will be supplied to last for either the complete course of treatment or 14 days, whichever is the shorter. It may be necessary to supply smaller quantities where clinical or safety concerns are identified. The full balance of the required amount should be supplied for medicines that are not on-going.
- Where patients being discharged usually receive their medicines in a compliance aid, providers should issue an FP10 to be dispensed by the patient's usual community pharmacy. If there is not sufficient time to arrange this, a routine supply of medicines will be made.
- Where patients being discharged indicate they have sufficient supplies of medicines at home, only the medicines that have changed or are new need to be supplied.
- Patients attending 'day clinics' for minor surgery etc. will be provided with sufficient dressings and associated medicines to meet their post-operative needs.
- Patients attending out-patient clinics who do not require medicines immediately will be referred to their primary care prescriber to obtain a prescription. They must be advised to allow a minimum of 7 working days for the primary care prescriber to receive the written information prior to the patient contacting the practice. The clinic must provide legible information to the GP practice within 5 working days, whenever possible recommending a class of medicine as opposed to a specific medicine.
- If a prescriber considers that the medication need can't wait to obtain the prescription from the primary care prescriber, a supply should be made for a minimum of 14 days (original pack applies) unless a shorter course of treatment is indicated. The primary care prescriber must be provided with adequate information before the patient attends for further medication.
- In cases where the patient's prescription needs are designated as 'specialist' only, the prescribing responsibility will remain with that specialist - the primary care prescriber should not be asked to continue prescribing.

10. Medicines Safety

- The Provider has a named lead for Medicines Safety including where required a dedicated Medication Safety Officer. They should also have a dedicated committee/sub-committee that has overall

responsibility for medication safety issues; reviews compliance with current regulations, approves up to date procedures / policies and is the focal point for all issues related to medicines. The Provider will be able to demonstrate the governance structures that link the committee to the Board or similar and have clear processes for escalation of issues.

- The Provider has an up to date procedure for identifying medicines that may be designated 'high risk' in terms of their raised potential for harm in normal use or has procedures in place to mitigate the risk of harm to patients. This also applies to medicines which may not be regarded as high risk in and of themselves but are used in procedures which are inherently high risk.

11. Incidents Involving Medicines

- The Provider has a standard operating procedure (or equivalent) for the reporting and severity classification of incidents involving medicines, which includes the sharing of learning in order to prevent recurrence.
- Medication-related patient safety incidents are monitored, reported and actions taken where necessary.