## 2019/21 PSS CQUIN Scheme

## Indicator Template

## *[Section B to be completed before insertion in contracts.]*

## PSS1 Medicines Optimisation

| Indicator Name | **Medicines Optimisation** |
|---|---|
| **A. SUMMARY of Indicator** | |
| Indicator Sponsor (with email address) | Suzy Heafield/ Malcolm Qualie<br>suzy.heafield@nhs.net; malcolm.qualie@nhs.net |
| Improving Value Reference | N/a |
| Duration | Two years (not applicable for all schemes) |
| CCG Complementarity | N/A |

**Problem to be addressed:**

*[Briefly characterise the shortfall in quality or efficiency that the indicator is designed to address; detailed evidence should be placed in section D1]*

Optimising the use and management of medicines is a significant and realisable opportunity for the NHS. This CQUIN indicator aims to support Trusts and Specialised Commissioners to realise the benefits of this opportunity through a series of procedural and cultural changes.

The following priority areas for implementation have been identified nationally by clinical leaders and commissioners.

1. **Improving efficiency in the IV chemotherapy pathway from pharmacy to patient** – reducing chemotherapy waste.
2. **Managed access agreement compliance** - ensuring data requirements are met so that the real-life value of these medicines can be assessed.
3. **Supporting national treatment criteria through accurate completion of prior approval proformas (Blueteq) -** reducing unwarranted clinical variation between centres.
4. **Faster adoption of prioritised best value medicines and treatment –** improving the rate of adoption at a local level.
5. **Anti-Fungal Stewardship -** Reduce inappropriate use of anti-fungal agents and prevent the development of resistance to antifungals through the development of anti-fungal stewardship teams.

**Note: It is recognised that not all areas will be relevant to all providers. It is therefore expected that these will be agreed locally.**

**Change sought:**

*[Specify what change in behaviour is sought in general terms, with detailed specification set out in section C4.]*

The CQUIN aims to support change in the following ways:

1. A standardised approach to monitoring of chemotherapy waste and promoting schemes to minimise waste. To improve consistency, and embed reutilisation into standard practice.
2. Patients will be reviewed and data collected in line with the requirements in managed access agreements, particularly for highly specialised technologies, to ensure that these treatments are achieving anticipated benefits and NHS England is able to secure the anticipated value that has been negotiated.

3. Completion of prior approval forms for drugs commissioned by NHS England will be audited in a targeted approach to ensure adherence to NICE and national policies.
4. Uptake of those products deemed to deliver the best value to the NHS as soon as they become available.
5. Reduce inappropriate anti-fungal use, improved patient outcomes and limit the emergence of resistance.

| *B.* **CONTRACT SPECIFIC INFORMATION** *(for completion locally, using guidance in sections C below)* | |
|---|---|
| **B1. Provider** (see Section C1 for applicability rules) | *[Insert name of provider]* |
| **B2. Provider Specific Duration.** What will be the first Year of Indicator for this provider, and how many years are covered by this contract? | 2019/20 2020/21 *[Adjust locally]*<br>One/two years *[Adjust locally]* |
| **B3. Indicator Target Payment** (see Section C3 for rules to determine target payment) | Full compliance with this CQUIN indicator should achieve payment of:<br>Target Value: [*Add locally ££s]* |

**B4. Payment Triggers.**

The triggers, and the proportion of the target payment that each trigger determines, and any partial payment rules, for each year of the indicator, are set out in Section C4.

Relevant provider-specific variation, if any, is set out in this table.

*[Adjust table as required for this indicator – or delete if no provider-specific information is required.]*

| Provider specific triggers | 2019/20 | 2020/21 |
|---|---|---|
| **Trigger 1:** | TBC | TBC |
| **Trigger 2:** | TBC | TBC |
| **Trigger 3:** | TBC | TBC |
| **Trigger 4:** | TBC | TBC |
| **Trigger 5:** | TBC | TBC |

| **B5. Information Requirements** | |
|---|---|
| **Obligations under the indicator to report against achievement of the Triggers, to enable benchmarking, and to facilitate evaluation, are as set out in Section C5.** | |
| Final indicator reporting date for each year. | Month 12 Contract Flex reporting date as per contract. *[Vary if necessary.]* |
| **B6. In Year Payment Phasing & Profiling** | |

