NHS
Bedfordshire
Clinical Commissioning Group

Managing Potentially Excessive or Inappropriate Prescribing

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Responsibility:	All Member Practices and relevant CCG Staff should adhere to this policy.
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Related Documents	*None*

POLICY DEVELOPMENT PROCESS

Names of those involved in policy development

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Names of those consulted regarding the policy approval

Date	Name	Designation	Email
1/5/18	BCCG Prescribing Committee		
1/5/18	BCCG Medicines Optimisation Team		
1/5/18	Ian Brown	Chief Officer for Public Health, Bedford Borough Council	Ian.Brown@bedford.gov.uk
5/6/18	Peter Graves/Carl Raybold	LMC	

Committee where policy was discussed/approved/ratified

Committee/Group	Date	Status
BCCG Prescribing Committee	5 June 2015	Endorsed
BCCG Executive Team	28 June 2018	Ratified

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1. Equality Impact Assessment

This policy forms the basis of Bedfordshire CCGs procedures for addressing concerns about potentially inappropriate or excessive prescribing. It incorporates the BMA/NHS Employers Guidance on Annex 8 (February 2006). This policy is an administrative process to be followed when certain criteria are met. The implementation of this policy will not lead to an impact on individuals based on that individual's membership of one of the protected category groups defined by the Equality Act 2010. As agreed by email with Paul Curry, Equality & Diversity Manager on 8th May 2018.

2. Introduction

This is a policy drawn up by Bedfordshire Clinical Commissioning Group to manage potentially inappropriate or excessive prescribing in BCCG Practices. The purpose of this document is to clarify and endorse the process for addressing any deviation from best practice occurring at any stage in the prescribing process. It is assumed that discussions will take place between the GP Practice concerned and the locality prescribing leads in the CCG, which may also involve the LMC, before any action is taken. Potential *Excessive* or *Inappropriate* prescribing issues should be resolved in most instances without further reference to this policy. This policy should only be applied in those instances where local agreement cannot be reached. It is important to note that practices, which overspend their indicative prescribing budget, will NOT be challenged under this policy *solely* for that reason.

3. Background – Contractual and Good Practice Requirements

In March 2006, the BMA and NHS Employers published joint guidance for health professionals on excessive or inappropriate prescribing of NHS medicines (Revision of the GMS Contract 2006 - Annex 8) – see appendix 1. The BMA recognises that by improving quality, cost effectiveness and affordability of prescribing in the context of the overall use of NHS resources would be of benefit to patients. In addition to this guidance, Prescribers are expected to comply with the General Medical Council, 'Good Practice in Prescribing and Managing Medicines and Devices' – see appendix 2.

This document supplements the national guidance by illustrating for General Practitioners (GPs), practice staff and other health care professionals (including independent prescribers) the prescribing behaviours that may give rise to further enquiries about prescribing activity.

This guidance is intended to support best prescribing advice and is designed to inform all prescribers, nurses (Practice and Community Nurses), pharmacists, allied health professionals, prescribing doctors and dispensing doctors, who influence prescribing.

Although the contractual arrangements have transferred to NHS England (administered by the Regional Teams), the steps that would be taken by the CCG if it had reason to believe prescribing was potentially inappropriate or excessive are set out in this policy.

4. Purpose

Medicines contribute enormously to the health of the nation. The effective use of drugs have improved many peoples quality of life, reduced the need for surgical intervention, the length of time spent in hospital and saved many lives (both in primary and secondary prevention).

However, there are disadvantages in the increasing use of and reliance on medicines. The inappropriate or excessive use of medicines can cause distress, ill-health, hospitalisation and even death. A good example of this is the overuse of antimicrobials which has led to resistance developing to commonly prescribed antimicrobial medicines and resulted in the national campaign to manage antimicrobial resistance. Research has shown that 6 to 7% of hospital admissions are due to medicine related issues and that 60% of these are preventable. Each medicine-induced emergency admission is estimated to cost £5000. Most prescriptions are issued by GPs.

Between April 2002 and April 2003, 650 million prescriptions were dispensed to general practice patients in England, in the last 12 months (17/18), this figure has risen to 1.1 billion at a cost of £8.3 billion. Prescribing by doctors is subject to varying types of guidance and control. Inappropriate prescription of medicines by GPs is of particular concern. Excessive use of medicines leads to increased exposure to the risk of drug-induced illness and harm.

