West Yorkshire and Harrogate Health and Care Partnership

West Yorkshire & Harrogate
Joint Committee of Clinical Commissioning Groups

Summary report			
Date of meeting: 1st October 2019		Agenda item: 49/19	
Report title:	**NHS England Low Priority Prescribing Programme recommendations**		
Joint Committee sponsor:	Matt Walsh		
Clinical Lead:	James Thomas		
Author:	Catherine Thompson		
Presenter:	James Thomas		
Purpose of report: (why is this being brought to the Committee?)			
Decision	✓	Comment	
Assurance			

Executive summary

The NHS England and Improvement Medicines Value Programme aims to increase value from the prescribing budget and reduce unwarranted variation in prescribing practice. A series of new recommendations was published on 29 June 2019 for implementation across England. The recommendations are that primary care prescribers should not initiate and in many cases should support the deprescribing of the following items:

- Aliskiren
- Amiodarone
- Bath and shower preparations for dry and pruritic skin conditions
- Dronedarone
- Minocycline for acne
- Needles for pre-filled and reusable insulin pens costing more than £5 per 100 needles
- Silk garments
- Rubefacients

NHS England and Improvement recommendations are aimed at primary care prescribers however for implementation to be successful, in WY&H these recommendations should be addressed by ALL prescribers.

Recommendations and next steps

The West Yorkshire and Harrogate Joint Committee of CCGs is asked to adopt the NHSE&I low value prescribing programme recommendations for implementation in the nine CCGs of West Yorkshire and Harrogate.

Delivering outcomes: describe how the report supports the delivery of STP outcomes (Health and wellbeing, care and quality, finance and efficiency)

Health and Wellbeing: The programme adopts a 'right care, right place, right time' approach to the planning and delivery of planned care services.

Care and Quality: This policy will help optimise prescribing spend, releasing financial resource to be reinvested in the wider health and care system. Adoption across West Yorkshire and Harrogate will reduce the variation in care offered to people across our region. **Finance and Efficiency:** The financial impact of the low priority prescribing policy will vary between places. For most of the items alternatives may need to be prescribed. The reduction in prescribing spend will predominantly come from bath and shower preparations and silk garments where alternatives are unlikely to be prescribed. For some of the items e.g. cardiology drugs deprescribing may require support from secondary care clinicians and could result in increased out-patient referrals.

Impact assessment (please provide a brief description, or refer to the main body of the report)	
Clinical outcomes:	17, 19
Public involvement:	9-11
Finance:	17 and Appendix 2
Risk:	19
Conflicts of interest:	Dr James Thomas: GP Chair of NHS Airedale, Wharfedale and Craven CCG; partner of Modality GP partnership; Dr Kate Thomas (spouse) is also a partner of Modality GP partnership. Dr Matt Walsh: Chief Officer of NHS Calderdale CCG Catherine Thompson: none declared

Elective Care and Standardisation of Commissioning Policies: NHS England Low Value Prescribing Programme recommendations

Introduction

1. The NHS England and Improvement Medicines Value Programmes, incorporating the Low Priority Prescribing programme aims to increase value from the prescribing budget and reduce unwarranted variation in prescribing practice.

2. The Pharmacy Leadership Group and programme board of the Elective Care and Standardisation of Commissioning Policies (SCP) programme has considered the NHS England Low Priority Prescribing policy and recommends the adoption of the policy across all CCGs within WY&H. The policy proposal was agreed at the NHS England and Improvement board meeting on 28 June 2019 and published for implementation on 29 June.

NHS England Low Priority Prescribing Programme

3. The 'low priority prescribing project' (previously the 'low value medicines project') and working group are led jointly by NHS England and NHS Clinical Commissioners (NHSCC). They were established in April 2017 as CCGs asked for a nationally co-ordinated approach to the creation of commissioning guidance. The aim was to reduce unwarranted variation and introduce a more equitable framework from which CCGs can take an individual and local implementation decision.

4. During 2017/18, CCG guidance was published by NHS England and NHSCC after a three month public consultation. The guidance was for:
    - Items which should not be routinely prescribed in primary care (November 2017)
    - Conditions for which over the counter items should not routinely be prescribed in primary care (March 2018).

5. In the joint clinical working group, items were considered for inclusion if they were:
    - Items of low clinical effectiveness, where there is a lack of robust evidence of clinical effectiveness or there are significant safety concerns
    - Items which are clinically effective but where more cost-effective products are available, including products that have been subject to excessive price inflation
    - Items which are clinically effective but, due to the nature of the product, are deemed a low priority for NHS funding.

