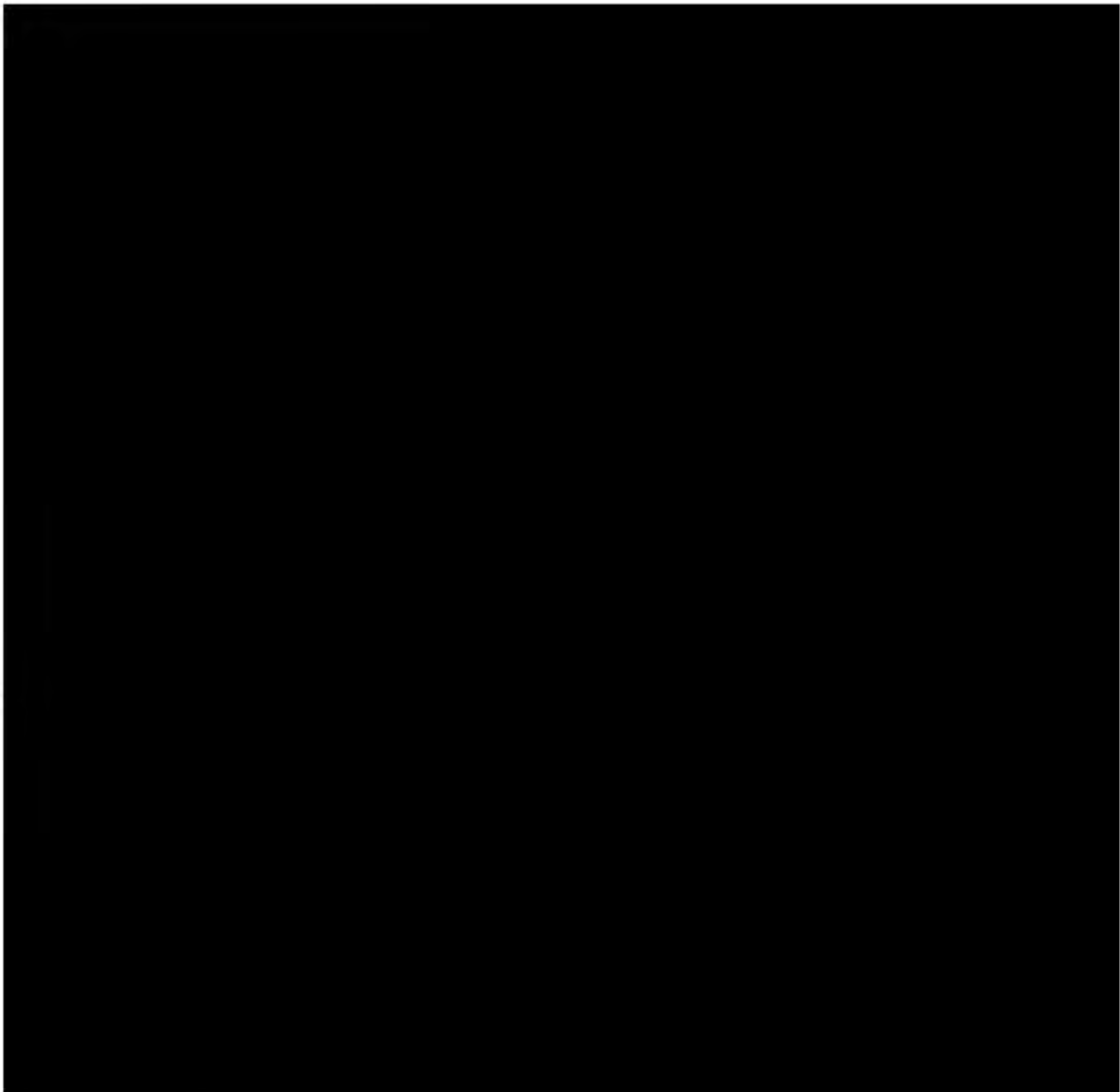


# Minute

**Meeting:** NHSScotland Effective Prescribing Programme Board  
**Date:** 22 November 2016 at 13:30-16:00  
**Location:** Boardroom 1, Ground Floor, Gyle Square, 1 South Gyle Crescent, Edinburgh, EH12 9EB

**Attendees:**

Present:




Teleconf:

In attendance:

Apologies:

## 1. Welcome and Apologies:

 welcomed members and noted the apologies.

