

## Turning the tide on ineffective prescribing for people with type 2 diabetes in East Sussex

20  
YEARS OF  
NICE  
1999-2019

Spending on diabetes prescribing was much higher than the national average in 2 clinical commissioning groups in East Sussex. There was also substantial variation between GP practices.

Medicines optimisation has helped primary care diabetes teams work with patients to optimise prescribing, based on NICE's guideline on management of type 2 diabetes in adults (NG28).

*"This is an excellent project, that improved the quality of care of our patients and augmented the local health economy. It has laid a brilliant foundation for safe prescribing and medication reviews of such drugs in the future."*

**Dr Binodh Bhaskaran**, Primary Care Diabetes Lead, HR and EHS CCGs



### What we did and why

Prescribing levels for diabetes, in particular, glucagon-like peptide (GLP-1) mimetics, were much higher than the national average in both our clinical commissioning groups. There was also substantial variation in prescribing costs between GP practices.

We identified the need for medicines optimisation, based on the approach set out in NICE's guideline for type 2 diabetes in adults: management. The project focused primarily on GLP-1. The aim was to ensure prescribing is more effective and cost effective, reduce prescribing costs and reduce variation between GP practices.

The project was included as a key part of our GP prescribing support scheme. This provides a financial incentive to reduce variation in prescribing practice.

The prescribing reviews focused on diabetes medication optimisation, including blood pressure and cholesterol management. But we identified and discussed other medication issues too, making the reviews more holistic.

We also updated the formulary and developed key resources in collaboration with primary and secondary care colleagues. These included a protocol for starting GLP-1 mimetics and a patient contract.

### Outcomes and impact

The project aimed to improve the quality of prescribing for type 2 diabetes. 44 GP practices (95%) took part and each agreed an action plan with the medicines management pharmacist.

The medicines management team reviewed 850 patient records. They decided that half of these patients would benefit from a face to face clinician review.

The aim was to stop prescribing GLP-1 mimetics if appropriate, optimise medicines for diabetes, and adopt a more holistic, evidence-based approach.

Their recommendations, which were put into practice for 93% (396) of patients, led to significant financial savings. (GLP-1 mimetics prescribing grew less than the national average in both clinical commissioning groups.)

Feedback was very positive. Clinicians enjoyed the holistic discussions. They also liked the template we created in the GP electronic patient record system. This allowed us to record the reviews in a standard way and makes it clear where NICE recommendations on HbA1c levels and weight reduction have not been met.

### What we learnt

Our local prescribers were less aware than we expected of NICE's recommendations on when to start, and how to monitor the use of GLP-1 mimetics.

A number of people had uncontrolled diabetes and were prescribed more than 3 blood glucose-lowering therapies. This suggested that prescribers were reluctant to switch to using insulin when that becomes the best option. Pharmacist-led reviews improved patient safety.

For example, they identified:

- The need to stop medication because of poor kidney function.
- Inappropriate dual therapy, for example prescribing both GLP-1 mimetics and DPP-4 inhibitors, suggesting that prescribers were not aware that both of these work in the same way, so there is no benefit to using them together.

Working with our stakeholders across the patient pathway and forming good relationships with them was key to the success of this project.