6. The items included in the most recent consultation include one updated item: rubefacients (excluding topical NSAIDs and capsaicin) and proposals for eight new items including:
    a) Aliskiren
    b) Amiodarone
    c) Bath and shower preparations for dry and pruritic skin conditions
    d) Blood glucose testing strips for type 2 diabetes (this was not included in the final recommendation as more research and testing is required)
    e) Dronedarone
    f) Minocycline for acne
    g) Needles for pre-filled and reusable insulin pens
    h) Silk garments.

7. The joint Clinical working group assigned one or more of the following recommendations to the items considered:
    - Advise CCGs that prescribers in primary care should not initiate {item} for any new patient
    - Advise CCGs that prescribers in primary care should not initiate {item} that cost {price} for any new patient
    - Advise CCGs to support prescribers in deprescribing {item} in all patients and, where appropriate, ensure the availability of relevant services to facilitate this change
    - Advise CCGs to support prescribers in deprescribing {item} that cost {price} in all patients and where appropriate ensure the availability of relevant services to facilitate this
    - Advise CCGs that if, in exceptional circumstances, there is a clinical need for {item} to be prescribed in primary care, this should be undertaken in a cooperation arrangement with a multi-disciplinary team and/or other healthcare professional
    - Advise CCGs that all prescribing should be carried out by a specialist
    - Advise CCGs that {item} should not be routinely prescribed in primary care but may be prescribed in named circumstances such as {circumstance}.

8. The policy is available at https://www.england.nhs.uk/wp-content/uploads/2017/11/items-which-should-not-be-routinely-precscribed-in-pc-ccg-guidance-v2.pdf and the new recommendations are included in full in appendix 1.

Engagement and Consultation

9. NHS England held a number of face to face engagement events across the country as well as a series of webinars aimed at GPs, pharmacists, CCG staff and the general public. There was also an online survey and an easy read version of the consultation document.

10. A total of 1423 responses were received from a wide spectrum of individuals and organisations, including: clinicians, voluntary organisations, patient representative groups, national NHS representative groups, local NHS Trusts and Foundation Trusts, CCGs, Royal Colleges and specialist societies, and individual patients and members of the public.

11. The responses to the consultation and details of the resulting amendments to the proposals are available at https://www.england.nhs.uk/publication/items-which-should-not-be-routinely-prescribed-in-primary-care-consultation-report-of-findings/

Quality and Equality Impact Assessment

12. An Equality Impact Assessment has been conducted by NHS England and is available at https://www.england.nhs.uk/publication/items-which-should-not-be-routinely-prescribed-in-primary-care-equality-and-health-inequalities-full-analysis/

13. The groups of people affected by this policy are :
    - Patients who already receive these items or have conditions that would result in a referral for one of these interventions.
    - Primary care staff, in particular, General Practitioners, as they will need to take account of this guidance when prescribing.
    - Secondary care clinicians who also need to take account of this guidance when treating patients.

14. Current commissioning guidance for these interventions varies between CCGs across England, which could result in inequalities to the wider population through inappropriate referrals and ineffective use of NHS resources. Resources used on these interventions may reduce the availability of resources for more evidence-based and appropriate treatments. By implementing this policy, we aim to reduce variation of inequalities in health outcomes for the population of West Yorkshire and Harrogate by systematically offering the most up-to-date clinically proven treatments and making the most effective use of NHS resources.

15. The NHS England QEIA indicates that some groups of people may be more affected by these proposals, particularly children and the elderly (bath and shower products for dry skin), the BME population who are more likely to be prescribed a number of the items, and people from lower socioeconomic backgrounds.

16. It is the view of the WY&H HCP Elective Care and Standardisation programme core team that further local Quality and Equality Impact Assessment is not required prior to adoption of the policy.

Impact of Implementation in West Yorkshire and Harrogate

17. For the majority of items the new prescribing policy represents minimal change for most places (see appendix 2 for mapping of CCG policies). For two items (bath and shower preparations and silk garments) there are no replacement / alternative products and the financial saving to the nine CCGs of WY&H is in the region of £500k, based on prescribing data from March to May 2019. There is a further £418k financial saving possible across WY&H from changing to needles for pre-filled and reusable insulin pens costing less than £5 (see appendix 3 for spend data).

18. For all other items alternative products are likely to be prescribed but it is not possible to forecast what the nett financial impact will be.

