The Scottish Association of NHS Medical Directors

NHS Scotland Directors of Pharmacy

NHS SCOTLAND

Minute

Meeting: **NHSScotland Effective Prescribing Programme Board**
Date: 18 May 2016 at 09:30 – 12:00
Location: Fettes Suite, SHSC Venue, Crewe Road South, Edinburgh, EH4 2LF

Attendees:

Present: [redacted]

Teleconf:

In attendance:

Apologies:

1. **Welcome and Apologies**
[redacted] welcomed members and noted the above apologies. Brief introductions were given by members.

2. **Minute and Action Log of last meeting held on 23 March 2016**

Minutes of the last meeting were agreed with no amendments. The Action Log was considered. Members were content with the status of Actions, noting that outstanding Actions 01 (27/01/2016) and 09 (23/03/2016) were in progress and Action 06 (23/03/2016) had been palced On Hold.

3. **Chief Executive's Group May Meeting**

[redacted] outlined that discussion at the Chief Executives' Group (CE) meeting on 11 May 2016 had been productive. Clear direction had been given by the CEs on prioritisation of projects and opportunities, including further information required. A request had been made to the Effective Prescribing Programme (EPP) to provide clarity on the projects that will deliver in 2016/17 and 2017/18 and a more precise figure for financial benefit against risk. A further request was made to be clear on where financial benefits are realised and reported to avoid double counting.

Action 01 (18/05/2016): Programme/ Project Leads to work with Directors of Finance to further refine financial benefits to be reported to the June CE Group.

CEs are keen to understand variation in relation to medicines usage across the system and to adopt best practice on a 'Once for Scotland' basis where appropriate. It was noted that further discussion was required by the Programme Board to agree what role the Effective Prescribing Programme would have in supporting Boards in undertaking work around dietary products: gluten-free and Oral Nutritional Supplements (ONS).

In respect of Over the Counter (OTC) medication, it was agreed that Boards would look to promote best practice amongst prescribers and that a Scottish Government policy change was not being explored.

In relation to formularies, it was agreed that the focus for 2016/17 should be on compliance with existing NHS Board formularies; and to understand what leadership and actions are required locally (at Board level) through Medical Directors, Directors of Pharmacy and colleagues to support improved formulary compliance. [redacted] asked if work could be undertaken by EPP to address variation and improve compliance within existing prescribing through the development of indicators.

[redacted] suggested a targeted approach to formulary compliance, identifying specific therapeutic areas. It was agreed that Respiratory and Diabetes should be a focus given the existence of published strategies and national and local clinical networks. [redacted] and [redacted] highlighted that securing clinical leadership at a National Advisory Group level for both Respiratory and Diabetes would be central.

[redacted] requested further clarification on the definition of a formulary. It was agreed that there was a requirement to provide a definition for a formulary.

Action 02 (18/05/2016): [redacted] to draft a short description of a formulary to aid future discussion.

[redacted] reported that the CE Group had agreed to await the publication of the Montgomery Review in relation to assessing opportunities around the impact of new medicines. NHS Boards are strongly encouraged to contribute to the Review.

Action 03 (18/05/2016): Programme Board members to highlight the need for their respective Boards to engage with and contribute to the Montgomery Review.

[redacted] summarised that the EPP would focus on accelerating the 6 project areas previously prioritised; further reduce variation in relation to gluten-free and ONS; and drive a sustained focus on improving formulary compliance within Boards.

[redacted] informed members that [redacted] had indicated that the funding request for £450k would be made available to EPP and added the requirement to demonstrate return on investment.

[redacted] noted that there was a need, not only for clarity on savings for the CEs, but highlighted the need to ensure differentiation between savings counted / reported at Board level and overall for NHSScotland/ EPP.

[redacted] further noted that there may be hidden costs for Boards in implementing a formulary recommendation; not only a product change but also the cost of any changes to infrastructure to support that change.

[redacted] acknowledged and agreed with [redacted] comments adding that that there is a need to understand current models and identify exemplars. [redacted] highlighted the challenge in identifying hidden costs.

[redacted] informed the group that the Directors of Finance (DoF) Group were in the process of developing a template to analyse NHS Board Efficiency Plans. It was agreed that further work on the savings which could be made through EPP was required to feed into this and provide an understanding of the totality of savings which could be achieved.

