Invest to save: provision of a medicines management service

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The authors describe an invest-to-save scheme involving three London PCTs with the aim of saving between £5 and £7 for every £1 invested in pharmacists working in practices to make savings on prescribing.

As part of the move towards clinical commissioning groups (CCGs) being created from April 2013, three PCTs in West London – Ealing, Hillingdon and Hounslow – were formed into the Outer North West London (ONWL) Subcluster in April 2011.

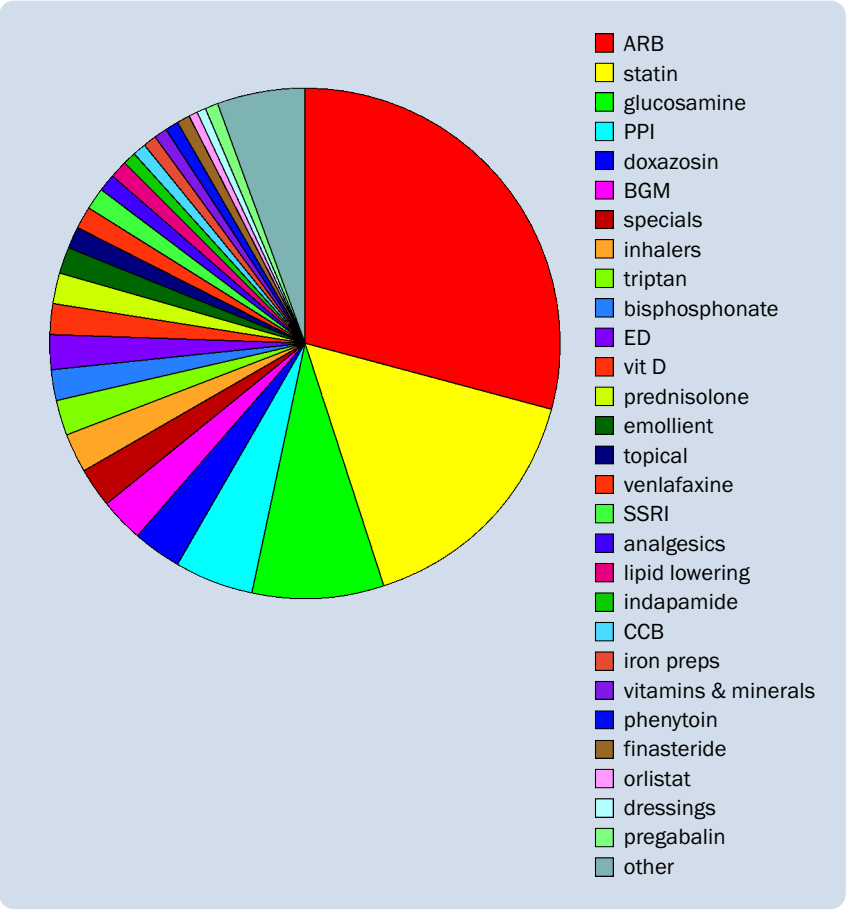

Figure 1. Proportion of annual savings by therapeutic area

Each borough was given challenging targets under the DH Quality, Innovation, Productivity and Prevention (QIPP) programme. This programme aims to improve the quality of care that the NHS delivers while making up to £20 billion of efficiency savings by 2014–15, which will be reinvested in frontline care. In 2011/12 GP Prescribing Efficiency Savings projects formed a considerable part of the ONWL QIPP programme with a savings target across ONWL of £4.83 million.

Each borough had identified its own initiatives based on local prescribing patterns. The majority of the initiatives were either centred on NICE recommendations and/or were evidence based and, as such, will contribute towards improved outcomes.

GP practices were incentivised to deliver the required prescribing changes. However there was a significant risk that, without additional support, the full QIPP saving would not be delivered. There was insufficient capacity within the medicines management teams (MMTs) to provide support to GP practices. Each borough has a small MMT that has to balance supporting QIPP delivery alongside other competing priorities including statutory requirements, contributing towards business continuity plans and managing other medicines issues, for instance serious untoward incidents.

Anecdotally a saving of £5–£7 can be realised for every £1 invested in practice-based support (there is limited published evidence; however, this is the experience of many PCTs who have invested to save as part of a turnaround or cost improve-

ment programme), so we set out to develop a scheme that would test this out.

With input from PwC an 'Invest to Save' proposal was developed. Funding was secured from the Delivery Support Unit at NHS North West London as a non-recurrent investment (sourced from the PCT's return of 2 per cent reserve). In August 2011 a paper was presented to the ONWL executive directors (including the chairs of the commissioning consortia). The case was put that additional short-term capacity could be secured to support the work of the existing MMTs and thus there would be an enhanced ability to deliver on the QIPP agenda.

The principle of the deal was that the provider would receive a flat fee of £300 000 for their work to achieve savings up to £1.5 million, *ie* £1 for every £5 saved, and receive up to 10 per cent of any additional demonstrated savings in excess of this figure.