19. The greatest challenge for implementation of this policy will be the deprescribing of aliskiren, and ensuring adequate monitoring and sufficient shared care arrangements are in place for amiodarone and dronedarone. These are specialist cardiology drugs, initiated in secondary care and it is unlikely that the majority of primary care clinicians would feel able to deprescribe without cardiologist support. The numbers of people affected by this are small but could be 1,500 – 2,000 people across WY&H. We can anticipate some risk of additional referrals to secondary care cardiology services from primary care clinicians anticipating the need to stop some of these drugs. It is difficult to anticipate what the volume of these might be, and to some extent these referrals happen currently due to the side effects experienced by many people who take amiodarone. The impact of these additional referrals can be viewed as significantly smaller for both the individual and the health economy, than the longer term management of the side effects.

20. Although there are not many alternatives that can be prescribed to replace the dermatology items, people who have previously used these products can be supported to self-manage the condition e.g. through the use of over the counter products and alternative products e.g. cotton pyjamas which are available from a number of easily accessible retailers.

21. NHS England and Improvement recommendations are aimed at primary care prescribers however for implementation to be successful, in WY&H these recommendations should be addressed by ALL prescribers.

Implementation Plans

22. The programme team and WY&H Pharmacy Leadership Group will work with the Area Prescribing Committees and AHSN to ensure appropriate mechanisms are in place to support deprescribing. Local medicines optimisation teams will support implementation at place.

23. The Elective Care and Standardisation of Commissioning Policies has previously agreed a 12 month implementation period for policies which are agreed by the Joint Committee of CCGs.

24. A low priority prescribing indicator will form part of the 2019/20 CCG Improvement and Assessment Framework.

Summary and Recommendations

25. The West Yorkshire and Harrogate Joint Committee of CCGs is asked to adopt the NHSE&I low value prescribing programme recommendations for implementation in the nine CCGs of West Yorkshire and Harrogate.

List of Appendices

Appendix 1: NHSE&I Low Priority Prescribing recommendations
Appendix 2: Mapping of current CCG prescribing policies
Appendix 2: Current prescribing data

Appendix 1: Recommendations

Aliskiren

Recommendation	• Advise CCGs that prescribers in primary care should not initiate aliskiren for any new patient. • Advise CCGs to support prescribers in deprescribing aliskiren in all patients and, where appropriate, ensure the availability of relevant services to facilitate this change.
Exceptions and further recommendations	No routine exceptions have been defined.
Category	Products which are clinically effective but where more cost-effective products are available this includes products that have been subject to excessive price inflation.
Annual Spend	£776,000 (BSA, 2018/19)
Background and Rationale	Aliskiren is a renin inhibitor which inhibits renin directly; renin converts angiotensinogen to angiotensin. It is indicated for essential hypertension either alone or in combination with other antihypertensives. NICE state there is insufficient evidence of its effectiveness to determine its suitability for use in resistant hypertension. Whilst aliskiren has shown comparable efficacy to other antihypertensive agents in terms of blood pressure reduction, its effects on mortality and long-term morbidity are currently unknown.
Further Resources and Guidance for CCGs	Patient information leaflets

Amiodarone

Recommendation	• Advise CCGs that prescribers should not initiate amiodarone in primary care for any new patient. • Advise CCGs that if, in exceptional circumstances, there is a clinical need for amiodarone to be prescribed, this should be undertaken in a cooperation arrangement with a multi-disciplinary team and/or other healthcare professional.
Exceptions and further recommendations	Must be initiated by a specialist and only continued under a shared care arrangement for patients where other treatments cannot be used, have failed or is in line with NICE Guidance CG180. It may also be suitable in patients prior and post cardioversion or in specific patients who also have heart failure or left ventricular impairment.
Category	Products of low clinical effectiveness, where there is a lack of robust evidence of clinical effectiveness or there are significant safety concerns.

