To all practices Surrey and Sussex LMCs

9th March 2022

Dear Colleagues

Investment and Impact Fund (IIF) 2022/23 CVD-15 Indicator and DOAC prescribing

The LMC has received several enquiries relating to the decision to incentivise the DOAC Edoxaban within the IIF CVD-15 Indicator for 2022/23. This aggregate performance indicator for PCNs gives a maximum of 60 IIF points for the first line prescription of Edoxaban for patients on the QOF AF Register and with a CHA_zDS_z - VAS_c score of 1 or more for men and 2 or more for women, with an Upper Threshold of 60% and Lower Threshold of 40%. Based on current IIF arrangements it is unlikely any Personalised Care Adjustment (Exception Reporting) would be permitted for this Indicator

It certainly sets a precedent for a national contract to incentivise one drug; this follows the recent conclusion of a National Procurement for DOACs exercise which identified a National Framework Agreement supporting DOAC prescribing and Edoxaban as first line therapy for patients commencing treatment with AF, with rivaroxaban, subject to NICE criteria, the second line choice.

Full details of this guidance are available at: -

B1279-national-procurement-for-DOACs-commissioning-recommendations-v1.pdf (england.nhs.uk)

Whilst many CCGs/ICS Medicines Management/Prescribing Committees do recommend Edoxaban first line, others do not, or recommend an approach which leaves the decision to the prescriber given the patients individual clinical condition. In addition, a considerable proportion of DOAC initiation is undertaken in secondary care, where the IIF incentivisation process does not apply and it is unclear how extensive a discussion has occurred with Cardiology and Haematology specialist colleagues locally in relation to this Framework.

The letter above also suggests that "commissioners may wish to consider developing local policy to review patients currently prescribed apixaban, rivaroxaban and dabigatran, where clinically appropriate". This could have significant workload implications for General Practice in terms of identification and review, with patients querying the reason(s) for such a change, and create uncertainty in such patients, none of which the LMC supports.

In addition, colleagues should note the existence of a 'Detect, Protect and Perfect' Initiative undertaken by Daiichi-Sankyo (who manufacture Edoxaban) and supported by NHS England, available to local commissioners. NHS Commissioners have been invited to opt into the National Framework Agreement relating to DOACs. In order to do so, commissioners must firstly terminate any existing local rebate contracts that are currently held with pharmaceutical suppliers for DOACs.

In addition, all GP colleagues should note the LMC does not support the transfer of DOAC initiated patients from Acute Trust to General Practice care without the associated resourcing of the additional

Local Medical Committees for
Croydon, Kingston & Richmond, Surrey,
East Sussex and West Sussex

The White House
18 Church Road
Leatherhead
Surrey KT22 8BB

T: 01372 389270
F: 01372 389271

www.sslmcs.co.uk

call: recall and monitoring workload associated with this; this is yet another proposed workload transfer to General Practice and should be unacceptable unless appropriate Local Commissioning arrangements to support General Practice are in place, or are commissioned prior to this occuring.

With best wishes

Dr Julius Parker
Chief Executive