Prescription rates and prescribing quality vary considerably between GPs and between clusters of GPs. Over-prescribing and inappropriate prescribing may still occur in some areas. NHS cash for prescribing is part of the wider resource available for the care of patients. Improving the quality, cost effectiveness and affordability of prescribing in the context of the overall use of NHS resources is of benefit to patients.

Professional guidance requires efficient use of the resources available and the impact on other patients to be considered. Changes in prescribing should take account of these criteria as well as clinical appropriateness and patient need at practice and BCCG level.

5. Definitions

Examples are given in this policy to illustrate the prescribing that has locally or nationally been identified as likely to raise questions to practices about inappropriate or excessive prescribing. Prescribing within each practice and by individual doctors will be looked at by BCCG and by comparison with national and local prescribing patterns; identified population needs will be taken into account.

6. Examples of possible excessive and/or inappropriate prescribing

- Where this has been done for a significant proportion of patients and/or in a systematic manner and a reasonable explanation is not provided.
- Routinely Prescribing items that would be deemed self-care as per the BCCG Self-Care Position Statement *(https://www.bedfordshireccg.nhs.uk/page/?id=3848)*

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- Routinely Prescribing drugs of limited value as defined by the national guidance 'Items which should not be routinely prescribed in Primary Care' (*https://www.england.nhs.uk/wp-content/uploads/2017/11/items-which-should-not-be-routinely-precscribed-in-pc-ccg-guidance.pdf*)
- Prescribing Gluten-free foods as this service has been decommissioned by BCCG (This does not apply to low protein foods).
- Routine Prescribing of drugs that are not routinely commissioned or there is a negative policy in place.
- Prescribing unlicensed drugs where a suitable licensed alternative is available and clinically appropriate.
- Excessive prescribing of antibiotics and/or non compliance with Bedfordshire and Luton Antimicrobial Guidelines.
- Excessive prescribing of hypnotics, opiates and other drugs at high risk of abuse.
- Routine non compliance with agreed national and agreed local prescribing guidance e.g. Asthma Guidelines, COPD Guidelines etc. (**NB.** This list is not exhaustive - consult the GPref website (http://www.gpref.bedfordshire.nhs.uk/) for further details.
- Under prescribing linked to possible poor clinical practice.
- A greater purchase margin which results in a greater cost to the NHS.
- Prescribing variation as a result of potential impact on practice income.
- Excessive amounts of high-cost products*
- High quantities and/or duration not consistent with other practitioners*

*where this has been subject to proper discussion and education

7. Responsibilities

This Policy affects all Bedfordshire CCG Member Practices.

NHS England (administered by the Regional Team) or responsible successor organisations will have processes for monitoring Annex 8 under GMS and PMS contractual regulations the decision as to whether or not a GP Practice is in breach of their contract by, is open to interpretation and subsequent challenge.

NHS England (administered by the Regional Team) or responsible successor organisation will have a responsibility to ensure that it employs a consistent and transparent approach when dealing with all contractors under this regulation. An agreed policy outlines clear expectations around the application of Annex 8 within the organisation and ensures that due process is followed enabling all interested parties to have a fair and reasonable opportunity to resolve prescribing disputes without the need to apply contractual sanctions.

The role of Bedfordshire CCG in relation to Annex 8 would be to identify any potential excessive or inappropriate prescribing and work with the individual practice/ GP in a supportive role to address this issue. The locality prescribing leads and/or the CCG executive team may also want to discuss strategies with the practice to avoid escalating the issue to NHS England (administered by the Regional Team) or responsible successor organisations as a contractual problem.

It is important to note that Bedfordshire CCG will be addressing both aspects of Annex 8 through this policy. Namely in addition to potential ‘excessive’ prescribing the CCG will also be reviewing any prescriber that consistently significantly under-prescribes where there is evidence to suggest that there is a failure to adhere to good clinical prescribing practice.

Process for Annex 8

Routine Monitoring or Complaints

Prescribing is monitored routinely by Bedfordshire CCG's Prescribing Team. The CCG will also act on complaints received. The standards used to judge inappropriate or excessive prescribing are based on:

- Guidance issued locally, nationally and from professional bodies
- Reviewing prescribing for all practices in all therapeutic areas, over time, against other practices locally and nationally using ePACT data and other information

Meeting(s) with the Practice or Prescribing Lead

The CCG will meet with the practice to discuss areas of potentially inappropriate or excessive prescribing. Standards for assessment include NHS contract, BMA and GMC guidance, local and national policies. Process will initially be informal but may become formal if necessary; Locality Prescribing Lead, LMC, CCG Executive team clinical leads to be involved if appropriate