## 2. Minute and Action Log of last meeting held on 7 September 2016

Minutes of last meeting were agreed with no amendments. [REDACTED] noted that Actions 01 (07/09/2016) and Action 02 (07/09/2016) had now been completed. The Board was advised that [REDACTED] will Co-Chair the New Opportunities Group with [REDACTED]. The first meeting of the group will be held mid-December.

[REDACTED] confirmed that regarding Action 03 (07/09/2016) health economics resource had been identified to complete the analysis on optimal model(s) for polypharmacy reviews.

[REDACTED] noted a recent workshop on the benefits of Hospital Electronic Prescribing and Medicines Administration (HEPMA) and that it was likely that the report would be available shortly.

## 3. Programme Overview:

[REDACTED] asked the Board to note the current RAG status of the Programme as amber due to current position of projects against the assessment of potential savings 2016/17. The detail of this was discussed in reference to the benefits tracker.

The Board noted the risk that timescales for data/ support being made available to Boards and speed of local implementation locally may impact on scale of benefits realised this financial year, with realisation being pushed into 2017/18.

The mid-year financial position was presented to the Board. [REDACTED] noted that discussions with Scottish Government had indicated the same level of funding for the programme in 2017/18.

Reporting to Medical Directors and Directors of Pharmacy continues to be on a quarterly basis. A suggestion that the same reporting frequency is applied to Directors of Finance meetings from next year.

The Board discussed the stakeholder engagement plan for the programme. It was agreed that there should be quarterly updates from the Co-Chairs to the key groups in addition to feedback from the Effective Prescribing Programme Board (EPPB) members who are also part of a professional group. It was noted that all members had a role to promote and cascade within their NHS Board and examples were given as to how this currently worked.

It was suggested that National Acute Pharmacy (NAPs) group should align with the programme communications approach for the Scottish Prescribing Advisors Association (SPAA). It was agreed to add the Non-Medical Prescribers Group to the plan.

The Board discussed Programme risks. [REDACTED] noted that the Sustainability and Value Programme Board had been made aware of potential delays to benefits realisation and the challenge at Board level to provide clinical resource to undertake reviews. The risk on duplication of effort to provide data at national level that is available locally was noted and the approach for formulary compliance to produce a report for NHS Boards to maintain and run locally. [REDACTED] highlighted that the Chief Executives' Group have stressed the need for sharing of data across Boards, to pull reports where Boards have the intelligence into one and when developing reports to do this 'Once for Scotland' where possible. Note was made of the tailored support work within specific Boards and the reports and dashboards being worked on. Once tested, these can be shared with other Boards.

**Action 01 (22/11/2016) [REDACTED] to update EPP Stakeholder Engagement Plan and secure slots on the relevant agendas for 2017.**

#### 4. Chief Executives' Group

The Board noted the Chair Report on the September meeting of the Chief Executives' Group. [REDACTED] noted that the Effective Prescribing Programme (EPP) will continue to present to the Chief Executives' Group on specific topics. However, operational issues will be reported through the newly formed Sustainability & Value Programme Board (SVPB). The key ask from the SVPB meeting last week is for the programme to quantify savings for 2017/18. It was agreed that the Terms of Reference for the SVPB be circulated with the minute for information.

**Action 02 (22/11/2016) [REDACTED] to circulate Terms of Reference for the Sustainability & Value Programme Board with the minute of the meeting.**

#### 5. Biologics Project

[REDACTED] provided an overview of the Biologics work noting the action plan for the next 12 months broadly themed under – what good looks like; current delivery; infrastructure and preparation for the next wave of biosimilars.

