New commercial support units will help achieve efficiencies in drug purchasing

In the NHS a QIPP is no joke

By Francesca Rivers, MBiotech

Tough financial times are making their mark on the NHS as much as any institution — arguably more so with the expectation that the NHS will deliver £15–20bn of efficiency savings over the next few years. So how, exactly, are the health departments planning to make these substantial savings at no cost to patient care, and what shifts might we expect to see in the supply and management of medicines in the NHS?

Pharmacist Peter Rowe is leading a national medicines use and procurement workstream as part of the “quality, innovation, productivity and prevention” (QIPP) programme, which has been charged with what he dubs the “formidable task” of making such savings by the end of 2014.

Speaking at the summer symposium of the Guild of Healthcare Pharmacists’ procurement and distribution interest group, held in Birmingham on 10 June, Mr Rowe said primary care trusts are already subsidising or paying for things that were previously paid for out of central budgets. “That will undoubtedly get worse next year,” he said and, although the Government has yet to confirm exactly what the future funding arrangements will be, he warned: “The bottom line is [that PCTs will have] a great deal less
D rugs spending will undoubtedly be higher than they have ever had over the past 13 years, and we’re going to see a target when looking for opportunities to cut NHS costs. This is an austere time.\(^\text{1}\) Hospital drugs spending is inflating at a rate of between 14\% and 22\% per annum, whereas drugs are less flat, said Mr Rowe. If the inflation is at the upper end of that range, he suggested, any growth in the NHS will go to pay for the increase in medicines spend in hospitals, “which is why we need to make sure we’re getting value for money”.

— one of 12 within the QIPP programme will be examining every aspect of policy relating to medicines management and procurement, with the exception of the Prescription Price Regulation Scheme. Many of the workstream’s goals are based around ensuring medicines are prescribed, taken and managed properly, which could improve patient outcomes and get better value not just from the drugs bill but across the whole system.

Key targets include aligning primary and secondary care prescribing, putting appropriate medicines use at the heart of commissioning and driving the efficient use of medicines in primary care. As part of this work, the use of “specials” is to be reviewed, said Mr Rowe, after initial DH analyses indicated that around £50m is spent on specials each year when licensed alternatives could be prescribed in their place. “I cannot see how you can conceivably justify prescribing specials when there are licensed products which, on the face of it, do the same job,” he argued.

He also urged pharmacists to encourage use of over-the-counter medicines as part of the Government’s drive towards self care, which could cut healthcare costs across the board and also leave pharmacists free to provide more clinical services. Allowing more medicines to move into the OTC arena would bring the UK in line with the rest of Europe, where far more medicines are available OTC, he added.

**Improving procurement**

Putting QIPP’s economising strategies into action will fall upon commercial support units (CSUs) — newly founded regional delivery bodies that became operational across England in April 2010. CSUs are headed up by the procurement, investment and commercial division of the NHS Commercial Medicines Unit — formerly the pharmacy division of the NHS Purchasing and Supply Agency, which was decommissioned earlier this year — and are intended to provide support and resources to help NHS staff and managers develop their business knowledge.

Business development manager at the CMU Beth Loudon told the meeting that four of the CSUs have been exploring how the units can be used in practice to drive commercially sound medicines use. A final draft of the findings is due to be circulated through the CSUs and pharmaceutical procurement networks in August and should help strategic health authorities to ensure CSUs drive efficiencies through improved medicines management.

Nevertheless, Miss Loudon suggested, all of the easy changes to NHS medicines procurement have already been made, and “radical solutions” are now needed to bring about any further improvements to the supply system.

Peter Sharott, who is chairman of the NHS Pharmaceutical Market Support Group, agreed that CSUs could play a valuable role over the next year.

The PMSG has drafted a revised national strategy and set of standards for collaborative medicines procurement and management, which reflect the fact that procurement is becoming a more collaborative process, handled (at least for now) at a strategic health authority level rather than solely within PCTs. In fact, the importance of collaborative working was a recurring theme at the PDIG symposium, and Mr Sharott warned that pharmacists who fail to align their approach with the wider NHS agenda risk losing control over medicines procurement — potentially to those outside the pharmacy family.

“I think CSUs are about providing more pharmaceutical leadership and accountability for pharmacy activities,” he said, adding that accountability will become far more important for the NHS in the years to come.