



## ANNUAL REPORT 2020/21

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Supporting quality, optimised  
prescribing in the NHS

[www.prescqipp.info](http://www.prescqipp.info)

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EXCELLENT VALUE, WE COULD NOT PRODUCE EQUIVALENT INFORMATION IN-HOUSE. ESPECIALLY VALUE PEER-REVIEWED HIGH QUALITY BULLETINS AND RESOURCES WHICH ARE ACCEPTED AS BEST-PRACTICE NATIONALLY.

SUSAN BAMFORD, SENIOR LEAD MEDICINES OPTIMISATION PHARMACIST, NHS EAST STAFFORDSHIRE CCG

”

“

GOOD RESOURCES WITH CLEAR AND CONCISE REFERENCED INFORMATION. NO NEED TO SPEND TIME WRITING YOUR OWN DOCUMENTS

KATHRYN RAWSON, PRACTICE PHARMACIST, NHS SOUTH WEST LONDON CCG

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# INTRODUCTION



**Carol Roberts**  
**Chief Executive**

Nothing could have highlighted the critical significance of the NHS, and the endless dedication of its staff, more poignantly than beginning the year in lockdown as the COVID-19 pandemic swept the globe.

As workplaces across the world were forced to implement infrastructure and new working practices overnight, we were grateful for the long experience of operating as a virtual team with an established remote working culture. Like the rest of the country, we were also confronted by the unprecedented challenges associated with isolation, school and nursery closures and shielding vulnerable family members, but broadly speaking our business continuity plan proved robust, and the advantages of a lean and flexible operating model were clear.

Despite the disruption caused by the pandemic, the transformation of the commissioning landscape in England continued apace with 74 CCGs closing or merging in April 2020, and a further 38 a year later.

With a resultant loss of 85 subscribers, it was essential to ensure that PrescQIPP support remained viable in the new environment, while providing as much stability for subscribers as possible. By introducing a new fee structure, we were able to prevent dramatic and unworkable fluctuations in fees and to retain all the newly merged commissioning groups. It is clear that the continued transition to Integrated Care Systems (ICSs) across

England will require us to revisit the membership offer and fee structure once again to ensure it properly reflects and supports commissioners working in the new environment, and that our service is sustainable into the future. We are as ever indebted to all our stakeholders working with us to successfully navigate this and in particular, to our subscriber led Council of Members.

We were also delighted to welcome our first Scottish Health Boards to the community and NHS England the commissioner for health in secure settings, Health and Justice and further expand the diversity of our community.

The strength of PrescQIPP's community has always been one of its best assets, once again demonstrated at the annual awards, and now further fortified by the PrescQIPP Champions network - an invaluable resource for subscribers seeking to get the most out of their membership, and a group that we are hugely grateful to and for.

Our heartfelt thanks also go to the authors; peer and quality reviewers; and members of the Primary Care Rebates Board without whom it would not be possible to provide the service.

Each year, it seems that the NHS professionals within our community face ever greater challenges, and the fortitude and commitment with which they do so is an inspiration to the whole team.

It is a pleasure to continue working with, and for you.

## OUR MISSION

To proactively help NHS organisations to improve medicines-related care to patients, through the delivery of robust, accessible and evidence-based resources. We will work with our subscribers, considering their collective thoughts, opinions and needs.

Our work will seek to balance responding to the challenges of the present, and the aspirations for improving systems of care in the future.

## Our vision

To be seen by NHS professionals as an exemplar for quality, safety, robustness and innovation.

## Our values

- Trust is the foundation of PrescQIPP: we are independent, impartial and honest.
- The patient is at the heart of everything we do.
- We take pride in delivering quality and value for money.
- Community is the lifeblood of our programme.
- We are receptive to the opinions of all stakeholders.

## Our pledges

- We will strive to constantly improve and build platforms to face challenges for the future.
- We will provide a wider ranging and more cost effective support.
- We will improve our understanding of our subscribers' needs and deliver better implementation resources.
- We will continue to find new ways to support sharing and dissemination of good practice.
- We will keep our subscribers at the heart of our work.