[REDACTED] outlined the current position in relation to Therapeutic Drug Monitoring (TDM) in Scotland, results in NHS Lothian from using TDM as part of an algorithm led biosimilar infliximab switch by gastroenterology, and pilot testing underway in Greater Glasgow & Clyde. The Chief Executives' Group gave support to develop a 'Once for Scotland' biologics TDM service at the September meeting. A financial proposal is currently being developed for discussion at the December meeting of the Sustainability & Value Programme Board.

In relation to the next wave of Biosimilars, the Board noted the biological medicines to face biosimilar competition in the next 24 months. The Board agreed that the Biologics Project explore work in cancer with the regional cancer networks and implement the gastroenterology and rheumatology work plan including planning for Adalimumab.

In relation to resourcing, [REDACTED] asked that the Biologics Project confirm requirements to EPPB for consideration once the detail has been worked up on the next wave of Biosimilars.

**Action 03 (22/11/2016) [REDACTED] to confirm Biologics Project resource requirements to EPPB for consideration once detail worked up on the next wave of Biosimilars.**

Discussion followed on engagement with NHS Boards and the need for a current understanding on barriers to biosimilar uptake and support required. The Biologics Clinical Leads are currently engaging with Boards on this. It was noted that the barriers will vary by Board, for example, in some areas this has been impacted by a reduced workforce. It is not a lack of willingness, but often resourcing issues that is a barrier. Engagement will also identify novel approaches and ability to share learning e.g. inviting patients on a group basis. [REDACTED] noted that Tayside visited Grampian following the Case Studies produced to transfer learning.

In preparation for the next wave of biosimilars, it was suggested that patient materials – in addition to the template letters – would be useful when engaging with patients. The project was asked to consider how communications could be built for Boards to take through their communications teams.

#### 6. Consensus Statements

[REDACTED] presented to the Board on the methodology used to develop the Consensus Statement for prostate cancer Luteinizing hormone-releasing hormone (LHRH) agonists and proposed approach for Direct-Acting Oral Anticoagulants (DOACS).

The Board discussed the Governance paper outlining roles and responsibilities for the respective groups and organisations involved in the development of a Consensus Statement. It was acknowledged that the work of this particular project was at greater risk of challenge and

the need for clear and robust governance. [REDACTED] thanked the project for the work on governance and noted that the work will guide future pieces.

The Board accepted responsibility for the final sign off of a consensus statement developed through the work of the project. The EPPB will endorse and it is for NHS Boards to consider. The Board agreed that a Consensus Statement should be submitted to the full Board meeting for decision, and efforts made to ensure minimum delay where possible.

Legal challenge to a given statement was discussed. [REDACTED] agreed to discuss this with the Sustainability & Value Programme Board and Chief Executives' as this was likely to affect other national work and come back to the Board.

It was noted that it is not only legal challenge on a statement produced, but also challenge from the pharmaceutical industry when working through the process of developing a consensus approach. It was acknowledged that there may need to be a statement to industry to state that the EPP is testing an approach. It was agreed that the response would lie with EPPB and the Co-Chairs to take responsibility for that dialogue.

The question was asked if the New Opportunities Group could identify areas for the development of a Consensus Statement. [REDACTED] considered the role of the Consensus Statements project being to gather the intelligence on areas to focus on and welcomed intelligence from different sources.

The Board reviewed the Declarations of Interest policy. [REDACTED] suggested that there may be occasion when a conflict of interest would exclude an individual from participating. [REDACTED] agreed to provide wording on this and allow for the policy to be signed off by the Board by email after the meeting. The Board agreed that the Declaration of Interest policy should be applied across the projects and EPPB members asked to complete the form.