A formal procurement was undertaken, eight bids were received and the project awarded to the company Rx Advisor.

Project aim

The key aim of the project was to test out the theory that between £5 and £7 can be saved for every £1 invested in pharmacists working in practices. This would then realise prescribing efficiency savings identified at GP practices through the borough MMTs supplemented by additional pharmacist support from an outside company.

The project focussed on improving value for money in a number of therapeutic areas with the intention of realising significant savings.

Method

GPs are independent contractors and cannot be mandated to make prescribing changes. Delivery is therefore reliant on effective clinical engagement. A range of incentives and enablers have been established to underpin delivery at GP practice level. However, these levers do not uniformly apply to all savings initiatives and there is a risk that the practices will not prioritise therapeutic areas for which they are not incentivised to deliver.

Furthermore, the requirements of the various incentives schemes are to demonstrate delivery by the end of the financial year. There is a risk that practices will leave delivery until later in the year and this will diminish the level of in-year savings.

PCT	Number of GP practices engaged in service	Number of GP practices refused service
Ealing	60	22
Hillingdon	42	7
Hounslow	41	15

Table 1. Number of practices where work was undertaken in each PCT

The CCGs and MMTs prioritised the practices for this additional support according to the levels of savings that could be achieved. Each practice was to be provided with between 3 and 10 days' (average seven days) intensive support depending on the list size and amount of savings identified.

Practices were contacted initially by the MMTs to let them know that work was due to start in their practice. The practice was then contacted by Rx Advisor to arrange a meeting and plan the work. The company worked to agreed Standard Operating Procedures (SOPs) and no changes were made in a practice that had not been agreed with the GPs. When the Rx Advisor pharmacist completed the work within the practice, a GP partner had to sign it off as complete.

The project was overseen by a project board. This group met once a month, monitored the project progress and came up with solutions for any barriers. Ealing PCT also secured the help of a commissioning manager to undertake the role of project manager.

The project commenced in November 2011 with Rx Advisor pharmacists visiting practices prioritised by the MMTs. The method of project delivery underwent several changes and evolved throughout due to the key challenge of securing potential savings at each practice. The original approach of using a skill mix of pharmacists and technicians would not deliver the savings as quickly as needed, and so the board worked with Rx Advisor to change the method of service delivery.

It was agreed that due to the timescales and tight deadlines, the safest option was to increase the pharmacist resources so that outcomes could be safely delivered at each practice in a shorter period of time. This new approach resulted in Rx Advisor deploying 22 pharmacists for this project instead of the original proposed maximum of 10.

The project was due to finish on 31 March 2012. However, the actual savings at GP practices at the end of December 2011 was lower than anticipated and so the ONWL board agreed to extend the deadline for project completion to 31 May 2012 so that the existing team of pharmacists could continue to complete the project without the need for further pharmacist recruitment.

One of the challenges encountered was the ability to secure GP practice bookings, and in response to this the PCT teams suggested targeting GP practices that were 'engaged' and 'primed' based on their knowledge and experience. This still proved time consuming and so the respective PCT teams worked with the pharmacists to facilitate the bookings. This approach worked very well until the end of January, when most of the engaged GP practices had been visited.

In early February the PCT teams were faced with similar challenges of GP practice

PCT	Total number of days worked	Average number of days spent at each GP practice
Ealing	544	9.1
Hillingdon	395	9.4
Hounslow	345	8.4

Table 2. Number of days worked at GP practices in each PCT

engagement and poor uptake of bookings from less-engaged GPs. The project board then agreed that the Rx Advisor team would be given a list of practices that wished to have a second visit. Since some practices had opted not to receive a service, this resulted in extra days being available for other practices.

Two forms were used to collect data. The Patient Report contained detailed information on the individual changes made, *eg* five patients changed from candesartan 4mg to losartan 25mg. The pharmacists also included the annual cost of the original medication that the patient was on and the annual cost of the drug that the patient had been changed to. The difference was the annualised savings.

The pharmacists also completed a GP Summary Report as a record of the changes that have been made within the practice. This was left for the GP to sign as a record of the savings made and the number of days that the pharmacist had worked in the practice. The annualised savings on this summary should correlate with the totals calculated from the Patient Report.

The Rx Advisor pharmacists provided detailed information on the switches made in order to quantify the expected yearly savings attributed to the work. These data were analysed by the project manager and queries raised as necessary. Also once ePACT data were available the pharmacist's figures were monitored against these data to validate the predicted savings.

Results

The contract asked for 1295 days to complete the project. Due to a number of reasons this figure could not be reached in the timescale allowed and the actual number of days was 1284. Tables 1 and 2 summarise the data.

Rx Advisor estimated the total annualised savings at £2.3 million. Each of the three borough teams undertook a validation exercise with help from an information analyst that aimed to verify the figures given by the pharmacists. A sample was then audited by going back into practices to see which figure was most accurate. This verification work showed that the majority of the changes had been made or maintained.