[redacted] noted that a holistic approach to benefits profiling should be utilised and articulated, which demonstrates clinical and financial benefits which will support clinical engagement. There is also a need to quantify opportunities which require an invest to save model.

[redacted] asked what role the NHS Board Area Drug and Therapeutic Committee (ADTC) has to improve formulary compliance. [redacted] advised that Board infrastructure and approach varied. Through the ADTC Collaborative a need has been identified for a network between ADTCs to facilitate conversation on best practice, which could support formulary compliance.

Discussion took place around how pricing is ascertained for local formularies. It was clarified that Boards determine their local formulary and pricing negotiations are carried out separately, the two processes are not linked. [redacted] advised that the ScriptSwitch tool identifies the most cost effective drug, thus promoting a preferred list of first and second line choice of drugs.

[redacted] highlighted the need for the programme to focus upon adding pace to realise savings within the current financial year 2016/17. [redacted] suggested a role for the EPP to ensure that NHS Boards have the information to work on formulary compliance and direct focus on the key areas. [redacted] noted that the aim of the EPP is to provide acceleration in agreed areas.

3.1 Dietary Products – Gluten Free Foods

[redacted] outlined Agenda item 3.1 on gluten-free dietary products. It was noted that costs associated with prescribing gluten-free products had flat lined; this continued to be monitored monthly. Variance in prescribing amongst Boards has decreased, with only staple products now available. It was noted that the number (volume) of patients diagnosed as gluten intolerant was unknown.

[redacted] further outlined that she was a member of the Delivering Outpatient Integration Together (DOIT) collaborative; which has begun to consider a guideline for gluten intolerance from the point of diagnosis to the point of prescribing. This piece of work is being led by Jacqueline Walker, Dietician, NHS Tayside. [redacted] agreed to keep the group informed of developments.

[redacted] advised the group that the topic of dietary products had been discussed at a recent public partners meeting, at which a coeliac patient representative was present, and noted that the general view was that patients would be prepared to pay for dietary products. [redacted] further highlighted that the Our Voice Project may be a suitable forum to engage with public partners, to ascertain a wider patient perspective and help support changes in prescribing.

The introduction of a voucher scheme for gluten-free dietary product prescribing was discussed, noting equity of access and infrastructure considerations. It was reported that NHS Board experience of the patient demographic accessing gluten-free dietary products indicated that the service was predominantly accessed by more affluent patients. However, further analysis would be required.

Action 04 (18/05/2016): [redacted] to draft data requirement request for exploratory analysis on patients in receipt of gluten free to understand who is accessing this service.

[redacted] suggested the focus of the EPP should be on reducing variation and accelerating pace. This is something which NHS Boards can address locally in 2016/17. The wider issue of limiting eligibility / removing is a larger piece of work and longer term. [redacted] noted that the Gluten Free Food Service will be reviewed in 12 months and there would be opportunity to review access at this point.

3.2 Dietary Products – Oral Nutritional Supplements (ONS)

[redacted] outlined Agenda item 3.2 relating to ONS and highlighted the main drivers contributing to prescribing growth in this area. [redacted] advised that all NHS Board prescribing teams have a focus on ONS in their work plans 2016/17.

[redacted] further noted that a small group had formed to develop a pilot for ONS in three Boards, adopting a similar process to that for Gluten Free, whereby prescribing would be facilitated by a Dietician and Community Pharmacist, rather than a General Practitioner (GP). The group will also look to develop a guideline for comment and dissemination across Boards.

[redacted] questioned what the Effective Prescribing Programme Board could do to add value to this work in terms of increasing spread, removing barriers and reducing variation.

[redacted] noted that once outputs from these two pieces of work were available that the Effective Prescribing Programme would look to make recommendations and promote engagement with the work in Boards. [redacted] noted potential for further work on pricing as a secondary element and led by Procurement, Commissioning and Facilities (PCF).

Action 05 (18/05/2016): [redacted] to continue to feedback to the programme on work being undertaken by DOIT (gluten intolerance) and Boards/ Pilot (ONS).

Action 06 (18/05/2016): [redacted] to follow up with PCF on potential procurement opportunities for provision of ONS.