Default arrangement: half payment of target CQUIN payment each month, reconciliation end of each year depending upon achievement.
*[Specify variation of this approach if required]*

## C. INDICATOR SPECIFICATION GUIDE: STEP CHANGE INDICATORS

### C1. Providers to whom Applicable

| | |
|---|---|
| **Nature of Adoption Ambition*:*** | This CQUIN indicator is a priority indicator for providers with high cost drug spend more than £5m.<br>The anti-fungal indicator should be offered to providers with an overall spend of £100k or more within 2018/19. |
| **List of Providers for whom Indicator is Applicable** | List is available separately to commissioners. |

### C2. Provider Specific Parameters

| | |
|---|---|
| **The indicator requires the following parameters to be set for each provider in advance of contract, to determine precisely what is required of each provider, and/or to determine appropriate target payment (as per C3.)** | N/A |

### C3. Calculating the Target Payment for a Provider

The target overall payment for this scheme (the payment if the requirements of the scheme are fully met, to be set in Section B3 above) should be calculated for each provider, according to the following algorithm:

- 1.2% of the provider's spend upon high cost drugs up to £50m, plus 0.6% of the provider's spend upon high cost drugs in excess of £50m.
- Sum may be scaled according to number of triggers applicable.

Example:
If a hospital has anticipated spending on high cost drugs of £125m, this CQUIN indicator would attract a target payment of £600,000 + £450,000 = £1,050,000.

**Not all triggers will be relevant or a priority for every provider so resource requirements may be adjusted accordingly.**
Example:
If the above hospital is not doing trigger 5, which is allocated 20% of CQUIN value, then the target overall payment may be reduced by 20% to £1,050,000 x 80% = £840,000.

Note however that whether to adjust the target payment where not all triggers are applicable, and to what extent, is subject to local commissioner discretion. This should be based on judgment of the onerousness of the implementation of the remaining triggers (in comparison to other providers to whom all triggers apply).

**See Section D3 for the justification of the targeted payment, including justification of the costing of the indicator, which will underpin the payment.**

### C4. Payment Triggers and Partial Achievement Rules

**Payment Triggers**
**The interventions or achievements required for payment under this CQUIN indicator are as follows:**

| Descriptions | First Year of indicator | Second Year |
|---|---|---|
| **Trigger 1: Improving efficiency in the IV chemotherapy pathway from pharmacy to patient.** | **Quarter 1 target -** Ensure that the Waste Calculator tool is embedded within the relevant pharmacy systems and supporting staff training initiated ready for implementation with effect from 1st July 2019.<br><br>**Quarter 2 target** - Implementation of the Waste Calculator tool, reporting of waste using mg.<br><br>**Q3 target** – Ensure that the Waste Calculator tool with Costs is embedded within the relevant Pharmacy systems and supporting staff training initiated ready for implementation with effect from 1st January 2020.<br><br>**Quarter 4 target** – Implementation of the Waste Calculator tool with Costs, reporting of waste using mg and costs, and;<br><br>Development of an implementation plan for waste reduction in year 2.<br><br>Guidance on targets will be provided by the commissioner prior to the commencement of year 2, these will be agreed locally.<br><br>**(Note: Setting targets in year 1 is optional, but will be required for year 2**). | **Quarterly** data reporting for the 20 identified drugs (10 highest volume and 10 highest spend), to include:<br>• Mg of drug used to provide the prescribed dose;<br>• Mg prescribed that has been entered on SACT;<br>• Cost of both.<br><br>More judicial management of chemotherapy by implementation of standard products rather than bespoke chemotherapy.<br><br>**Quarter 4** - Achievement of waste reduction target agreed in year 1. |
| **Trigger 2 Managed access agreement compliance.** | **Quarterly** reporting by completion of the Medicines Optimisation tool of all **new** patients requiring treatment under a managed access agreement for Asfotase, Ataluren and Elosulfase are:<br>1. Signed up;<br>2. Eligible;<br>3. Made aware of start and stop criteria; and | N/A |

