

Partnership working with Spirit Health Group released savings, reduced prescribing variation and freed scarce personnel in Sandwell & West Birmingham CCG

Authors:-
Selma Abed,
Duncan Richardson,
Jim Swift,
Chris Barker



Background and Introduction

In 2018, recognising significant variation in prescribing for self-monitoring of blood glucose (SMBG) testing strips, Sandwell & West Birmingham Clinical Commissioning Group (S&WBCCG) undertook a comprehensive review to simplify its formulary and develop prescribing guidelines for local healthcare professionals. This review was part of a pan-Birmingham structured project managed by the Diabetes Medicines Management Advisory Group (DMMAG)¹. The DMMAG focused upon quality, the patient experience and cost-efficiencies. Eight systems were selected; two of which were Spirit's systems; TEE2+ for people with type 2 and gestational diabetes, and CareSens Dual for patients who required to test ketones as well as glucose.

Aims and Objectives

The aim of S&WBCCG was to increase the uptake of formulary adherence to promote higher quality prescribing, enhance patient support and to reduce prescribing costs across its 84 practices. Spirit's aim was to support the goals of S&WBCCG by making available an Implementation team of pharmacists and nurses to support the implementation of the formulary and guidance, in particular the uptake of TEE2+ (S&WBCCG's preferred system for patients with type 2 or gestational diabetes) and CareSens Dual (alternative to preferred combination system)¹.

Method

With practices consent, the Spirit implementation team:-

- Audited the patient database, identified patients potentially suitable for change (per S&WBCCG guidance), identified patients were subject to practice approval, suitable patients were trained on their new systems and given a structured diabetes education update, practice records were updated. As a further value-added service; patients were identified that were miscoded or due a medication review.
- Prescribing data was extracted from the NHSBSA database for 2018-2020 for all SMBG strips² and analysed in Excel. The English monthly rate of unit cost decline was applied to the baseline S&WBCCG unit cost to enable equitable comparison.

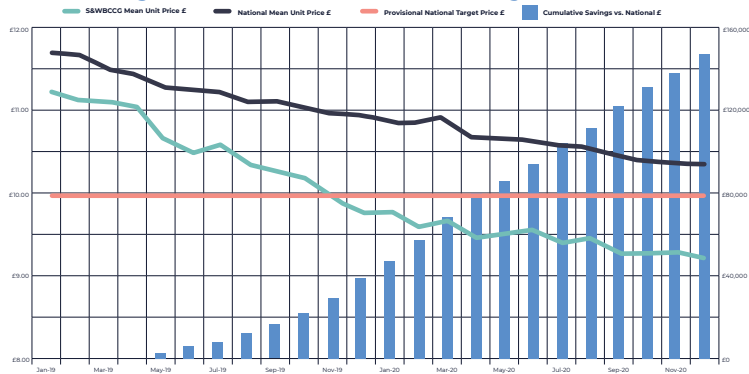
Discussion and Conclusion

The DMMAG process was systematic and robust. Their guidance was issued in S&WBCCG in 2018. Spirit Implement helped enable adherence to the guidance in 30 of 84 practices (36%).

The overall trend in SMBG prescribing costs was downwards across England. This analysis alongside others³ suggested that Spirit Implement's pharmacist and nurse teams improved prescribing quality by reducing unwarranted variation and helped release savings.

There are many competing priorities for medicines management. Enhancing capacity by working with commercial partners where interests are aligned, and a robust process agreed and followed can enable higher priority activities to take precedence.

Figure 1. Unit Prices & Cumulative Savings Over Time



Results



30 of 84 practices were audited by the Spirit implement team.

60.0% of items prescribed in S&WBCCG were for the two Spirit systems in December 2020 from a baseline of 5.3% in January 2019.

Cumulative prescribing savings over and above the national rate of declining monthly unit costs were **£149,313**; see figure 1 and were **£339,355** versus historic costs.



The S&WBCCG mean unit SMBG strip costs dropped from **£11.26 in January 2019 to £9.24 in December 2020**; a reduction of **£2.02 (-18.0%)**. The English unit cost reduced from **£11.73 to £10.38**; **-£1.36 (-11.5%)** over the same period; see figure 1.

References

1. Diabetes Medicines Management Advisory Group. Blood Glucose Monitoring Guideline for the choice of blood glucose meters, test strips and lancets in diabetes. Sandwell & West Birmingham CCG. 2018. Revised edition 2020 http://www.sandwellandwestbhamccgformulary.nhs.uk/docs/Encsi_Blood%20Glucose%20Monitoring%20guidelines%20updated%20March%202020.pdf accessed June 2021
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