

BSW CCG Primary Care Commissioning Committee Meeting 22 October 2020

Questions 1 to 5 received from a member of the public:

- 1. Could the CCG PCCC please revisit and amend the data supplied in the table on page three. Using publicly available population data the payment per patient is £2-74 for Banes, £3-21 for Swindon and £3-37 for Wiltshire?**

Our calculations are based on the following information:

Population of BaNES – 190,000, finance total £579,000, £3.05 per patient

Population of Swindon – 224,000, finance total £772,000, £3.45 per patient

Population of Wiltshire – 494,000, finance total £1,584,000, £3.21 per patient

- 2. Is the CCG PCCC aware that for Medicines optimisation to take place patients need to be prescribed medicines or appliances. It can safely be calculated that between 25-30% of all patients in BSW CCG are on no medication whatsoever. Could proposed payments under the 20-21 scheme be correspondingly reduced by this percentage and the savings kept by the CCG to be allocated by the governing body once a fully costed business case has been presented?**

As with all services commissioned by the CCG to GP practices, payments are calculated using either payment on activity (how many times that service is provided) or payment per patient to ensure fairness to practices of differing population sizes. In this case, payment is made per patient.

As outlined in the paper, it is more important than ever that any money saved from the original budget is reinvested in prescribing systems and support to primary care to continue to deliver the Medicines Optimisation Strategy and react to the changing environment of COVID 19, winter pressures and changes in drug availability.

- 3. Can the CCG PCCC please comment on the true cost of the POD schemes that include Pharmacist support. Do the added value elements reimburse Pharmacist costs? Are practices being charged the same costs that they incurred when they delivered repeat prescription services or are POD services being supplied at a loss?**

POD is one of a variety of measures used by the Medicines Optimisation team to deliver the Medicines Optimisation Strategy. As Pharmacists working in the POD also work on other work programmes, they are funded within the overall Medicines Optimisation Team management costs and not as part of the programme costs.

Practices are not charged for the service, but for example in Wiltshire currently they forgo part of their incentive scheme payments as a contribution towards the operational costs. This is a

reflection of the reduction in workload for practices utilising POD services, providing increased resilience in primary care for both administrative and clinical time.

As outlined in the paper, POD saves 6% on the prescribing budget which outweighs the cost of providing POD.

- 4. Could the CCG PCCC please be aware that there may be unintended consequences on other budgets and a disproportionate impact on elderly patients who have their anticholinergics for over active bladder stopped. The supply of incontinence pads may have to be increased as a result and those patients buying their own pads may have an increased financial burden as a result. Have discussions been conducted with CCG partners to make sure that CCG savings in this area are for example reinvested in continence service?**

Any changes made to individual patient medication are made following guidance developed by the elderly care consultant team in conjunction with the Area Prescribing Committee. This guidance has the primary purpose of reducing risk to patients as part of a 'deprescribing' agenda supported by clinical evidence.

BSWCCG is recruiting a specialist continence nurse to support patients directly, and work alongside the community continence services already in place therefore directly investing funds to support this service.

- 5. The Prescribing Incentive schemes focus on patient safety is to be commended. The elephant in the room is the number of hospital admissions in the entire ICS that are a direct result of prescribed medication and the costs associated with these. Paying a practice 50p in Banes and Wiltshire and 30p in Swindon to prescribe anticoagulants safely, something that should already happening is difficult to come to terms with and is something I am sure we will look back on with embarrassment.**

As these are relatively new drugs (around 10 years old) the evidence for appropriate use of anticoagulants is still developing.

There are mechanisms in place to support prescribers to ensure safe and appropriate prescribing but with an increasing population on these drugs (particularly during COVID), this funding is in place to support protected time for prescribers to provide a bespoke individual review and ensure they have time to keep up to date with all the rapidly changing guidelines.