**PRESCQIPP CONSULTS WELL ON BIG ISSUES AND HELPS US ALL TO HAVE A COLLECTIVE VOICE. MUCH VALUED.**

**THANK YOU**

SARAH CROTTY, HEAD OF MEDICINES OPTIMISATION, NHS HERTS VALLEY CCG



# YOUR VIEWS ON PRESCQIPP IN 2020/21



**Sajida Khatri**  
Director of Medicines  
Optimisation

Our online subscriber satisfaction survey is a keystone of our quality improvement processes. By inviting the views of all our subscribers, we are able to take stock of our performance and to understand where we can deliver improvements. Responses were up by 53% compared to our last survey, and in addition to standard questions about how we have performed, we solicited specific feedback on new areas of support, asked how we could improve our website and what would most help commissioners moving to the new world of ICSs.

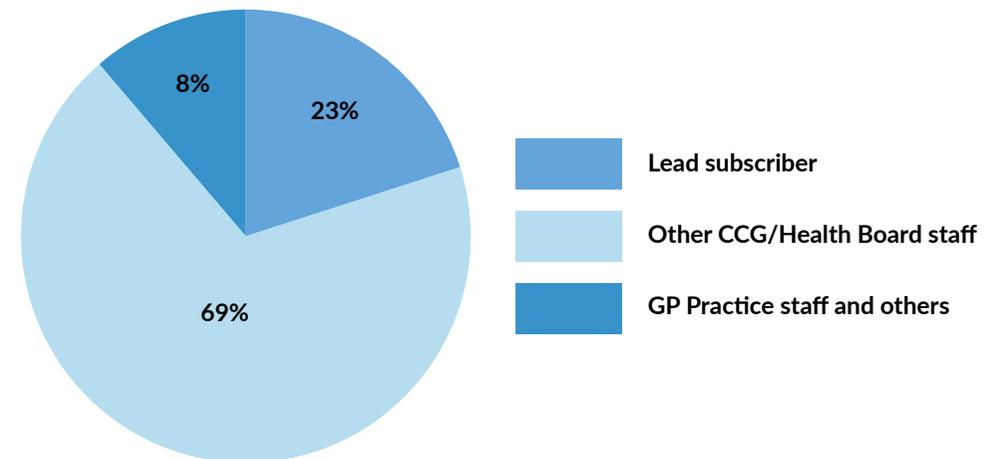
**“ THE BRIEFINGS AND WEBKITS ARE REALLY USEFUL AS YOU KNOW THAT THEY HAVE BEEN PROPERLY RESEARCHED AND YOU CAN TRUST THE CONTENT. ”**

JILLIAN POWELL, MEDICINES OPTIMISATION LEAD PHARMACIST, BERKSHIRE WEST CCG

**“ FIRST CLASS! YOU ARE MY GO TO RESOURCE FOR EVERYTHING! ”**

SARAH SPINK, SENIOR CARE HOMES PHARMACIST, NHS WEST SUFFOLK CCG

## Respondents



The majority of those answering the survey (92%) were directly employed by our subscribing CCGs and Health boards, with a further 7% from GP practices and PCNs. This closely resembles the profile of previous survey respondents.

## Overall satisfaction

% of respondents who agree or strongly agree:

**Overall I am satisfied - 95%**

**PrescQIPP resources are of a high quality - 99%**

**PrescQIPP is responsive to my communications (questions, issues, suggestions etc.) - 97%**

**I feel part of the wider PrescQIPP community - 78%**

Of only four respondents that did not indicate complete satisfaction as subscribers, one was unable to access the site at the time of responding. The others were mostly from Scottish or Welsh Health Boards prompting discussion about how to improve our support to commissioners in those nations. As a result of follow up conversations, we have developed trial data tools specifically for Scottish Health Boards and agreed to hold regular meetings specifically with our Welsh subscribers.

While we typically saw very strong agreement that PrescQIPP resources are of a high quality, one respondent suggested that more attention could be given to patient information and we are exploring a Patient Information Forum accreditation.

As with all previous surveys, responses indicated that our main challenge remains ensuring that subscribers feel part of a wider PrescQIPP community with almost a quarter of respondents indicating that they do not.