Annual Spend	£1,427,000 (BSA, 2018/19)
Background and Rationale	Treatment of arrhythmias, particularly when other drugs are ineffective or contra-indicated, including paroxysmal supraventricular, nodal and ventricular tachycardias, atrial fibrillation and flutter, ventricular fibrillation, and tachyarrhythmias associated with Wolff-Parkinson-White syndrome (initiated in hospital or under specialist supervision). Amiodarone has an important place in the treatment of severe cardiac rhythm disorders where other treatments either cannot be used or have failed. It has potential major toxicity and its use requires monitoring both clinically and via laboratory testing. NICE clinical guideline on Atrial Fibrillation (AF) CG 180 puts greater emphasis on rate rather than rhythm control and has clarified the place of amiodarone in the treatment pathway: NICE have issued the following “Do not do” recommendation: **Do not offer amiodarone for long-term rate control.**
Further Resources and Guidance for CCGs	NICE CG180 Atrial fibrillation: management Patient information leaflets NHS England, Responsibility for prescribing between Primary & Secondary/Tertiary Care

Bath and shower preparations for dry and pruritic skin conditions

Recommendation	• Advise CCGs that prescribers in primary care should not initiate bath and shower preparations for any new patient. • Advise CCGs to support prescribers in deprescribing bath and shower preparations in this category and substitute with "leave-on" emollients and, where appropriate, to ensure the availability of relevant services to facilitate this change.
Exceptions and further recommendations	No routine exceptions have been defined.
Category	Products of low clinical effectiveness, where there is a lack of robust evidence of clinical effectiveness or there are significant safety concerns.
Annual Spend	£11,708,000 (BSA, 2018/19)
Background and Rationale	Emollient bath and shower preparations are routinely prescribed for dry and pruritic skin conditions including eczema and dermatitis. A multicentre pragmatic parallel group RCT looking at emollient bath additives for the treatment of childhood eczema (BATHE) showed that there was no evidence of clinical benefit for including emollient bath additives in the standard management of childhood eczema. Soap avoidance and ‘Leave-on’ emollient moisturisers can still be used for treating eczema. These emollients can also be used as a soap substitute. Patients should be counselled on the use of any emollients as soap substitutes and the risk of using bath and shower emollients should be fully explained.

	It is recognised that the BATHE trial looked at use in children however in the absence of other good quality evidence it was agreed that it is acceptable to extrapolate this to apply to adults until good quality evidence emerges.
Further Resources and Guidance for CCGs	Specialist Pharmacy Service bath and shower preparations evidence review Patient information leaflets

Dronedarone

Recommendation	• Advise CCGs that prescribers should not initiate dronedarone in primary care for any new patient. • Advise CCGs that if, in exceptional circumstances, there is a clinical need for dronedarone to be prescribed, this should be undertaken in a cooperation arrangement with a multi-disciplinary team and/or other healthcare professional.
Exceptions	Must be initiated by a specialist and only continued under a shared care arrangement for patients where other treatments cannot be used, have failed or is in line with NICE Guidance CG180.
Category	Products of low clinical effectiveness, where there is a lack of robust evidence of clinical effectiveness or there are significant safety concerns.
Annual Spend	£1,519,000 (BSA 2018/19)
Background and Rationale	Dronedarone is used for the maintenance of sinus heart rhythm after cardioversion in clinically stable patients with paroxysmal or persistent atrial fibrillation, when alternative treatments are unsuitable (initiated under specialist supervision). Dronedarone was originally approved to prevent atrial fibrillation from coming back or to lower the heart rate in adults who have had or have non-permanent atrial fibrillation. In September 2011 this indication was restricted to the maintenance of normal heart rhythm in 'persistent' or 'paroxysmal' atrial fibrillation after normal heart rhythm has been restored. This followed a review of data that became available since its authorisation including data from the PALLAS study. NICE clinical guideline on Atrial Fibrillation (AF) CG 180 puts greater emphasis on rate rather than rhythm control and has clarified the place of dronedarone in the treatment pathway.
Further Resources and Guidance for CCGs	NICE CG180 Atrial fibrillation: management Patient information leaflets NHS England, Responsibility for prescribing between Primary & Secondary/Tertiary Care

Minocycline for acne

Recommendation	• Advise CCGs that prescribers in primary care should not initiate minocycline for any new patient with acne. • Advise CCGs to support prescribers in deprescribing minocycline in all patients with acne and, where appropriate, ensure the availability of relevant services to facilitate this change.
Exceptions and further recommendations	No routine exceptions have been identified.
Category	Products of low clinical effectiveness, where there is a lack of robust evidence of clinical effectiveness or there are significant safety concerns.
Annual Spend	£503,000 (BSA 2018/19)
Background and Rationale	Minocycline is a tetracycline antibiotic that can be used for many indications but is mainly used in primary care for acne. Minocycline is mainly used for acne however there are various safety risks associated with its use. NICE CKS advises *Minocycline is not recommended for use in acne as it is associated with an increased risk of adverse effects such as drug induced lupus, skin pigmentation and hepatitis.* A PrescQIPP CIC review found there is no evidence to support the use of one tetracycline over another in terms of efficacy for the treatment of acne vulgaris and alternative once daily products are available.
Further Resources and Guidance for CCGs and prescribers	NICE Clinical Knowledge Summaries - Acne vulgaris Patient information leaflets

