

Background

In line with NHS commissioning intentions (1), a process of repatriation was undertaken at Manchester Adult Cystic Fibrosis Centre (MACFC) to transfer the prescribing of the following high cost drugs from primary care to secondary care:

- Colistimethate sodium (Promixin®, Colomycin®, Colobreathe®)
- Tobramycin (TOBI®, Bramitob®, Tymbrineb®, TOBI Podhaler®)
- Aztreonam (Cayston®)
- Mannitol (Bronchitol®)
- Dornase alfa (Pulmozyme®)

This was Wythenshawe Hospital's first large scale repatriation of treatments in a major clinical area. A homecare delivery model was agreed locally to continue the ongoing supply of these medications.

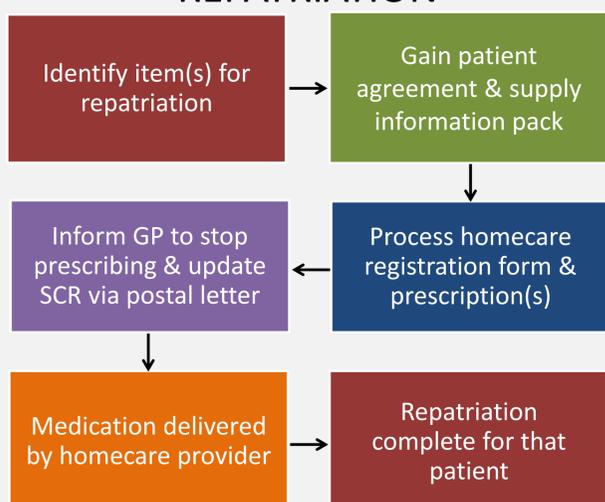
Aims

- Identify how prescribing of homecare medicines is captured on summary care records (SCRs)
- Estimate the potential cost savings to the NHS

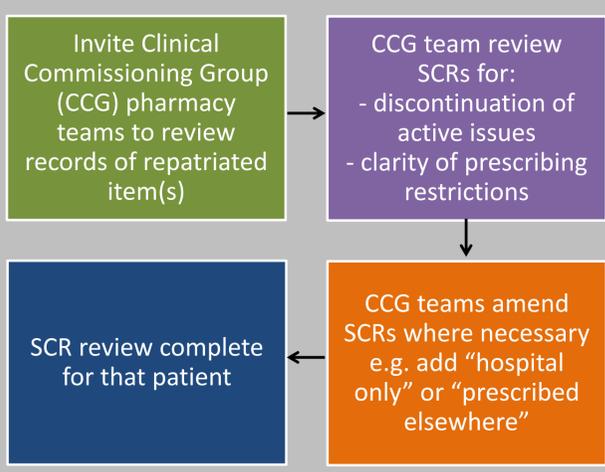
Recommendations are proposed which may be transferable if repatriation of specialist prescribing is undertaken in other areas.

Methodology

REPATRIATION



REVIEW



Outcomes

Recording of homecare medicines on SCRs

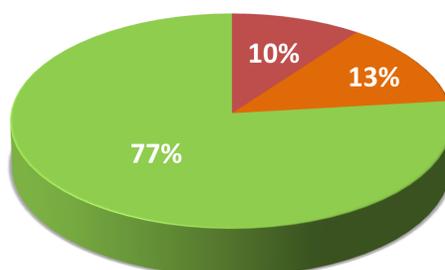
a) Variability in SCR updates following repatriation

108 SCRs were retrospectively reviewed by CCG teams following repatriation. The findings are summarised in table 1 below.

% (n)	SCR findings
77% (83)	Medicine(s) no longer issued & appropriately documented as hospital only / prescribed elsewhere
13% (14)	Medicine(s) no longer issued but either <ul style="list-style-type: none"> • Removed entirely from patient record • No documentation of prescribing restrictions
10% (11)	Medicine(s) still actively issued by primary care

Table 1: SCR findings following repatriation

b) SCR amendments made by CCG pharmacy teams



- Discontinuation of primary care prescribing and SCR clarification
- SCR clarification only e.g. "prescribed elsewhere"
- No further input required

Figure 1: SCR amendments made by CCG pharmacy teams

Cost savings

Repatriation of high cost drugs from primary to secondary care may yield significant cost savings through:

- Lower drug acquisition costs in secondary care (est. reduction in spend of **4.7%** across all repatriated items)
- VAT saving if supplied via homecare (estimated at **£250,000 pa** over 265 items) rather than dispense in house

Restricting prescribing to secondary care also offers increased opportunities to identify non-compliance and support adherence, which in turn, may lead to further cost efficiencies.

Challenges & Recommendations

Contacting patients who do not have regular appointments

- Flexibility of workforce to work evenings & weekends
- Consider scheduled telephone appointments

Requirement for alternative supply route if homecare unsuitable

- Use of outpatient pharmacy services
- Work with homecare services to improve delivery options

Timely discontinuation of prescribing in primary care

- Liaise with IT & primary care teams to disseminate information
- Revise GP letter to include action summary

Requirement for robust records of homecare medicines on SCRs (2)

- Work with NHS Digital to improve system integration across care settings in line with the NHS 10 year plan (3)
- Work closely with CCG & primary care colleagues to support the recording of hospital only medicines in primary care & consider routine collaboration upon completion of any repatriation

Discussion & Conclusion

While repatriation of high cost drugs can yield significant cost savings for the health economy, incomplete updates to SCRs may result in both patient safety and cost implications.

For repatriation to be successful, hospital only medicines supplied via homecare must still be viewable on primary care records, but not inadvertently issued. The risk of duplicate prescribing and incomplete medicines reconciliation when patients transfer across care settings are major concerns increasing wastage and inaccurate medication records. Patient SCRs need to record all medications the patient is taking and indicate where the medicine is acquired from (e.g. "hospital only").

There is a role for secondary care to work closely with primary care colleagues to support the recording of these hospital only homecare medicines across all care settings.

Acknowledgements

Many thanks to the team at MACFC for their advice and support with the repatriation of patients. Thank you to CCG teams across the North West for their contributions.