While this challenge is undoubtedly harder when coming together physically at meetings and events has not been possible, we are conscious that connecting commissioners and clinicians across the PrescQIPP community is extremely important, and in the 2021/22 financial year we will be introducing new initiatives with the express purpose of doing so.

We are delighted to see that 96% of respondents agreed or strongly agreed that PrescQIPP is responsive to communications, including questions and suggestions, though of course, our aspiration is always for 100%.



**UP TO DATE USER FRIENDLY  
RESOURCES AROUND A HUGE NUMBER  
OF RELEVANT TOPICS.**

**CAROLINE TAYLOR, PRESCRIBING TECHNICIAN  
NHS SOMERSET CCG**



## Resources and support

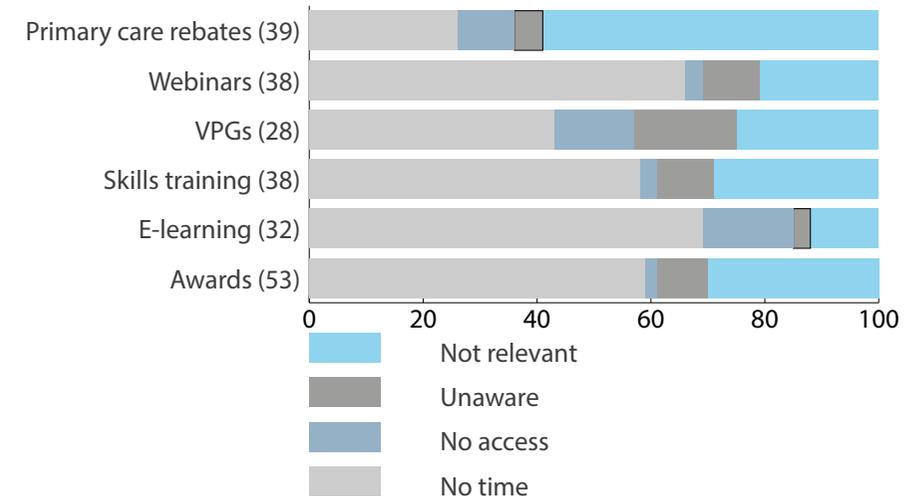
The overwhelming majority of respondents had used our clinical guidance (89%), data and intelligence reports (67%) and implementation materials (51%) over the course of the previous year. For the first time more than half of our respondents had also joined virtual professional groups or senior briefings (51%).

Fewer than 50% of respondents had accessed the following:

- E-learning courses (41%)
- Best practice and innovation webinars (32%)
- Skills training (32%)
- Primary care rebate governance and support (29%)
- Entered the PrescQIPP awards (7%)

## Reasons for not accessing

Respondents (number indicated in brackets) who said that they hadn't accessed resources and support gave the following reasons as to why.



**I FEEL THAT PRESCQIPP ENABLES MYSELF (& TEAM) TO ENSURE WE ARE UPDATED ON CURRENT TOPICS/CHANGES IN THE INDUSTRY. IT ALSO IS SUCH A VALUABLE TRAINING SOURCE FOR NEW STAFF - I COULD NOT HAVE GOT THROUGH MY FIRST FEW MONTHS SWITCHOVER FROM HOSPITAL TO CCG WITHOUT PRESCQIPP'S E-LEARNING AND WEBINARS.**

AMY GREEN, SENIOR MEDICINES MANAGEMENT TECHNICIAN CLINICAL INTELLIGENCE, NHS DERBY AND DERBYSHIRE CCG

**SHOULD HAVE HAD A TICK BOX FOR COVID, MANY IN MY TEAM WERE SECONDED TO OTHER WORK**

Time and relevance remain the two biggest factors for people in accessing support and a couple of respondents indicated that this particularly down to priorities around COVID. While it is clear there some respondents remain unaware of the full range of resources that are available to them, other comments suggested that familiarity with the volume of resources were equally a challenge.

## PrescQIPP Champions

We were pleased to see that more than three quarters of respondents knew who the PrescQIPP Champion for their area was - indeed 42% of respondents to the question were Champions themselves. This left 15% that did not know, and a further 9% who were unaware of the scheme.

## COVID response

Although 77% of respondents either did not provide an answer, or said that they had not used any of the COVID resources, the comments from those that had were very positive.