By comparing the returns with the claims made by Rx Advisor an agreement was reached that Rx Advisor would be paid for delivering 84 per cent (£1.942 million) of the £2.3 million savings claimed. This was £442 000 above the threshold for a contingent fee (see Table 3).

A breakdown of savings by therapeutic area is shown as Figure 1.

Discussion

This project was designed to achieve 'quick wins' in GP surgeries by searching practice systems for particular drugs or diseases and then highlighting patients who could potentially be switched to a more cost-effective option. The switches were undertaken by the Rx Advisor pharmacist; the GPs undertook the follow-up. Rx Advisor did recognise that follow-up of patients was needed and had offered to do this but there was insufficient funding within the project to support this.

As can be seen from Figure 1, almost half of the savings came from statin and ARB *vs* ACE inhibitor switching. This would be as expected as they are both evidence-based on-going QIPP target areas that were being looked at prior to the project start.

Lessons have been learnt from this project both by the company and the PCTs. Both parties underestimated the amount of administration work that would be needed to enable the project to run smoothly. Also the amount of data generated for validation was immense and complicated. The returns from the pharmacists had to be managed by the RX Advisor project lead and then verified by the PCT project manager, with the need to be able to verify the projected savings.

The original figure for suggested savings was found to be in well in excess of that which could be achieved with the resources available under this project. The pharmacists could not spend more time either helping the switches for the 'quick wins' or undertaking work on other areas that would need more time to manage the change.

In particular the practices said that they would have liked the pharmacist to be the one talking to patients as practices were left with much work to do in order to manage the changes highlighted, but as discussed above the funding was not set up to allow the pharmacist to undertake this work.

Key learning points

GP engagement is always challenging and manifests itself in several ways. This project covered both Christmas and the end of the financial year. Both of these periods are very busy for practices and this can mean that they have to concentrate on other areas of work.

Also in large practices it could be difficult to get hold of the 'decision maker' within the practice. The MMTs could help by identifying the best person for each practice, which could be a GP or the practice manager. The Hillingdon approach to the project whereby they introduced the Rx pharmacist to the practice worked well, but they have a proportionally larger team than the other PCTs. It was suggested that a prescribing lead for each practice be identified.

The main issue was that the project was funded for 'quick wins' that involved

PCT	Number of practices visited	Savings agreed	% of total savings	Proportion of basic fee to be paid	Proportion of contingent fee to be paid	Total payment
Ealing	58	£840 166	43%	£132 000	£16 899	£148 899
Hillingdon	37	£576 356	30%	£81 000	£21 145	£102 145
Hounslow	38	£525 834	27%	£87 000	£6 191	£93 191
Grand total	133	£1 942 356	100%	£300 000	£44 235	£344 235

Table 3. Savings made and fees paid

'parachuting' a pharmacist in to undertake searches but then leave these for the practice to action. This caused some problems as there was not the relationship and trust that is there when a well-known PCT pharmacist undertakes work at practices, and some were reluctant to allow the pharmacists access to the necessary data or where not happy to make the suggested switches. This was in part resolved by the MMTs in the boroughs helping to facilitate the work of the Rx Advisor pharmacists.

We also had feedback from practices who wanted the pharmacists to be in the practice longer in order to undertake the switches – including talking to the patients. This was not possible in the timescales and funding allowed for the project. The teams have, however, taken this on board and are undertaking more work this year in practices to aid in switches, enhanced by extra pharmacists working alongside the PCT teams.

The amount of resources required to support the project was underestimated. The funding arrangements were difficult to manage and the data cumbersome. This was mainly to do with the fact that other initiatives were being undertaken at the same time and so it was important to separate the savings made by Rx Advisor pharmacists in order to manage the payments. For 2012/13 all the prescribing initiatives are being looked at as a bundle without the need for separating how the saving are achieved.

Rx Advisor had initially planned to use a skill mix of pharmacists and technicians but this had to change in order to realise outcomes early on – by the end of December 2011. Rx Advisor therefore changed its approach in order to meet the tight deadlines required of the project. The project board and Rx Advisor worked together to enable the project to proceed.

All in all the project was a success with savings of £1,942 million made for a cost of £344 000 (approximately £5.60 return on £1 spent). The PCTs are using the lessons learnt to take forward new schemes for this financial year.

Declaration of interests

Beryl Bevan was formerly chief pharmacist, Outer North West London Subcluster, Mohammed Ibrahim is a director of Rx Advisor Ltd, and Vanessa Lane is a director of Webstar Lane Ltd and was formerly an employee of PwC

Beryl Bevan is assistant director for service delivery at Ealing CCG, Mohammed Ibrahim is managing director/consultant pharmacist, Rx Advisor Ltd, and Vanessa Lane is a director of Webstar Lane Ltd