Needles for pre-filled and reusable insulin pens

Recommendation	• Advise CCGs that prescribers in primary care should not initiate insulin pen needles that cost >£5 per 100 needles for any diabetes patient. • Advise CCGs to support prescribers in deprescribing insulin pen needles that cost >£5 per 100 needles and, where appropriate ensure the availability of relevant services to facilitate this change.
Exceptions and further recommendations	No routine exceptions have been identified.
Category	Products which are clinically effective but where more cost-effective products are available this includes products that have been subject to excessive price inflation.

Annual Spend	£24,802,000 (BSA, 2018/19)
Background and Rationale	Pen needles are available in a complete range of sizes from 4mm to 12mm; different needles will fit different pens; however, some pen needles will fit all major insulin delivery pen devices currently available. There are many different types of insulin pen needles available at a varying cost from £2.75 to £30.08 for 100. Rationalising use ensures that the most cost-effective options are used first line. In addition, the Forum for Injection Technique (FIT) UK considers the **4mm needle to be the *safest* pen needle** for adults and children regardless of age, gender and Body Mass Index (BMI). Using needles of a shorter length helps to prevent intramuscular injection of insulin. (IM injection of insulin should be avoided as it can result in unpredictable blood glucose levels). Therefore, needle choice should be the most cost effective 4mm needle. For patients currently using longer pen needle lengths (8mm, 12mm), it is advisable to change to a shorter needle length (6mm or less) but only after discussion with a healthcare professional, to ensure they receive advice on the correct injection technique. For patients that are not able to self-administer it may be appropriate that a safety needle is used by the health care professional, however this would not need to be prescribed on prescription.
Further Resources and Guidance for CCGs and prescribers	PrescQIPP CIC Drugs to Review for Optimised Prescribing - Needles for Pre-Filled and Reusable Insulin Pens Patient information leaflets

Rubefacients (excluding topical NSAIDs and capsaicin)*

Recommendation	• Advise CCGs that prescribers in primary care should not initiate rubefacients (excluding topical NSAIDs and capsaicin) for any new patient. • Advise CCGs to support prescribers in deprescribing rubefacients (excluding topical NSAIDs and capsaicin) in all patients and, where appropriate, ensure the availability of relevant services to facilitate this change.
2019 update	Capsaicin cream is now excluded as well as topical NSAIDs. i.e. capsaicin can now be prescribed as per NICE guidance. Capsaicin cream falls within **NICE guidance** • Neuropathic Pain: Consider capsaicin cream for people with localised neuropathic pain who wish to avoid, or who cannot tolerate oral treatments. • Osteoarthritis: Topical capsaicin should be considered as an adjunct to core treatments for knee or hand osteoarthritis.

Exceptions and further recommendations	No routine exceptions have been identified.
Category	Products of low clinical effectiveness, where there is a lack of robust evidence of clinical effectiveness or there are significant safety concerns.
Annual Spend (baseline)	£6,247,000 (BSA, 2016/17)
Annual Spend (current)	£3,887,000 (BSA, 2018/19)
Background and Rationale	Rubefacients are topical preparations that cause irritation and reddening of the skin due to increased blood flow. They are believed to relieve pain in various musculoskeletal conditions and are available on prescription and in over-the-counter remedies. They may contain nicotinate compounds, salicylate compounds, essential oils and camphor. The BNF states *"The evidence available does not support the use of topical rubefacients in acute or chronic musculoskeletal pain."* NICE have issued the following "Do not do" recommendation: Do not offer rubefacients for treating osteoarthritis. Due to limited evidence and NICE recommendations the joint clinical working group considered rubefacients (excluding topical NSAIDS) suitable for inclusion in this guidance.
Further Resources and Guidance for CCGs and prescribers	PrescQIPP CIC Drugs to Review for Optimised Prescribing – Rubefacients BNF: Soft-tissue disorders Patient information leaflets

*This does not relate to topical non-steroidal anti-inflammatory drug (NSAID) items such as Ibuprofen and Diclofenac.