[redacted] noted that national schemes associated with rebates for Boards by volume can have an adverse affect and contribute to variation; although these are no longer in place there will be a period of time for that variation to work through.

HM questioned if feedback from patient groups regarding levels of satisfaction with changes would be of value. It was clarified that any changes are part of a formal review with the patient and a two way dialogue.

[redacted] questioned if there was opportunity for specialist dietary intervention as opposed to the prescribing of medication. It was agreed that this was a valid point, and the Chief Medical Officer (CMO) Report on Realistic Medicines begins to explore this issue. In terms of the remit of the EPP the focus for ONS is on reducing variation and clinical and cost effectiveness.

3.3 Over the Counter Medication (OTC)

Agenda item 3.3 Over the Counter (OTC) medications was discussed. [redacted] noted that a policy change was not being sought, and NHS Boards should be encouraged to ensure that products available OTC are not prescribed or supplied through the Minor Ailments Service. [redacted] noted that this was a challenging area for Boards to address directly when Scottish Government policy has OTC products available on prescription.

[redacted] highlighted the need to understand the number of patients prescribed paracetamol and ibuprofen for chronic conditions. [redacted] advised that contact has been made with the Proprietary Association of Great Britain (PAGB) to determine if there has been a fall in OTC sales due to the removal of prescription charges in Scotland.

Action 07 (18/05/2016): [redacted] to request further data analysis on OTC and prepare recommendation for review by the Programme Board.

3.4 Formulary Compliance

Agenda item 3.4 formulary compliance was discussed. [redacted] agreed with [redacted] previous comment that Respiratory prescribing would be an appropriate area to target. [redacted] questioned which other areas could be addressed and what specifically could be done within Respiratory and Diabetes.

[redacted] cautioned the group that prescribing action plans have been developed and that Boards are looking to improve local formulary compliance. Adding that changes to the formulary will impact on monitoring of compliance. [redacted] further noted that capacity to review patients would contribute to extended timescales for the realisation of benefits and savings.

[redacted] outlined the need to understand timescales for implementation, how changes could / would be managed and any lead times associated. It was discussed that accelerating formulary compliance for respiratory would not be viable, as there is a requirement to conduct face to face reviews with patients as part of changes to medication which will require an amount of time to undertake.

[redacted] outlined the need for clear communications nationally surrounding the monitoring of formulary compliance. Noting the need to identify appropriate timescales for accurate monitoring i.e. when switches are made compliance will be monitored following an appropriate period of time as determined by product.

Action 08 (18/05/2016): [redacted] to undertake further work to understand appropriate timescales for the monitoring of formulary compliance in targeted areas.

3.5 Impact of new medicines

[redacted] reiterated the need for Boards to feed into the Montgomery Review; noting that two representatives from the Chief Executives, Medical Directors and Directors of Pharmacy will work on options to support the Montgomery Review.

It was discussed that the pricing and subsequent impact of new medicines was a complex issue. It was noted that the pharmaceutical industry has resisted standardised pricing and that this was difficult for Boards to manage locally through business as usual (BAU) activities.

4. Further Potential Opportunities

4.1 Managed Repeats

[redacted] outlined the repeat prescription management services offered to patients by Community Pharmacies. This is a contractor developed service and is not supported by the Scottish Government. There is anecdotal evidence that managed repeats can promote waste if not implemented and managed effectively.

[redacted] noted that there is no evidence of systemic work being undertaken across Boards to review these services; however work is underway locally in a number of Boards with a focus on individual cases.

[redacted] advised that NHS Dumfries and Galloway had taken the decision as of 1 May 2016 to remove the managed repeats service. A small number of patients had raised this as an issue, which have now been resolved. Adding that the impact of this change was yet unknown and would be reviewed in a few months time.

[redacted] highlighted that patient ownership was central to this discussion; outlining that patients are now able to order repeat prescriptions online and local promotion of this service instead of managed repeats was being undertaken by Boards.

It was agreed that the area of managed repeats should be addressed through local NHS Board management and would not be progressed further by the Effective Prescribing Programme.

Action 09 (18/05/2016): [redacted] to update the opportunities log (004) to reflect discussion by the Programme Board regarding Managed Repeats.