| | | |
|---|---|---|
| | 4. Approved.<br><br>**Quarterly** reporting by completion of the Medicines Optimisation tool that all **existing and new** patients eligible are:<br><br>1.Reviewed in line with the MAA;<br>2.Data is collected and entered in the required format/database/registry in line with the MAA, within one month of the review being undertaken.<br><br>Ataluren – NorthStar database<br>Asfotase – Alexion database<br>Elosulfase – NHSE database<br><br>**Other drugs covered by a MAA may be added as they become available and will be published on the CQUIN website.** | |
| **Trigger 3**<br>**Supporting national treatment criteria through accurate completion of prior approval proformas.** | Quarterly reporting by completion of the Medicines Optimisation reporting template on the number of audits (Sample size, relevant to each trust) undertaken, targeted at the specific drug/s identified each quarter.<br><br>Where variation against national criteria exists, an action plan is to be developed, shared and implemented over the remaining quarters as agreed with the regional team, e.g. quarter 1 variation is identified – quarter 2 implementation plan embedded to remedy.<br><br>*Quarter 1 – Daratumumab/ Abiraterone (Q3 18/19 patient numbers will be used for audit purposes and supplied by the regional specialised commissioning team).<br>.<br><br>Quarter 1 – Daratumumab/ Abiraterone<br>Quarter 2 – TBC<br>Quarter 3 – TBC<br>Quarter 4 – TBC<br><br>*For non commissioned centres alternative medcines may be chosen | N/A |

| | | |
|---|---|---|
| | by the regional specialised commissioning team | |
| **Trigger 4**<br>**Faster adoption of prioritised best value medicines and treatment.** | 1a) Adoption of best value generic/ biologic products in 90% of **new patients** by the end of the following quarter of guidance being made available.<br><br>1b) Adoption of best value generic/ biologic products in 80% of **applicable existing patients** within one year of guidance being made available (except if standard treatment course is < 6 months). | 1a) Adoption of best value generic/ biologic products in 90% of **new patients** by the end of the following quarter of guidance being made available.<br><br>1b) Adoption of best value generic/ biologic products in 80% of **applicable existing patients** within one year of guidance being made available (except if standard treatment course is < 6 months). |
| **Trigger 5**<br>**Anti-fungal stewardship** | **Quarter 1** - Implementation of an evidence based Anti-Fungal guideline with diagnostic gap analysis reviewed and plans identified to close gap.<br><br>**Quarter 2** - Identification of an Anti-Fungal Stewardship team that meets the standards as set out in the NHS England Antifungal Stewardship Implementation Pack.<br><br>**Quarter 4** - Audits undertaken as per local agreement and as set out in the NHS England Antifungal Stewardship Implementation Pack, with the first audit being the baseline audit and Blueteq forms completed as per contract. | To close the gap on key diagnostics that can be utilised in Anti-Fungal Stewardship. By increasing the use of diagnostics this will improve turnaround time and reduce overall costs. |

**Percentages of Target Payment per Payment Trigger**

**The following table sets out the proportion of the Target payment that is payable on achievement of each of the Payment Triggers.**

| Percentages of Target Payment per Trigger | First Year of indicator | Second Year |
|---|---|---|
| **Trigger 1** | *Minimum 20% | TBC |
| **Trigger 2** | *Minimum 10% | N/A |
| **Trigger 3** | *Minimum 20% | N/A |

| | | |
|---|---|---|
| **Trigger 4** | *Minimum 30% | TBC |
| **Trigger 5** | *Minimum 20% | TBC |
| **TOTAL** | 100% | |

***The percentage of target payment has been set at a minimum, recognising not all triggers will be applied to all providers, there will be a requirement for local agreement based on the number of triggers for each trust. Where providers cannot sign up to a trigger/s, the aligned percentage should be allocated to the remaining trigger/s that are agreed, irrespective of whether the overall target payment is also adjusted (see section C3, above).**

**Partial achievement rules - Year One**

**Trigger 1:**

Overall Weighting (As above: minimum 20%**%)**

Split

| | |
|---|---|
| Implementation of Waste Calculator tool | 40% |
| Implementation of Waste Calculator tool with Costs, reporting waste using mg and costs | 40% |
| Development of an implementation plan for waste reduction in Year 2 | 20% |
| **Total (Note: The total is of the percentage (as above, minimum 20%) allocated to this trigger).** | **100%** |

**Trigger 2:**

Quarterly payment based on 95% submission of accurate data for every eligible patient and reviewed in line with the managed access agreement.