Practice and/or Prescriber not able to justify to CCG prescribing perceived to be excessive or inappropriate

Education or Remedial Action

Practice is made aware of good practice guidance and agrees to implement prescribing choices that are appropriate and which balance individual patient benefit and the use of resources to benefit other patients

Monitoring

Practice prescribing is monitored through ePACT and other information to ensure that changes are being made to confirm that none of its prescribers act in a way that may appear to be inappropriate or excessive

Appropriate Changes made

Return to standard monitoring of prescribing cost and quality indicators and continue dialogue between CCG and practice

Practice is able to justify that prescribing behaviour shows clear evidence of clinical benefit to patients and takes account of available resources, national guidance and local policies

Return to standard monitoring of prescribing cost and quality indicators and continue dialogue between CCG and practice

No changes made

CCG consider referral to NHSE (Regional Team) for Performance Management, LMC):

- **Issue of breach or remedial notice**
- **Contract sanction including financial**

Practice can involve a Dispute Resolution Mechanism with the NHSE (Regional Team) Performance Management Services

8. Development process

This policy has been in place for several years, first as a NHS Bedfordshire Policy (ratified March 2009) and then as a BCCG Policy (ratified December 2012 and then in June 2015). The current document replaces the 2015 BCCG Policy and is effective from June 2018.

9. Training Requirements

None

10. Monitoring

See under Responsibilities above.

11. References

Revision to the GMS Contract 2006/7, BMA/NHS Employers Guidance on Annex 8 (February 2006) - see appendix
http://www.nhsemployers.org/~/media/Employers/Documents/Primary%20care%20contracts/QOF/2006-07/Revisions%20to%20the%20GMS%20contract%20200607%20-%20Delivering%20investments%20in%20general%20practice.pdf

12. Appendices

Appendix 1 – BMA/NHS Employers Guidance on Annex 8 (February 2006).
Appendix 2 –Good Practice in Prescribing and Managing Medicines and Devices, General Medical Council, 2013.

Appendix 1

BMA/NHS Employers Guidance on Annex 8 (February 2006)

Excessive or inappropriate prescribing - guidance for health professionals on prescribing NHS medicines

Improving the quality, cost effectiveness and affordability of prescribing in the context of the overall use of NHS resources is of benefit to patients.

The guidance provided here is designed to support those objectives and to guide all health professionals who prescribe and/or dispense NHS medicines, or who have responsibilities in practices, services, clinics etc and in Primary Care Organisations (PCOs) for promoting appropriate, effective and efficient prescribing.

Comments on this guidance and suggestions for amendment should be addressed to NHS Employers or the General Practitioners Committee (GPC) of the British Medical Association.

1. Introduction

1.1 The aim of this Guidance is to outline and provide examples of what might be considered to be excessive or inappropriate prescribing.

1.2 It has been developed by NHS Employers and the GPC. It will be subject to subsequent discussion with the bodies representing the other professions who have or are being given prescribing rights through changes in legislation.

1.3 “Excessive Prescribing” is defined within contractual regulations for GPs. GP practices can be in breach of their contract by “prescribing drugs, medicine or appliance whose cost or quantity, in relation to any patient, is, by reason of the character of the drug, medicine or appliance in question in excess of that which is reasonably necessary for the proper treatment of that patient (NHS General Medical Services Contracts Regulations 2004, Schedule 6, Part 6, Paragraph 46).

1.4 Any health professional believed to be prescribing excessively may be subject to challenge by their PCO and required to justify their prescribing behaviour. PCOs are authorised to manage excessive prescribing under paragraph 46 of Schedule 6 to The NHS (General Medical Services contracts) Regulations 2004, paragraph 44 of Schedule 5 to The NHS (Personal Medical Services Agreements) Regulations 2004 and Schedule 1 Part 4 of the Terms of Service of Pharmacists in the NHS (Pharmaceutical Services Regulations) 2005.

1.5 It is possible that potentially excessive prescribing will be identified in the first instance by the local PCO prescribing adviser. In the interests of developing good prescribing practice it is recommended that the initial approach to health professionals who are perceived to prescribe excessively should be by way of education. Appropriate remedial action should be instituted if the practice agrees that such action is warranted.