Silk Garments

Recommendation	• Advise CCGs that prescribers in primary care should not initiate silk garments for any patient. • Advise CCGs to support prescribers in deprescribing silk garments in all patients and, where appropriate, ensure the availability of relevant services to facilitate this change.
Exceptions and further recommendations	No routine exceptions have been identified.
Category	Products of low clinical effectiveness, where there is a lack of robust evidence of clinical effectiveness or there are significant safety concerns.
Annual Spend	£912,000 (BSA, 2018/19)

Background and Rationale	Silk garments are typically prescribed for eczema or dermatitis. These products are knitted, medical grade silk clothing which can be used as an adjunct to normal treatment for severe eczema and allergic skin conditions. Four brands of knitted silk garments are currently listed as an appliance in part IX A in the Drug Tariff and are relatively expensive. The PrescQIPP document on silk garments states that the evidence relating to their use is weak and is of low quality. In addition, due to limited evidence supporting the efficacy of silk clothing for the relief of eczema, the NIHR HTA programme commissioned the CLOTHES trial, which aimed to examine whether adding silk garments to standard eczema care could reduce eczema severity in children with moderate to severe eczema, compared to use of standard eczema treatment alone: The CLOTHing for the relief of Eczema Symptoms trial (CLOTHES trial). Overall the trial concluded that using silk garments for the management of eczema is unlikely to be cost-effective for the NHS.
Further Resources and Guidance for CCGs and prescribers	Specialist Pharmacy Service silk garments evidence review PrescQIPP CIC Drugs to Review for Optimised Prescribing – silk garments Patient information leaflets

Appendix 2: Mapping of current CCG prescribing policies

Item which should not routinely be prescribed in primary care	NHSE Recommend-ation	Bradford District	Bradford City	Airedale, Wharfedale & Craven	Calderdale	Greater Huddersfield	North Kirklees	Harrogate	Wakefield	Leeds
Aliskirin	Advise CCG that prescribers in primary care should not initiate this treatment in primary care for any new patient	Use grey list, eg *'Not recommended for routine use by SMC as comparable efficacy to other antihypertensive agents in terms of blood pressure reduction and more costly.31* *• NICE state there is insufficient evidence of its effectiveness to determine its suitability for use in resistant hypertension.' 3* 2 **Minimal impact**	Use grey list **Minimal impact**	Use grey list **Minimal impact**	Use grey list **Minimal impact**	Use grey list **Minimal impact**	Use grey list **Minimal impact**	Restricted: For use by Renal Unit patients or on the advice of a specialist only. **No impact**	Green, not done targeted work on it yet **Moderate potential impact**	Currently Grey classification (restricted prescribing across the city) Leeds are proposing to the LAPC to reclassify to Black Light for new patients and existing patients are to be reviewed by the specialist

Item	NHSE Recommend-ation	Bradford District	Bradford City	Airedale, Wharfedale & Craven	Calderdale	Greater Huddersfield	North Kirklees	Harrogate	Wakefield	Leeds
Amiodarone	Advise CCG that prescribers in primary care should not initiate this treatment in primary care for any new patient	Use grey list, eg *'Amiodarone is no longer recommended by NICE for long-term rate control due to its potentially fatal, long-term side effects. Digoxin is equally as effective.30* *• Review patients on amiodarone to ensure treatment is being appropriately monitored and that it is discontinued in indication where use is short-term only'.* **Minimal impact**	Use grey list **Minimal impact**	Use grey list **Minimal impact**	Use grey list **Minimal impact**	Use grey list **Minimal impact**	Use grey list **Minimal impact**	Amber shared care (suspect that this will be rarely initiated). Most will be historical patients. **Minor potential impact**	Green, not done targeted work on it yet **Moderate potential impact**	Will remain Amber level 3 classification **Minimal impact**

