Using Informatics to Optimise a Medicines Saving Programme in a large NHS Trust

Alice Lo, Julie Featherstone, Golnaz Douraghi-Zadeh

East Kent Hospitals University NHS Foundation Trust

Background

The NHS England Medicines Value Programme was developed to improve health outcomes whilst ensuring the best value from the money spent on medicines in the NHS. East Kent Hospitals NHS University Foundation Trust (EKHUFT) is a large acute Trust in Kent, England, serving over 700,00 people.

The Medicines Value Team (MVT) at EKHUFT, are a small team of senior pharmacists, responsible for the monitoring of medicines expenditure and ensuring appropriate reimbursement of High-Cost Drugs (HCDs). They work closely with other acute Trusts and the Integrated Care Board (ICB) on all aspects of medicines optimisation in Kent and Medway.

The MVT also oversee the delivery of yearly medicines Cost Improvement Programmes (CIP) within the Trust to an agreed financial target.

Aims and Objectives

With the informatics team, a dashboard was developed to monitor medicines expenditure and CIP savings each month. The dashboard incorporated varying tracking methods to provide timely data on biosimilar switching, contract price changes and individual medicine optimisation schemes within the Trust.

The dashboard was initiated to provide accurate and timely expenditure data to the MVT which could then be appropriately interrogated and fed back to all relevant Trust and pharmacy staff. The aim was to quickly identify unexpected variance and progress on CIPs which allowed timely review with clinical and procurement teams.

The dashboard required many hours working with the informatics team to ensure good understanding of the information required. Different CIPs had to be tracked and reported in different ways. A mixture of reporting and visual styles were needed to represent the data in a user-friendly way. It was recognised that data validation was required to ensure the accuracy of the dashboard, using a variety of recognised resources, e.g. Rx Info®

Materials and Methods

A full, multi-tabular dashboard is available on the Trust Information Portal. Tracked expenditure data is reported monthly by the MVT at pharmacy and Trust meetings. This has enabled realistic and timely data to be included in overall financial forecasting and feedback to clinical teams on their CIPs.

The dashboard has been designed to support the rapid addition of new schemes as they are identified to track potential savings and report at the earliest opportunity.

Results

The combined used of the dashboard with close MVT oversight has resulted in closer working with clinical and procurement teams. This has led to better identification, tracking and reporting of all medicines saving opportunities in the Trust, saving over £1 million in 2022/23 and £1 million as of month 10 in FY23/24.



Figure 1 is an image of the home page of the portal and gives information on the spend for the current financial year.

- The top left graph shows monthly savings for HCD and non-HCDs. The top right table shows total monthly spend compared to the year before, the difference in value and percentage difference.
- The bottom left bar chart shows the monthly number of containers issued compared to the previous year. This is a crude reflection of activity
- The bottom right table shows the savings of any tracked CIP medicines with the savings value and percentage saving.

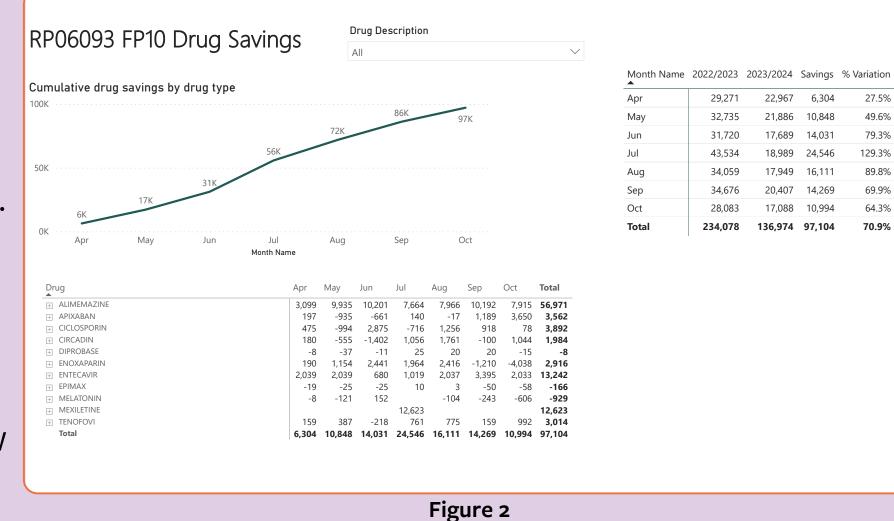
All savings values are a positive figure. Negative figures are where spend is higher than previous year.

All data can be filtered to:

- Individual CIP medicines that are tracked
- Any individual medicine issued from pharmacy
- Medicines by month and whether they are HCD or non-HCD as flagged on the pharmacy dispensing system, CMM.