**Trigger 3:**

Quarterly payment based on 100% completion of the number of audits requested to be carried out, with evidence that any change sought, an action plan has been developed and embedded.

**Trigger 4:**

New patients
Quarterly payments based on achievement of:
90% patients => 100% of target payment
80% patients => 75% of target payment
70% patients => 50% of target payment

Existing patients
Quarterly payments based on achievement of:
95% = 100% of target payment

85%-94% = 75% of target payment
75%-84% = 50% of target payment

*May have locally agreed targets against those best value drugs which transition in a managed way, i.e. blood products.

**Trigger 5:**

No partial payment.
Quarterly payment based upon 100% compliance of target.

**Definitions**

Trigger 1

| | |
|---|---|
| **Numerator** | Number of milligrams/cost of each drug submitted to SACT as 'administered'. |
| **Denominator** | Number of milligrams/cost of each drug 'used' by the pharmacy department (excluding use for non-cancer e.g. renal services & rheumatology). |

Trigger 2

| | |
|---|---|
| **Numerator** | Number of patients who have had all assessments completed within year. |
| **Denominator** | Number of patients, which the Provider Trust is commissioned to treat, meeting the requirements of the Managed Access Agreement. |

Trigger 3

| | |
|---|---|
| **Numerator** | Number of audits of prior approval compliance undertaken by the Provider Trust. |
| **Denominator** | Number of audits of prior approval requested with NHS England |

Trigger 4

| | |
|---|---|
| **Numerator** | Eligible patients receiving drugs available as best value generic/ biologic (list will be updated quarterly) - new patients and existing patients. |
| **Denominator** | Patients eligible to receive drugs available as best value generic/ biologic (list will be updated quarterly) - new patients and existing patients. |

Trigger 5

| | |
|---|---|
| **Numerator** | No of completed audits of patients receiving antifungals. |

| | |
|---|---|
| **Denominator** | Target number of audits required per quarter as agreed with commissioner? |

**C5. Information Flows: for benchmarking, for evaluation, and for reporting against the triggers.**

Trigger 1: Chemotherapy Waste Calculator tool with Costs completed and submitted quarterly.

Trigger 2: Reporting of evidence of providers compliance to submission of data to relevant reporting systems.

Trigger 3: Medicines Optimisation reporting template submitted quarterly.

Trigger 4: Medicines Optimisation reporting template completed and submitted quarterly.

Trigger 5: Audit tool/KPI template completed and reported quarterly. A quarterly audit would need to be submitted to Fingertips to facilitate payment.

**Reporting of Achievement against Triggers:**

As above

**Information for Benchmarking:**

TBC

**Information Governance:**

Not Applicable

**Reporting Template requirement:**

**Trigger 1 –** Chemotherapy Waste Calculator tool with Costs

**Trigger 2 –** Medicines Optimisation reporting template

**Trigger 3 –**Medicines Optimisation reporting template

**Trigger 4 –** Medicines Optimisation reporting template

**Trigger 5** - Antifungal stewardship audit tool/KPI template (Similar to that used with the antimicrobial stewardship CQUIN. Fingertips “Select “Survey and antifungal usage data).

**C6. Supporting Guidance and References**

**Further details on implementation, and references to documents that will support implementation:**

**See: PSS1 Meds Optimisation Supporting Documentation at**
https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-19-20/

Trigger 1 **–** Reporting tool guidance and background information

Trigger 2 – Managed access agreements
Ataluren - https://www.nice.org.uk/guidance/hst3/resources
Asfotase - https://www.nice.org.uk/guidance/hst6/chapter/6-Implementation
Elosulfase - https://www.nice.org.uk/guidance/HST2/resources

Trigger 3 – Blueteq audit tool.