**I FOUND THE eRD RESOURCES USEFUL AND HELPED FOR US TO DRAW UP OUR OWN GUIDANCE AND IMPLEMENTATION PROCESSES**

**DURING THE COVID CRISIS IT WAS ESPECIALLY IMPORTANT TO SHARE RESOURCES AND EXPERIENCES. THIS MUST HAVE CONSIDERABLY REDUCED DUPLICATION OF EFFORT AND REDUCED FEELINGS OF ISOLATION.**

## New/updated e-learning

**FIND THE E-LEARNING GREAT. REALLY CLEAR, EASY TO FOLLOW AND DIGESTIBLE.**

We invited comments on the e-learning courses that had been launched or updated during the year:

- Anticholinergic Burden
- Dependence Forming Medications
- Polypharmacy and Deprescribing
- Practice Medicines Co-ordinators.

While less than half of survey respondents answered the question, the majority only doing so to say that they had not undertaken any of the courses - feedback from those who had was very positive. One respondent said the opportunity to read the content with an optional voiceover would be welcomed.

**WOULD BE GOOD TO OFFER THE OPTION TO READ SLIDE OR HAVE IT READ OUT LOUD. THE SAME INFO IS TESTED IN THE ASSESSMENT AT THE END REGARDLESS IF YOU HAVE LISTENED TO IT OR READ IT.**

## Website

We asked respondents about issues with the website and what changes that they would most like to see. Many people mentioned speed and an improved search function while others suggested more specific functionality.

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**WOULD BE FABULOUS IF ONE'S PROFILE  
COULD INCLUDE ONE'S ORGANISATION AND  
THE DATA COULD OPEN PRESELECTED WITH  
ONE'S HOME ORGANISATION RATHER THAN  
DEFAULTING BACK TO NHS E FOR EVERYTHING**

”

Helpfully, a number of respondents volunteered to participate in focus and user testing groups that will enable us to explore these suggestions in more detail and we will also update our data training videos to show how subscribers can make full use of the functionality.

## Conclusion

The survey results are incredibly helpful to us as a team and we're grateful to everyone who responded. However, we are also anxious that our stakeholders know that their comments, questions and suggestions are welcome throughout the year and can be shared with us via our helpdesk, direct to team members or via any of our webinars, meetings and calls.

Despite more than doubling the number of individual respondents in this year's subscriber satisfaction survey, they still accounted for only around half of all our subscribing organisations (with multiple respondents per subscriber in some cases). Next year, we intend to ensure that this is over 75% of subscribers

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**VERY SUPPORTIVE, LOTS OF USEFUL  
RESOURCES. ONE STOP SHOP FOR  
EVERYTHING WHETHER DATA ANALYSIS OR  
BULLETINS AND SHARED AUDITS.**

**SONALI PATEL, PRESCRIBING ADVISOR, NHS  
NORTH WEST LONDON CCG**

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# HIGHLIGHTS FROM 2020/21

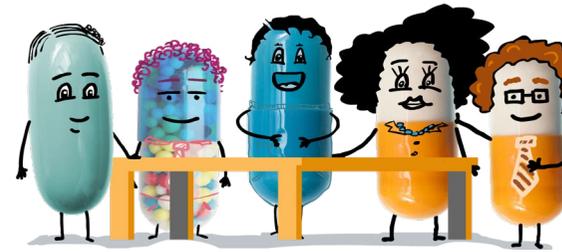


Feedback from subscribers has consistently highlighted the challenge of

becoming acquainted with the vast array of PrescQIPP resources that are available, and how best to use them. The Champions network has upskilled a network of professionals from across the PrescQIPP community, to better support subscribers in their area. Champions meet quarterly, and also benefit from skills and leadership training.

## Medicines safety webkit

Our new one stop shop for all medicines safety resources launched with bulletins, webinars, data and good practice on a single page.



## COVID response

We created an online repository for subscribers to share pertinent resources and materials between themselves, and hosted webinars on COVID in care homes and antimicrobial stewardship.