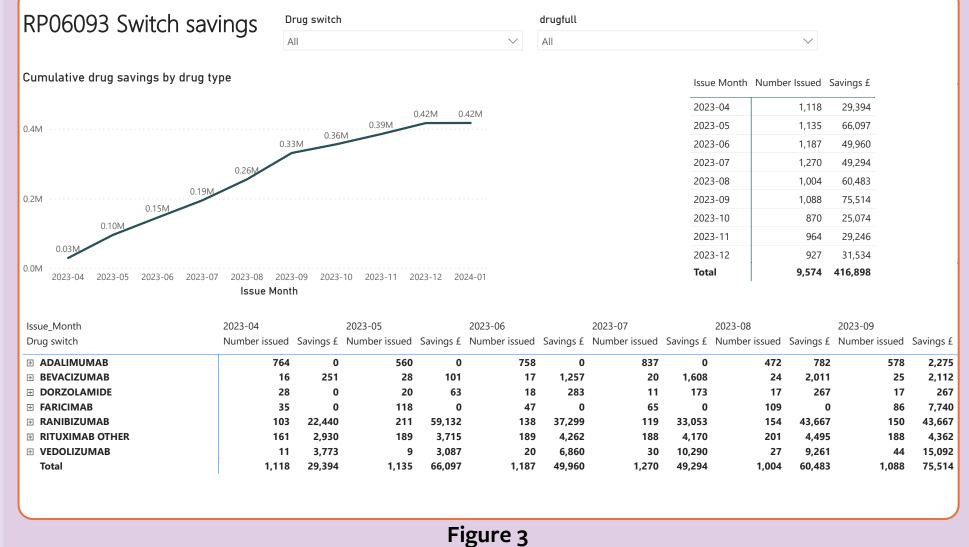
The next tab (figure 2), 'FP10 drug savings', shows spend from all tracked medicines prescribed on outpatient NHS FP10 prescriptions dispensed from external community pharmacies.

- The top left graph shows the cumulative monthly savings.
- The top right table shows the total spend on the tracked medicines compared to the year before, savings value and percentage saving.
- The bottom table gives the detail of the monthly savings for the tracked medicines. It also has the feature to show specific medicine formulations if you press '+'.



The next tab (figure 3), 'Switch Savings', shows the savings values from all tracked medicines based on a switch, for example, biosimilar switch, IV to SC. • The top left graph shows total monthly cumulative

- The top right table shows the number of containers
- issued.
- The bottom table shows individual schemes with monthly and total savings for each month and scheme for current year.
- It also has the feature to show specific medicine formulations if you press '+'.



The 'Contract Savings' tab, (figure 4), refers to tracked medicines saving due to contract price changes.

- The top left graph shows monthly savings between HCD and non-HCDs. The top right table shows total monthly spend on tracked medicines compared to the year before, the difference in value and percentage difference.
- The bottom left bar chart is a graphical representation of the same data in the top right table.
- The bottom right table shows the savings of the individual tracked CIP medicines with the savings value and percentage saving.