Trigger 4 - Best Value supporting information (Available December 2018).

Trigger 5 - Anti-fungal stewardship audit tool/KPI template (NHSE Web). Fingertips database of antifungal audits and the Improving Value Implementation Packs.

## D. Indicator Justification and Evaluation

### D1. Evidence and Rationale for Inclusion

**Evidence Supporting Intervention Sought**

The Carter Review found significant variation in total pharmacy and medicines costs across acute trusts. It states that some of this variation may be explained by the presence of teaching or specialist services, however, at this high level, if all above-average-cost trusts achieved average cost then the NHS could save £800m.

The National Audit Office report on the commissioning of specialised services in the NHS has also highlighted issues which need to be addressed to allow NHS England to achieve better control of rising drug costs.

**Trigger 1 -**
Approx. £1.7billion is spent on systemic anticancer therapy (SACT) in England, with annual growth of around 8%. Approx. £1 billion is spent on IV chemotherapy. Case studies suggest levels of waste of around 2% of provider spend on IV SACT (approx. £34m).

**Trigger 2** –
NHS England has three managed access agreements (MAAs) in place for Highly Specialised Technologies. These agreements allow for early access to treatments where clinical and cost effectiveness is yet to be determined by NICE.

Data on effectiveness of these technologies for patients is collected during the period of the agreement, after which point the drug is re-evaluated (usually five years but depends on NICE's assessment of how much data is required to make a final decision). The drug may be ceased if patients meet the agreed 'Stop' criteria at defined points.

Experience to date shows that providers of highly specialised technologies are struggling with capacity to:

- Review patients in line with the MAA

- Report data as per the MAA.

The information from the patient reviews and data collection is required to ensure that NHSE receives the appropriate value from the schemes and so the technologies can be assessed by NICE.

There are currently less than 100 patients accessing an MAA, however, there are a further ten HSTs in the pipeline.

The scale of service to which the trigger is applicable is currently £30m per annum. Likely to increase as number of HSTs increases.

**Trigger 3**
**National Treatment Criteria and prior approval**
The online clinical decision support tool (Blueteq) was implemented in 2015/16 as NHS England's standard electronic contractual prior approval system, covering a range of high cost drugs excluded from tariff. The scope of items covered includes all high cost drugs excluded from tariff where NHS England Clinical Commissioning Policies or NICE TAs exist and / or where there is variation in uptake, or significant financial risk.

The rationale for the scheme is to ensure that treatment decisions are made in line with agreed commissioning policy or NICE TA and that clinical resource is being utilised in line with commissioning policy and evidence base.

To support trigger 3 in supporting uptake of national treatment criteria Trusts will be required to demonstrate that prior approval forms are being completed for a number of high cost drugs, this will be communicated ahead of each quarter.

To assess compliance, Trusts will be required to undertake an internal audit on a sample of forms identified by NHS England as being completed accurately. The results and action plans will be shared to assure themselves and NHS England that there is not unwarranted variation in access to these medicines.

**Trigger 4 -**
Trusts should seek to reduce their medicines bill through best choices and from actively monitoring market developments, such as the launch of biosimilar products and generic alternatives.

The current annual expenditure for high cost drugs is approx. £3.6b. Achievements from previous implementation of the best value trigger has seen benefits of around £220M per annum.

**Trigger 5 -**
NHS England Specialised commissioning has commissioning responsibility for antifungal drugs that are excluded from national tariff. The overall NHS England drug spend for antifungals is more than £80 million per annum. We estimate that there is an overall financial opportunity of between £4m-8m per annum through improved anti-fungal stewardship.

Invasive fungal infections (IFI) has a lower hospital incidence in comparison to infections caused by multi-resistant bacteria, but its health and financial burden are substantial. The incidence of IFI is

increasing in Western countries each year because of improving medicine and an increase in survival rates from previously fatal diseases.

The emergence of a wider selection of immunosuppressive agents, especially those used in haemato-oncology patients, significantly increases the risk of developing a serious fungal infection. The risk of invasive fungal infections increases with the duration and severity of neutropenia, prolonged antimicrobial use and number of chemotherapy cycles.