4.2 Opportunities Log

[redacted] outlined the Opportunities Log and items highlighted for discussion.

[redacted] noted the need for clarity in documenting the outcome of discussions in the log, specifically in instances where an opportunity is determined not to be taken forward by the programme.

Action 10 (18/05/2016): [redacted] to update the Opportunities Log to reflect feedback from the May 2016 CE meeting.

Opportunity 003 referred to non-medicine items such as urostomy products, ostomy products and wound care products. It was noted that work to understand the scale of opportunity was ongoing; however, the question was asked where this would best sit once data analysis is complete.

It was noted that this is a complex area and that internal management (infrastructure) varies by Board; however, each Board will have a team that leads on these products.

[redacted] referred to a therapeutics group within NHS Greater Glasgow & Clyde (GGC) which she chairs and advised on a formulary for each of these areas. It was suggested that [redacted] provide further detail on the GGC model and suggest who needs to be engaged and support this work.

Action 11 (18/05/2016): [redacted] to provide further detail on model within GGC to support non-medicine items and suggest who needs to be engaged at a Board level.

It was further discussed that clarity was required on whether this opportunity was sitting with EPP or PCF. [redacted] noted that PCF in the March presentation to the Board had sought advice on whom to approach at Board level and to secure clinical engagement.

It was agreed that clarity on who should take this piece of work forward should be sought from the CE Group; data once available will be reviewed at a future meeting of the Programme Board and discussion on responsibility for implementation and models of best practice.

Action 12 (18/05/2016) [redacted] seek clarity on actions allocated to PCF on the subject of medicines and other medical device / product savings.

Action 13 (18/05/2016): Further review of the data on non-medicine products to define the opportunity for discussion at the Programme Board.

Opportunity 008 relating to a Minor Ailment Service (MAS) 'white list' of drugs was discussed. It was agreed that there is a need to understand what is prescribed under MAS.

Action 14 (18/05/2016): [redacted] to define data analysis required to understand MAS prescribing.

It was agreed that opportunity 009 relating to medicine adherence as a quality issue would be removed from the opportunities log, noting that this links closely with formulary compliance.

Action 15 (18/05/2016): [redacted] to update the opportunities log (009) to reflect discussion by the Programme Board on medicines adherence.

Opportunity 010 was discussed. [redacted] noted that good work undertaken by Boards was now showing in the data in relation to unlicensed medicines and specials. It was agreed that [redacted] and [redacted] would draft wording on progress made and close this entry within the Opportunities Log.

Action 16 (18/05/2016): [redacted] to draft wording on progress made in the area of unlicensed medicines and specials to close entry 010 in the Opportunities Log.

It was agreed that there is a need for a joined up strategy for these medicines across acute and primary care and to set out the position of the new build specials unit (NHS Tayside). It was agreed that this will be reviewed at a later date.

5. Benefits Management Approach and Principles

[redacted] introduced and outlined the Benefits Management Approach and Principles paper. Noting that the document outlined the process to capture benefits and required Project Leads to identify benefits and dis-benefits. Analyst support through EPP will facilitate feedback to Boards and support implementation locally.

[redacted] asked the group to approve the proposed approach and principles. Noting that Project Leads will work with Project Managers and DoF colleagues to qualify and quantify benefits profiling. It was noted that there is a requirement for clarity in benefits profiling and monitoring across EPP (national), at Board level and within PCF.

[redacted] suggested that 'patient group affected' would be a helpful addition to the benefits profile template.

Action 17 (18/05/2016): [redacted] to amend Benefits profile template to indicate the patient group affected.

Action 18 (18/05/2016): EPP Project Leads to define key benefits and complete benefits profile.

The Benefits Management Approach and Principles paper was approved.

6. Progress Report & Risk Register

[redacted] advised that the Progress Report was submitted for information; members were content with the status.

The Programme Board discussed the Red Risk 003 relating to senior clinical engagement. It was noted that cohesion between the Effective Prescribing Programme Board, SAMD and DoPs was required to support and ensure continued clinical engagement.

Discussion followed on the approach to manage communication and engagement with these groups, in order to ensure strong clinical leadership. It was discussed that there is a need for a regular communications to be established; and a brief one page document outlining key messages and key asks of each group following the Programme Board.