“ I THOUGHT THEY WERE WELL INFORMED AND TIMELY, DUE TO EVERY THING THAT WAS HAPPENING AT SUCH A SPEED ”

## Rebates

Our Primary Care Rebate Board continued to provide valuable assistance to commissioners on the governance and assessment of rebates schemes, and we are extremely grateful to the members for scoring them. This year, with their help we assessed six new and nine updated schemes.

## Practice plus

Our Practice plus professional network continued to grow connecting PCN and practice pharmacists and pharmacy technicians with each other and providing a range of resources and support and monthly webinars led by clinical experts.



## Skills training

We continued to build on the [skills framework](#) with expert led sessions delivered live and recorded for subscribers to watch in their own time. These included:

- [Mentoring](#)
- [Marketing Yourself and Your Medicines Optimisation Service](#)
- [Using prescribing data in everyday practice](#)
- [OpenPrescribing data tools](#)
- [NHSBSA ePACT2 analysis](#)
- [Joining the Twittersverse](#)

## E-learning

In addition to updating and republishing three of our original e-learning courses, we launched a new and popular e-learning course on Dependence forming medications. We retained our status as a Skills for Care endorsed provider of e-learning.



**DEPENDENCE FORMING VERY GOOD ALWAYS HIGH QUALITY.**



**EXCELLENT RESOURCE FOR PERSONAL DEVELOPMENT OF TEAM MEMBERS AND ACCESS TO EXPERIENCED FACILITATORS WITH EXPERT KNOWLEDGE.**

ANDREA LINTON, PHARMACY CO-ORDINATOR (NEW MODELS OF PRESCRIBING),  
HEALTH AND SOCIAL CARE BOARD NORTHERN IRELAND



# OUR PRODUCTS AND SERVICES

## Evidence-led and quality assured guidance and resources



- Bulletins and clinician-friendly briefings
- Implementation resources - clinical audit templates, presentations, posters and patient information letters, leaflets, posters and videos

## Training



- Short video skills training courses
- CPD certified e-learning courses with online assessments and certificates
- A wide array of clinical and skills webinars delivered live and available to rewatch online

## Collaboration and sharing



- Annual awards and event
- Regular virtual professional support groups
- Online operational documents repository 'Sharepoint'

## Data and intelligence



- Interactive and user friendly visual data reports based on national prescribing data to benchmark prescribing activity, monitor changes, identify priorities and see potential savings.
- Scorecards linked to our key projects
- Financial reports to monitor spend and growth
- Tools to support budget setting, RightCare, and monitor controlled drugs, and NCSO price concessions cost pressures
- Snapshots across a wide range of clinical areas
- Interactive maps offering instant visual intelligence
- Data support tools to help you with your work
- Commissioner level and practice level data reports, with individual practice visit and progress reports

## Primary care rebates



- Governance, assessment and monitoring and a tool to assess possible financial returns

# PRESCQIPP AWARDS 2020

## **Gold Award Winner - Using Emollients Safely - Cambridgeshire and Peterborough CCG**

The 'Using Emollients Safely' campaign launched in October 2019 providing support and advice to the public and health professionals on the importance of using emollients safely to help prevent fire risk.

## **Silver Award Winner - Pain Support Programmes in Healthy Living Centres - Health and Social Care Board (HSCB) Northern Ireland**

Following a successful pilot of 13 '12 week chronic pain support programmes (PSP)' in Healthy Living Centres (HLCs) in N. Ireland (NI), the HSCB funded (£72k) and supported a further 32 'HLC 12 week PSPs' in 16 HLCs between Sept and March 19/20.



## **Winner - De-prescribing education in County Durham - County Durham CCG**

This was a joint project between County Durham CCG, County Durham and Darlington Foundation Trust and the Durham and Darlington Area Local Pharmaceutical Committee. The project was funded by the NE AHSN.

## **Winner - Transfer of Care Around Medicines (TCAM) - Extension to Pharmacy Teams Supporting Care Homes - West Midlands**

This project involved the implementation of direct referrals of residents on discharge to those pharmacy teams providing clinical pharmacy services to care homes.

## **Winner - Digital v Human Pharmacist - Swansea Bay University Health Board**

This project involved SBUHB Pharmacy team exploring whether technology, in the form of Robotic Process Automation (RPA), could be developed to clinically validate Homecare Medicines prescriptions to the same standard as our Clinical Pharmacists within the specialty of rheumatology.