1.6 In the absence of an agreed course of action the PCO will need to consider whether there is sufficient evidence to demonstrate that the contractor's prescribing practice constitutes a breach of their contractual requirement (see paragraph 1.3 above). If there has been a breach of contract then the PCO will need to consider what action it wishes to take against the contractor. This might involve issuing a breach or remedial notice or invoking a contract sanction. If the contractor does not accept that they have breached their contract or that the PCO's action is appropriate it can challenge the PCO action by invoking the dispute resolution mechanism. The local medical committee (LMC) may be involved as appropriate and must be involved where this is a requirement of the contract.

2. Principles

2.1 NHS cash for prescribing is part of the wider resource available for the care of patients.

2.2 Professional guidance on standards of practice states that it is the responsibility of every prescriber to make efficient uses of the resources available (eg General Medical Committee (GMC) Good Medical Practice). The GMC advises doctors that they have a responsibility to consider the impact of their actions, such as prescribing, on resources available to other patients; it also states that doctors must not deliberately withhold appropriate treatment. Judgement of excessive or inappropriate prescribing by any health professional will need to reflect the balance between these duties.

2.3 As a guiding principle it is appropriate to prescribe the most cost effective medication for a patient. It follows that switching patients to less expensive drugs usually within a therapeutic class is generally appropriate where there is no contra-indication and where there is evidence of equal or greater efficacy. This may release cash within the system that can be invested in additional and different care for patients. Patients should be informed of the rationale for these changes, for example via patient information handouts.

2.4 Switching significant numbers of patients' drugs within a therapeutic class (eg either by changing to brand or by changing the drug) should only be undertaken where the predicted NHS savings is expected to be sustained and provided there is no clinical disadvantage for the patient.

2.5 There may be occasions where switching patients may be clinically inappropriate e.g. in line with the British National Formulary (BNF) or Medicines and Healthcare Products Regulatory Agency (MHRA) guidance certain drugs should be prescribed by brand to ensure continuity with regard to bio-availability.

2.6 It is appropriate that doctors and health professionals have the clinical freedom to switch individual patients to higher priced drugs (branded or otherwise), or to alternative drugs, for clinical reasons.

3. Due Process

3.1 PCOs are recommended to demonstrate due process eg that the development of prescribing incentive or improvement schemes are supported by appropriate processes involving local clinicians, and that the process of developing and implementing such schemes is evidence-based and appropriately documented. Where practices are expected by PCOs to change prescribing practice to improve the quality and/or cost-effectiveness of prescribing, or to make prescribing budget savings, PCOs are recommended that

information about the rationale behind such prescribing changes should usually be available for patients, eg from the PCO prescribing advisory group.

3.2 Similarly, prescribers and dispensers should also demonstrate due process eg it is reasonable and appropriate for health professionals to exercise wise buying in the purchase of drugs from wholesalers and manufacturers. This acts as a driver for manufacturers and suppliers to reduce prices which in turn reduces the NHS drugs bill via the discount claw back systems that apply to dispensing doctors and community pharmacy.

3.3 However, other than as outlined in 3.2, substantial sponsorship or financial deals that could reasonably be perceived to affect the choice of treatment in a way that is financially beneficial to the prescriber but significantly increases NHS costs, other than where there is clear evidence of clinical benefit to patients, should be recorded in a register of "Gifts and Hospitality".

4. Examples that may be judged to indicate excessive prescribing

4.1 The following examples illustrate behaviours that may be judged to indicate excessive or inappropriate prescribing, particularly where this has been done for a significant proportion of patients and/or in a systematic manner by health professionals or their staff:

- prescriptions where the drug is initiated or switched, eg within a therapeutic class/indication, with the effect that reimbursement is based on a product that provides a larger purchase margin for the prescriber(s) and the product(s) selected cost the NHS more, unless there is good clinical evidence to support the switch or the exceptions noted in paragraphs 2.5 or 2.6 apply
- prescribing that is varied according to the impact on reimbursement to the practice, eg differences between patients to whom the practice directly supplies medicines (including personally administered drugs and through NHS dispensing) and those to whom they supply prescriptions for dispensing elsewhere, and where the prescriber(s) is/are unable to provide a reasonable explanation
- profligate prescribing may be considered to exist where the prescriber(s) consistently prescribes excessive amounts of high cost products or inappropriate, high quantities of medicines that are significantly at variance with comparable clinical scenarios and where the prescriber(s) is/are unable to provide a reasonable explanation
- it may also be appropriate for a PCO to investigate a prescriber that consistently significantly under-prescribes where there is evidence to suggest that there is a failure to adhere to good clinical prescribing practice.

Appendix 2

Good Practice in Prescribing and Managing Medicines and Devices, General Medical Council, 2013

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