Action 19 (18/05/2016): EPP Communication to be issued to key stakeholders following Programme Board. [redacted] to co-ordinate further discussion on programme communications with [redacted].

[redacted] highlighted the need to understand any resource gaps to support clinical leadership and determine where this would be best placed and deployed across the programme.

[redacted] asked if members were content with mitigating actions noted under Programme Risk 003 and would look to reduce this to Amber. Members agreed to revise the scoring of this risk.

Action 20 (18/05/2016): [redacted] to revise scoring of Risk 003 to reflect discussion at the Programme Board.

7. Acute Medicine Efficiency Plans

[redacted] referred to NHS Board Efficiency Plans and asked the group to be mindful within their Boards on the impact on prescribing and any unintended consequences.

The March Programme Board had received a presentation from Vince Summers, Deputy Director of Pharmacy, on Acute Medicine Efficiency Plans. The group were asked to consider what further steps were required in this area.

[redacted] noted that there is a well established model within Primary Care; however Acute poses a challenge for Boards. [redacted] advised that NHS Lothian has set up a team to address within Acute and suggested a need to support and encourage Boards to provide support and investment in the structure within Acute.

It was discussed that good use of data could help to support this at Board level. It was noted that there are different messages for each speciality within the Acute, as opposed to a single message for Primary Care, and clinical engagement would need to take place individually with each speciality clinical group. There is also potential to link to the national clinical societies and groups.

It was agreed that in order to identify models of good practice there was a need to understand the processes and models currently in place within NHS Boards for considering Acute Medicines Efficiencies.

Action 21 (18/05/2016): [redacted] to follow up with Vince Summers on approach to mapping processes and models within NHS Boards for considering Acute Medicine Efficiencies.

8. Polypharmacy

[redacted] outlined the Polypharmacy Survey Executive Summary to the group. It was noted that there is variation across Boards in terms of their stage of implementing / developing a strategy for polypharmacy. With further variation in who undertakes reviews, triggers initiating reviews and local data collection practices across all Boards.

It was further noted that there is some consensus amongst Boards in recommendations made for national data collection and analysis and that Boards having clinical engagement and support for polypharmacy was central to successful implementation of a strategy.

[redacted] advised that next steps for the project included exploring how data could be collected smartly, such as through the Scottish Therapeutics Utility (STU) tool. Once modelling work has been completed the project will feedback to SAMD and DoP Groups. AM advised that the project intended to explore the use of improvement methodology to provide consistency to the model employed to undertake reviews.

[redacted] noted the value in positioning projects within the wider context of the CMO Realistic Medicines Report key messages.

9. Biologics

[redacted] introduced the Biological Medicines and Effective Prescribing paper, providing feedback on the scoping workshop with Gastroenterology and Rheumatology representatives. [redacted] noted commitment from clinicians a real desire to optimise the cost effective use of biologics.

An 'invest to save' approach is recommended to deliver quality improvement and financial savings. Clinicians offered a number of solutions – including a wider conversation with patients in remission on the potential to taper and stop biologics, requiring service redesign for infrastructure and capacity. Examples of good practice in Boards were cited.

[redacted] noted that a barrier to progressing this work within Boards was that clinician voices were not being heard. It was agreed that the development of case studies from NHS Boards who have successfully secured/ implemented an invest to save approach for biologicals in Scotland would help to support progression and visibility.

Action 22 (18/05/2016): [redacted] to lead on the development of case studies from NHS Boards who have successfully secured/ implemented an invest to save approach for biologicals.

It was noted that work had commenced through PCF to scope the potential for a national drug antibody testing service for certain biological medicines.

[redacted] highlighted that clinical leadership and improvement expertise resources would be required to progress work further.

The Programme Board supported the recommendations within the paper.

10. Date of Next Meeting

Date of Next Meeting: 27 July 2016, 13:30 – 16:00

Location: Meeting Room 4.8, 4th Floor, Meridian Court, Glasgow G2 6QE

11. Action Log

Actions shaded in grey are closed or completed.