# PRESCQIPP AWARDS 2020

## **Highly commended - Embedding Medicines optimisation and Holistic review of Learning Disability care home residents - South West London CCG**

A pilot project was launched in January 2019 to provide medicines optimisation reviews for adults with learning disabilities living in care homes (LDMOCH) in South West London.

## **Highly commended - Improving pre-pregnancy care for women with diabetes: a community focused strategy - Sheffield CCG**

This project aimed to review the service model to improve the pre-pregnancy care for women with diabetes. The objective was to increase the uptake of high dose folic acid 5mg daily and reduce harmful medications at antenatal booking.

## **Highly commended - Safe Prescribing Of Direct Oral Anticoagulation: A Collaborative Approach To Minimising Harm From Interacting Medicines - Nottingham and Nottinghamshire CCG**

This project was a novel collaborative approach across the Integrated Care System (ICS) in Nottinghamshire to improve the effectiveness and safety of DOAC prescribing by reducing clinically significant drug interactions.

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**PRESCQIPP IS AN INVALUABLE RESOURCE - SAVES ME LOTS OF TIME BY READING IDEAS AROUND EXCELLENT QUALITY MATERIALS.**

**FIONA SANDERSON, PRINCIPAL PHARMACIST NHS AYRSHIRE AND ARRAN**

”

# OUR 2021/22 WORK PLAN



**Kate Smith**  
Director of Clinical Quality

The publication of our work plan follows an extensive consultation with our subscribers and a democratic selection. This process is essential in ensuring that the resources and support we deliver align as closely as possible with the priorities and needs of our community. Every item of our published clinical guidance is subject to rigorous [quality assurance](#) including strategic and quality peer reviews and stakeholder consultation.

**“ A RANGE OF HIGH QUALITY RESOURCES, IDEAS AND SOLUTIONS FOR ADDRESSING SPECIFIC PRESCRIBING PROBLEMS/ISSUES. ”**

EMER MCLEAN, PHARMACY ADVISER  
HEALTH AND SOCIAL CARE BOARD NORTHERN IRELAND

## SKILLS

- Leadership skills to support a move to system working
- Structured medication review skills training

## QIPP

- Recovery post COVID
- Low priority prescribing
- Specials toolkit (including use of specials in children)
- Optimising the use of wound management products
- Management of dry eyes in primary care/eye preparations
- Silk and antimicrobial garments
- Dosulepin
- Trimipramine
- Lidocaine plasters
- Rectal irrigation
- Barrier products

## Our 2021/22 work plan continued

CLINICAL	Structured medication reviews	Freestyle libre and diabetes testing strips	
	Anticholinergic burden and other deprescribing algorithms including nutrition (sip feeds)	Medicines and falls	
	Management of dry eyes in primary care/eye preparations	Cost effective prescribing choices in dermatology	
	Biosimilars	Antimicrobial stewardship	Prescribing in ADHD
	Using multidisciplinary teams effectively in care homes	Menopause	
	Lowering the inhaler carbon footprint	Integrating Pharmacy and medicines optimisation (IPMO)	
NON-CLINICAL	Working across boundaries/ strategic commissioning	7 day prescriptions/ use of monitored dosage systems	
	Implementing NICE guidance in care homes	Commissioning high cost drugs and services	

The [work plan tracker](#) shows the progress of our resources as they pass through the various stages of quality assurance, from drafting to publication.

## Our 2021/22 work plan continued

DATA

Investment and impact fund indicators dashboard

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**SAVES A HUGE AMOUNT OF MO STAFF TIME  
HAVING AN EXCELLENT RESOURCE FOR  
ALL PRESCRIBING ELEMENTS AT DIFFERENT  
LEVELS IN AN ORGANISATION E.G. PCN  
PHARMACIST THROUGH TO HEAD OF  
DEPARTMENT.**

KATE HUDDART, HEAD OF MEDICINES  
OPTIMISATION, COUNTY DURHAM CCG

”

“

**PRESCQIPP IS SUCH AN EXCELLENT  
ORGANISATION. THERE ARE SO MANY  
BENEFITS IN SO MANY DIFFERENT  
CATEGORIES THAT IT IS HARD TO  
ENUMERATE EVERYTHING. THE ROI  
MUST BE MANY TIMES OVER.**

ANNE MAHER, SPECIALIST INTERFACE  
PHARMACIST, NORTHAMPTONSHIRE CCG

”

## FINANCE



**Carole Crawford**

**Non-Executive Director**

At the end of February 2021, we completed our fifth year of trading as a community interest company.