The high drug costs and toxicities and the potential for patient harm from using antifungal agents are the principal rationale for antifungal stewardship, while antifungal resistance is an emerging issue, identified in the 5 year AMR national action plan for 2019-24. Until recently there have been suboptimal diagnostic tools, which have driven the overuse of antifungal agents.
One of the most challenging parts of antifungal stewardship to implement is de-escalation of empirical treatment, i.e. reduce treatment where there is not a definitive diagnosis. Incorporating non-culture-based tests into clinical pathways may enhance antifungal stewardship. Antifungal stewardship efforts can improve the appropriate and effective use of antifungal agents.
Recognising the risk factors can guide the optimal use of antifungal prophylaxis and treatment for at risk patients.

Recent long- and short- term evidence from UK practice has demonstrated that drug costs can be reduced significantly along with improved clinical benefit for patients. This evidence is supported by a growing evidence base from Europe and North America where antifungal stewardship programmes have been implemented.

(Andruszko B, Ashley ED. Antifungal Stewardship: An Emerging practice in Antimicrobial Stewardship. Current Clinical Microbiology Reports 2016;3(3):111-9)

Anti-fungal Stewardship will be a major tool for NHS England/NHS improvement and Public Health England in the fight against antifungal resistance. If the World Health Organisation is correct and there is a worldwide build-up of resistance. The costs associated with treating patients who have developed fungal resistance will increase rapidly. Stewardship is a clear proven way of ensuring that the anti-fungals the NHS has at its disposal will be more effective for longer.

**Rationale of Use of CQUIN incentive**

CQUIN as an instrument is justified if net costs beyond normal service requirements are incurred by providers whilst benefits and cost savings accrue to patients and commissioners.

This CQUIN aims to support the procedural and cultural changes required fully to optimise use of medicines commissioned by specialised services, ensuring that hospital plans reflect NHS England priorities to improve value from medicines and reduce unwarranted variation. The CQUIN monies may be used to focus work of pharmacy staff to deliver the initiatives and to ensure that each Trust's plan is supported at Trust Board level.

Changes required will materially reduce commissioner costs; hence it is appropriate for CQUIN support in its funding.

**D2. Indicator Duration and Exit Route**

**The appropriate duration of an indicator depends upon how long CQUIN support is required before the change in behaviour sought can be embedded in services specification or otherwise.**

The proposal is for some of these triggers to move into year 2.

## D3. Justification of Size of Target Payment

The evidence and assumptions upon which the target payment was based is that a dedicated resource is required for each of the schemes, as detailed below:

| CQUIN Scheme | Suggested resource required |
|---|---|
| Highly Specialised Technologies | Programme Manager |
| Chemotherapy Waste | Pharmacy Technician |
| Best Value | Pharmacist |
| National Treatment Criteria and prior approval | PMO Lead |
| National treatment criteria and prior approval | Pharmacist |
| Anti-Fungal Stewardship | Consultant - Infectious diseases |
| Anti-Fungal Stewardship | Antibiotic Pharmacist |
| All Schemes | Administration |
| All Schemes | Business Intelligence |

There are however economies of scale that enable larger providers to make progress with proportionally fewer staff.

Not all triggers will be relevant for every provider so resource requirements can be adjusted accordingly.

## D4. Evaluation: Approach, data and resources

**Evaluation Approach:**
*[Where the indicator is to some extent uncertain of impact, set out the approach to evaluation.]*

| | |
|---|---|
| **Information for Evaluation** | *[Information flows required for evaluation should be referenced here, building on those set out at C5]* |
| **Resources for Evaluation** | The Fingertips database was commissioned by NHS Improvement to audit and evaluate the use of antimicrobial stewardship through quarterly surveys of providers audits and drug usage. The costs of adapting this tool to audit and evaluate the use of anti-fungal stewardship have been requested. For pharmacists to use a survey that they already complete, with key performance indicator questions included, that relate to anti-fungal stewardship makes sound clinical sense because pharmacists will be familiar with the tool and compliance is more likely. |