Action Ref.	Action	Due Date	Revised Due Date	Owner	Update
01 (27/01/2016)	[redacted] to discuss with Medical Directors for NHS Borders, NHS Grampian and NHS Tayside representation to join the Programme Board.	10/02/16	**In progress**	[redacted]	In progress 03/05/16: NHS Tayside to identify representative. Borders and Grampian confirmed.
06 (23/03/2016)	Discussion to continue on clinical lead secondment and timings to ensure maximum value with Project Leads for Consensus Statements and Biosimilars.	06/04/16	**On Hold**	[redacted]	On Hold: Dependent on developments within Biologics work and Consensus Statements
09 (23/03/2016)	National Procurement to present opportunities discussed in the 4 areas to the ADTC Collaborative to help facilitate links to local formulary groups and additionally highlight to SAMD and DoP groups.	18/05/16	**In progress**	[redacted]	
01 (18/05/2016)	Programme/ Project Leads to work with Directors of Finance to further refine financial benefits to be reported to June CE Group (21/06/16).	14/05/16		[redacted]	
02 (18/05/2016)	[redacted] to draft a short description of a formulary to aid future discussion.	10/06/16		[redacted]	
03 (18/05/2016)	Programme Board members to highlight the need for their respective Boards to engage with and contribute to the Montgomery Review.	Immediate		All Board members	
04 (18/05/2016)	[redacted] to draft data requirement request for exploratory analysis on patients in receipt of gluten free to understand who is accessing this service.	03/06/16		[redacted]	

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05 (18/05/2016)	[redacted] to continue to feedback to the programme on work being undertaken by DOIT (gluten intolerance) and Boards/ Pilot (ONS).	27/07/16		[redacted]	
06 (18/05/2016)	[redacted] to follow up with PCF on potential procurement opportunities for provision of ONS.	03/06/16		[redacted]	
07 (18/05/2016)	[redacted] to request further data analysis on OTC and prepare recommendation for review by the Programme Board.	13/07/16		[redacted]	
08 (18/05/2016)	[redacted] to undertake further work to understand appropriate timescales for the monitoring of formulary compliance in targeted areas.	17/06/16		[redacted]	
09 (18/05/2016)	[redacted] to update the opportunities log (004) to reflect discussion by the Programme Board regarding Managed Repeats.	03/06/16		[redacted]	
10 (18/05/2016)	[redacted] to update the opportunities log to reflect feedback from the May 2016 CE meeting.	03/06/16		[redacted]	
11 (18/05/2016)	[redacted] to provide further detail on model within GGC to support non-medicine items and suggest who needs to be engaged at a Board level.	17/06/16		[redacted]	
12 (18/05/2016)	[redacted] to seek clarity on actions allocated to PCF on the subject of medicines and other medical device / product savings.	03/06/16		[redacted]	
13 (18/05/2016)	Further review of the data on non-medicine products to define the opportunity for discussion at the Programme Board.	13/07/16		[redacted]	
14 (18/05/2016)	[redacted] to define data analysis required to understand MAS prescribing.	03/06/16		[redacted]	
15 (18/05/2016)	[redacted] to update the opportunities log (009) to reflect discussion by the Programme Board on medicines adherence.	03/06/16		[redacted]	

16 (18/05/2016)	[redacted] to draft wording on progress made in the area of unlicensed medicines and specials to close entry 010 in the Opportunities Log.	10/06/16		[redacted]	
17 (18/05/2016)	[redacted] to amend Benefits profile template to indicate the patient group affected.	03/06/16		[redacted]	
18 (18/05/2016)	EPP Project Leads to define key benefits and complete benefits profile.	13/07/16		[redacted]	
19 (18/05/2016)	EPP Communication to be issued to key stakeholders following Programme Board; and [redacted] to co-ordinate further discussion on programme communications with [redacted]	30/05/16		[redacted]	
20 (18/05/2016)	[redacted] to revise scoring of Risk 003 to reflect discussion at the Programme Board.	03/06/16		[redacted]	
21 (18/05/2016)	[redacted] to follow up with Vince Summers on approach to mapping processes and models within NHS Boards for considering Acute Medicine Efficiencies.	03/06/16		[redacted]	
22 (18/05/2016)	[redacted] to lead on the development of case studies from NHS Boards who have successfully secured/ implemented an invest to save approach for biological.	24/06/16		[redacted]	