Item	NHSE Recommend-ation	Bradford District	Bradford City	Airedale, Wharfedale & Craven	Calderdale	Greater Huddersfield	North Kirklees	Harrogate	Wakefield	Leeds
Bath and shower preparations for dry and pruritic skin conditions	Advise CCG that prescribers in primary care should not initiate this treatment in primary care for any new patient	Advice to patients to buy OTC https://www.bradforddistrictsccg.nhs.uk/your-services/buying-your-own-medicines- **No impact**	Advice to patients to buy OTC https://www.bradfordcityccg.nhs.uk/your-health--services/buying-your-own-medicines/- **No impact**	Advice to patients to buy OTC https://www.airedalewharfedaleccravenccg.nhs.uk/your-health--services-/buying-your-own-medicines/ **No impact**	The CCG recommends that GPs don't offer prescriptions for: mild dry skin, mild skin irritation. https://www.calderdaleccg.nhs.uk/prescribing/ **Minor impact**	Emollients: https://www.greaterhuddersfieldccg.nhs.uk/key-publications/medicines-management/talk-health-kirklees-documentation/ https://www.greaterhuddersfieldccg.nhs.uk/wp-content/uploads/2017/02/7715-NHS-Advice-to-Patients-Flyer_Web-version.pdf *ie, 'GPs will still be able to prescribe these products in certain circumstances, for example on the recommendation of a specialist consultant or where patients have a metabolic disease or other clinical diagnosis which necessitates their use'.* **Minor impact**	Pt leaflet includes emollients https://www.northkirkleesccg.nhs.uk/wp-content/uploads/2017/02/7715-NHS-Advice-to-Patients-Flyer_Web-version.pdf **No impact**	We do not support the routine use for management of eczema and I have attached a communication that we sent out to our practices last year on the back of the BATHE trial, this proposal went through our APC at the time. **No impact**	Have our own guidance recommending not to be prescribed as poor evidence, however it will need strengthening on the back of this guidance with a commissioning policy **Minor potential impact**	Currently Green classification (can be prescribed across the city) Discussions are taking place within the Leeds Dermatology Network to seek advice around Black light classification for bath and shower preparations. **Potential Significant impact**

Item	NHSE Recommend-ation	Bradford District	Bradford City	Airedale, Wharfedale & Craven	Calderdale	Greater Huddersfield	North Kirklees	Harrogate	Wakefield	Leeds
Blood glucose testing strips for type 2 diabetes	Advise CCG that prescribers in primary care should not initiate testing strips that cost more than £10 for 50 for any new patient	NA	NA	NA	NA	NA	NA	NA	NA	**NA**
Dronedarone	Advise CCG that prescribers in primary care should not initiate this treatment in primary care for any new patient	Currently no specific guidance **Potential unidentifiable impact**	Currently no specific guidance **Potential unidentifiable impact**	Currently no specific guidance **Potential unidentifiable impact**	Currently no specific guidance **Potential unidentifiable impact**	Currently no specific guidance **Potential unidentifiable impact**	Currently no specific guidance **Potential unidentifiable impact**	Amber shared care but rarely prescribed **Minor potential impact**	Green not done targeted work on it yet **Moderate potential impact**	Will remain Amber level 3 **Minor potential impact**

Item	NHSE Recommend-ation	Bradford District	Bradford City	Airedale, Wharfedale & Craven	Calderdale	Greater Huddersfield	North Kirklees	Harrogate	Wakefield	Leeds
Minocycline for acne	Advise CCG that prescribers in primary care should not initiate this treatment in primary care for any new patient	Use grey list, eg *'Not considered first line tetracycline for acne. Increased risk of side effects, including greater risk of lupus erythematosus-like syndrome and irreversible pigmentation'.* **Minor impact**	Use grey list **Minor impact**	Use grey list **Minor impact**	Use grey list **Minor impact**	Use grey list **Minor impact**	Use grey list **Minor impact**	Amber shared care but rarely prescribed **Very minor potential impact**	Advise not to prescribe, but commissioning policy on it. Low prescribing though some **Minor potential impact**	Currently Green classification (can be prescribed across the city) Discussions are taking place within the Leeds Dermatology Network to seek advice around Black light classification for bath and shower preparations **Moderate potential impact**

Item	NHSE Recommend-ation	Bradford District	Bradford City	Airedale, Wharfedale & Craven	Calderdale	Greater Huddersfield	North Kirklees	Harrogate	Wakefield	Leeds
Needles for pre-filled re-usable insulin pens	Advise CCG that prescribers in primary care should not initiate needles that cost more than £5 per 100 for any new diabetes patient	Currently no specific guidance **Potential unidentifiable impact**	Currently no specific guidance **Potential unidentifiable impact**	Currently no specific guidance **Potential unidentifiable impact**	Currently all over £5 (£5.36 or £5.95) **Moderate impact** https://www.calderdaleccg.nhs.uk/wp-content/uploads/2016/06/MEDS-Blood-Glucose-Testing-Strips-Formulary-September-2016.pdf	**No impact** https://www.greaterhuddersfieldccg.nhs.uk/wp-content/uploads/2019/03/FINAL-SMBG-May-2018.pdf	**No impact** https://www.greaterhuddersfieldccg.nhs.uk/wp-content/uploads/2019/03/FINAL-SMBG-May-2018.pdf	Our recommendation is to use BD Viva, Neon Verifine or GlucoRX fine point ultra all of which are below £5 per box. What I would say about this is that I suspect any company that have needles above the £5 per box are likely to automatically reduce the price to bring in line with national recommendations so may get a QIPP saving without doing anything. **Very minor potential impact**	Aware that some prescribing is for more expensive ones, this will be acted upon when we have commissioning statement **Moderate potential impact**	Currently Green classification (can be prescribed across the city) Discussions are taking place within the Leeds Diabetes Network to seek advice around Black Light classification for all insulin pen needles that cost over £5 per 100 needles. **Moderate potential impact**