The dramatic reduction in subscriber numbers through the multiple CCG mergers that would have made our financial position untenable, was successfully mitigated with a revised subscription fee structure that helped to secure our budget and prevent dramatic fee increases for our community.

While the company closed the year with a healthy balance sheet, the continued transformation of the commissioning environment as the NHS moves to Integrated Care Systems in 2022, coupled with an increase in costs and required investment in infrastructure, means that we will need to work with our stakeholders to ensure that PrescQIPP can continue to provide a service that is both sustainable, and appropriate to the new ways of whole system working.

### Statement of income and retained earnings for the year ended 28 February 2021

	2021	2020
Turnover	£1,530,410	£1,440,667
Cost of sales	(£187,780)	(£161,588)
Gross surplus	£1,342,630	£1,279,079
Administrative expenses	(£1,207,109)	(£1,136,830)
Other interest receivable and similar income	£237	£319
Surplus before tax	£135,758	£142,568
Taxation	£40,186	£50,775
Surplus for the financial year	£175,944	£193,343
Retained earnings brought forward	£713,311	£519,968
Retained earnings carried forward	£889,255	£713,311

### Balance sheet as at 29 February 2021

	2021	2020
<b>Current assets</b>		
Debtors	£125,887	£60,487
Cash at bank and in hand	£1,315,378	£1,148,102
	<b>£1,441,265</b>	<b>£1,208,589</b>
<b>Creditors:</b> Amounts falling due within 1 year	(£359,289)	(£302,557)
<b>Net assets</b>	<b>£1,081,976</b>	<b>£906,032</b>
<b>Capitals and reserves</b>		
Capital contribution reserve	£192,721	£192,721
Profit and loss account	£889,255	£713,311
<b>Total equity</b>	<b>£1,081,976</b>	<b>£906,032</b>

## USEFUL LINKS

[PrescQIPP work plan tracker](#)

[Stakeholder pages](#) - for people with interest in our work including patient groups, voluntary sector organisations, pharmaceutical companies and NHS professionals and networks.

[E-learning Hub](#) - with details of our CPD certified e-learning courses available to buy including:

- Practice medicines co-ordinators
- Polypharmacy and deprescribing
- Anticholinergic burden
- Anticoagulation: Stroke prevention in atrial fibrillation
- Asthma
- Chronic heart failure in adults
- Dependence forming medications
- Managing medicines for adults receiving social care in the community: Courses 1 and 2
- Medicines use in care homes: Courses 1, 2 and 3
- Optimising medicines for adults with type 2 diabetes
- Polypharmacy and deprescribing
- Practice medicines co-ordinators
- Reducing opioid prescribing in chronic pain

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**LOTS OF RELIABLE RESOURCES AND DATA -  
REBATE INFORMATION PARTICULARLY USEFUL.**

NEIL HARDY, ASSOCIATE DIRECTOR - MEDICINES  
OPTIMISATION, NHS WEST HAMPSHIRE CCG

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## Contact us

Please feel free to email any queries, suggestions or comments to [help@prescqipp.info](mailto:help@prescqipp.info)

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**THE TIME WE SAVE FROM USING PRESCQIPP  
AND THE QUALITY OF THE RESOURCES  
REPRESENT EXCELLENT VALUE FOR MONEY.  
FOR THE PRICE OF A PART TIME MEMBER OF  
STAFF YOU GET ACCESS TO THE WORK OF  
MANY WHICH COULD NOT BE DELIVERED  
IN HOUSE FOR ANYWHERE NEAR THE COST.**

GARY BARNFIELD, DEPUTY DIRECTOR MEDICINES  
OPTIMISATION (AHPS), SHEFFIELD CCG

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