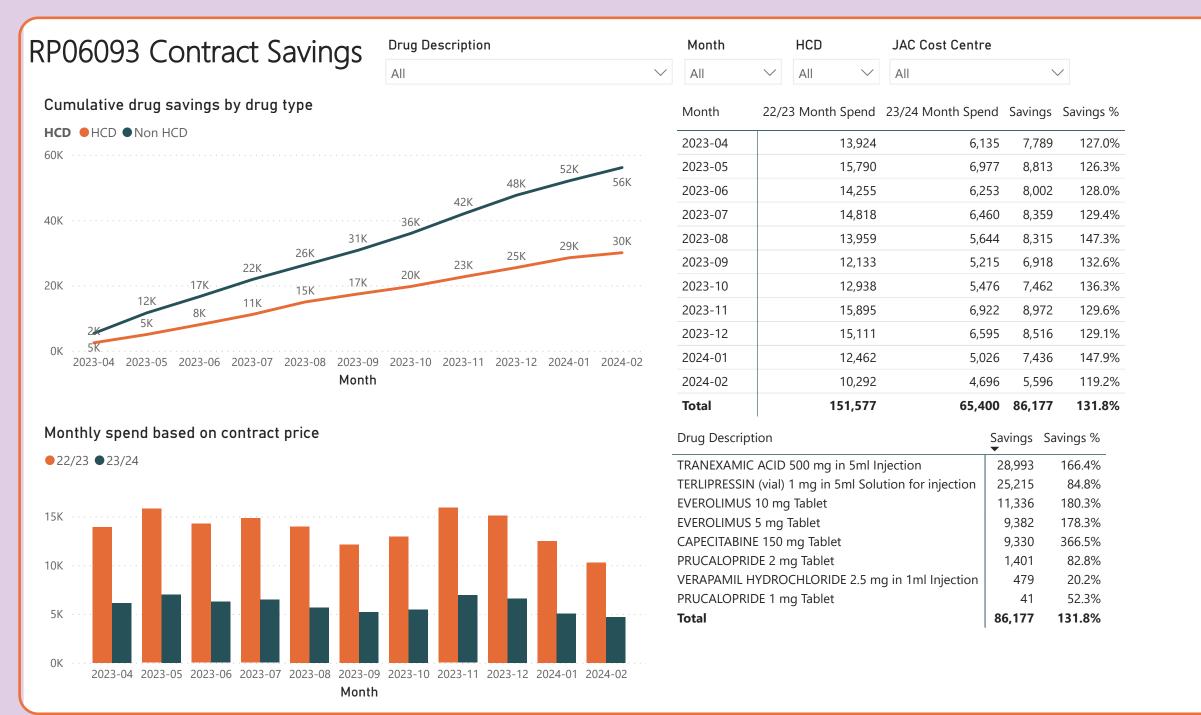
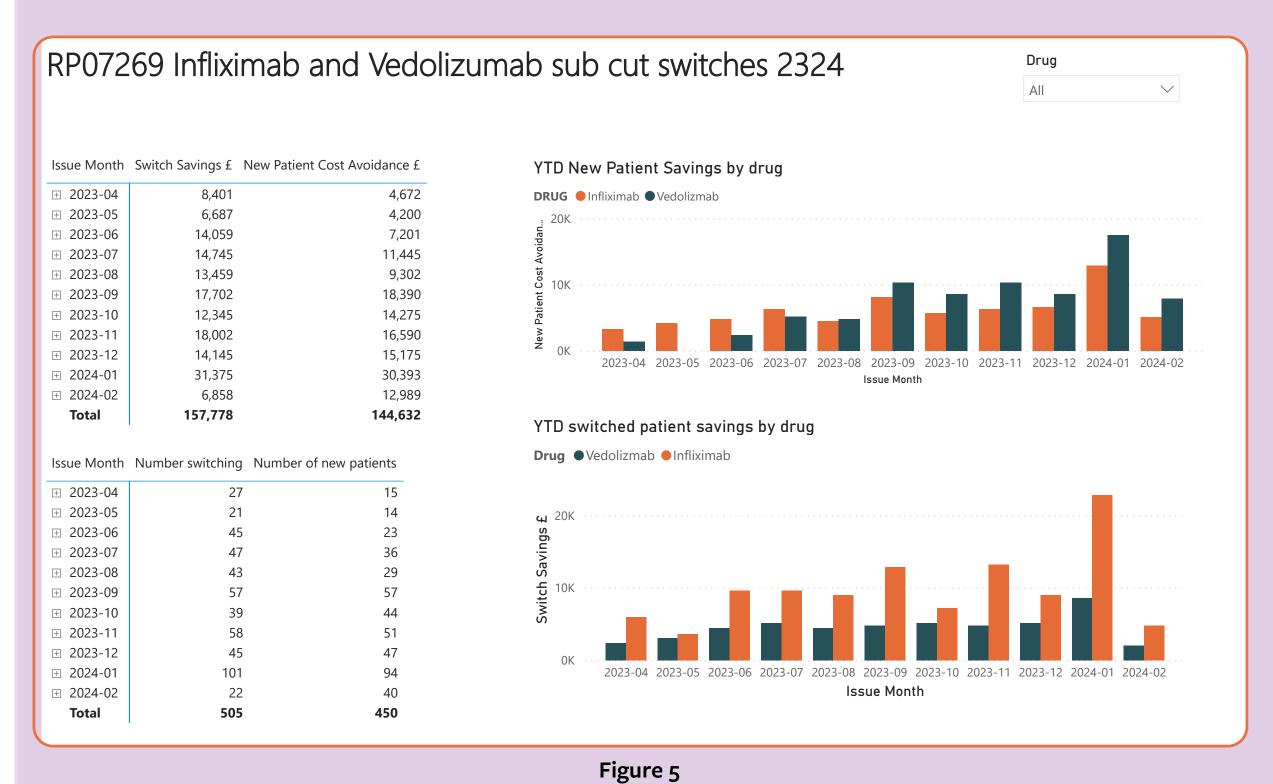


Figure 4

All graphs and tables can be exported into an Excel spreadsheet for data manipulation and all data can be filtered to:

- Individual CIP medicines that are tracked
- Medicines by month, HCD or non-HCD as flagged on the pharmacy dispensing system
- Medicines by cost centre it has been issued to.



The final tab, (figure 5), shows more detailed tracking of 2 schemes to identify patients switched from IV to SC vedolizumab and infliximab.

- The top left table shows the monthly savings for the schemes for patients switched and the cost avoidance of new patients initiated on SC injections (after the loading IV phase). The bottom left table shows the monthly number of patients switched and new patients initiated.
 - Both tables also have the features to give patient

identifiers which was a request from the Integrated Care Board (commissioners) to track the scheme's progress.

• The bar charts on the right are graphical representations of the data on the left.

Developments

The dashboard will continue to be developed further to improve ease of use. A feature that will be included in the next version is to incorporate an overall savings total for each scheme that includes FP10 and 'in house' spend to reduce manual manipulation of data.

Conclusion and Relevance

The dashboard is frequently used by the MVT to maximise the capture and reporting of CIPs at EKHUFT. It is also used to support regular medicines value reviews with senior clinical pharmacists and their teams to help identify future medicines savings opportunities – essential in this challenging financial climate in the NHS.

References and/or acknowledgements

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