Item	NHSE Recommend-ation	Bradford District	Bradford City	Airedale, Wharfedale & Craven	Calderdale	Greater Huddersfield	North Kirklees	Harrogate	Wakefield	Leeds
Silk garments	Advise CCG that prescribers in primary care should not initiate this treatment in primary care for any new patient	Currently not commissioned **No impact**	Currently not commissioned **No impact**	Currently not commissioned **No impact**	Currently not commissioned https://www.calderdaleccg.nhs.uk/download/silk-garments-commissioning-statement/?wpdmdl=12051&ind=1551868950045 **No impact**	Currently not commissioned https://www.greaterhuddersfieldccg.nhs.uk/wp-content/uploads/2019/07/Silk-Garments-Commissioning-Statement-GH-NK-March-2019.pdf **No impact**	Currently not commissioned https://www.northkirkleesccg.nhs.uk/wp-content/uploads/2019/07/Silk-Garments-Commissioning-Statement-GH-NK-March-2019.pdf **No impact**	We have already got agreement with our dermatologists not to initiate any new patients on silk garments. So our piece of work is about stopping existing patients which we will do following this guidance having come out. **No impact**	Follow APC recommendations – low prescribing of it **Minor Potential impact**	Currently Green classification (can be prescribed across the city) Leeds are proposing Black Light classification but are awaiting the outcome of discussions across the West Yorkshire and Harrogate Pharmacy Leadership Group around a joint commissioning statement **Moderate potential impact**

Item	NHSE Recommend-ation	Bradford District	Bradford City	Airedale, Wharfedale & Craven	Calderdale	Greater Huddersfield	North Kirklees	Harrogate	Wakefield	Leeds
Rubefacients		Advice to patients to buy OTC https://www.bradforddistrictsccg.nhs.uk/your-services/buying-your-own-medicines-/ Also https://www.bradforddistrictsccg.nhs.uk/secmsfile/?id=1867 **No impact**	Advice to patients to buy OTC https://www.bradfordcityccg.nhs.uk/your-health--services/buying-your-own-medicines/ Also https://www.bradforddistrictsccg.nhs.uk/secmsfile/?id=1867 **No impact**	Advice to patients to buy OTC https://www.airedalewharfedalecravenccg.nhs.uk/your-health--services-/buying-your-own-medicines/ Also https://www.bradforddistrictsccg.nhs.uk/secmsfile/?id=1867 **No impact**	The CCG recommends that GPs don't offer prescriptions for mild pain/discomfort. https://www.calderdaleccg.nhs.uk/prescribing/ **No impact**	Currently not commissioned **No impact**	Currently not commissioned **No impact**	**No impact**	Not recommended but no commissioning statement yet **No impact**	**no impact**

Appendix 3: Current Prescribing Data

Item	WY&H items	Nett ingredient cost (£)	Actual Cost (£)	No. of patients
Aliskiren	263	9,493.88	8,830.25	98
Amiodarone	5,742	12,497.28	11,914.14	1,630
Bath and shower preparations for dry and pruritic skin conditions	14,257	103,766.52	96,565.84	8,124
Dronedarone	176	11,502.00	10,696.99	57
Minocycline for acne	401	8,250.23	7,701.22	233
Needles five pounds or more per 100	10,505	168,821.93	156,966.97	5,638
Rubefacients (excluding topical NSAIDs)	5,784	38,049.59	35,415.87	3,151
Silk garments	411	27,948.27	25,969.57	200
Total			**354,060.86**	

Data from actual spend data from a 3 month period from March 2019 – May 2019.

NB: Figures for items, quantity and net ingredient cost are based on all prescribing. Patient numbers only include patients who could be identified during processing activities and may only account for a proportion of the items displayed

Calculation for saving on needles:

- no. of items (10,505) x £5 = 52,525
- current spend (156,997) – future spend (52,525) = 104,472 (for 3 months)