**Action 04 (22/11/2016) [REDACTED] to discuss responsibility for responding to concerns or legal challenge with the Sustainability & Value Programme Board and Chief Executives'.**

**Action 05 (22/11/2016) [REDACTED] to provide wording on occasions when a conflict of interest would exclude an individual from participating to finalise the Declarations of Interest policy.**

**Action 06 (22/11/2016) [REDACTED] to circulate final version of the Declarations of Interest policy and request EPPB members complete.**

## 7. Valuing Medicines

[REDACTED] spoke to the paper on valuing medicines. The Board endorsed the work being driven through the Valuing Medicines Public Patient Involvement Group and cross membership from EPPB. The Board accepted an update from the group at a future Board meeting and that in the interim EPP projects apply the principles outlined.

It was noted that work to date has focused on scoping the range of pharmacy and medicines related communications and engagement activities that have previously been implemented across NHS Boards. The Our Voice Citizens Panel survey planned for November/ December 2016 will provide a baseline on patient attitudes and behaviours associated with pharmacy and medicines from which to take forward engagement initiatives. CGI added that getting the right message can be difficult to land with patients and clinicians and there are limited opportunities to do this.

[REDACTED] highlighted the antibiotic guardianship programme as providing a potential opportunity to involve motivated individuals to spread the word. [REDACTED] noted that there was considerable work underway in NHS England; however it does not appear that the initiative is geared up in the same way in Scotland. This could be a missed opportunity, as a working model could apply to other areas of patient empowerment.

## Action 7 (22/11/2016) ██████████ to raise antibiotic guardianship programme and active participation with the Network.

### 8. Formulary Compliance

██████████ presented the data analysis on Formulary Compliance. He noted that this had been a difficult piece of work and a different way of looking at the data. ██████████ thanked the NHS Boards and Information Services Division (ISD) for the work undertaken to deliver this in tight timescales.

It was noted that the data raised more questions. Boards need to get underneath the data and what this means for local systems. ██████████ suggested that the question could be reshaped around percentage in specific therapy areas as opposed to formulary compliance. The Board agreed that without outcome data, the prescribing data only provides part of the picture. For example, are patients well, controlled and not presenting as emergency admissions? ██████████ suggested that there were other datamarts that could align. Formulary compliance data looks at prescribing and not need. ██████████ further noted that clear guidance is available on what proportion should be getting prescribed.

The Board agreed that the data is not in a position currently to present to Chief Executives' and that further work is required to provide a better understanding before the data is shared wider. Members urged that there is a need to be clear on the ask of the data. It was agreed that further work would not be undertaken on other BNF areas until there is a better understanding of Respiratory Chapters 3.1-3.3.

### 9. Respiratory

Links between the formulary compliance work and the Respiratory Prescribing Strategy were noted. A further question was asked as to whether a formulary may or may not constrain implementation of the strategy? It was suggested that there may be a subset of the formulary data that could be shared with respiratory leads.

██████████ presented on the work of the respiratory project noting focus to date on the definition of High Dose Inhaled Corticosteroids (ICS); approach to monitoring of benefits including interdependencies between projects (formulary compliance and respiratory); development of reports to support Boards in optimal targeting of resources; and advised that reports will be held within Prescribing Information System (PIS) and available at Board level for local use.

The Board noted that initial data on scale of the opportunity for NHS Boards was anticipated to be shared by the project in December 2016. NHS Boards will be asked to consider and feedback on scale of change and timescales for implementation from early 2017.

### 10. Diabetes

██████████ outlined the proposed way forward for the diabetes work. It was noted that following information gathering and analysis that the scale of financial opportunity within the current focus and approach of the project is limited.

The Board agreed the recommendations set out by the Project to:

1. Develop a national - clinically led, consensus criteria tool to support selection of BGTS at Board level
2. Develop searches nationally by NHS NSS Information Services Division analysts to support Boards in improving local 'preferred' list compliance of BGTS under the Diabetes project
3. Scottish Prescribing Advisors Association Executive (SPAA) to facilitate sharing of Boards existing reports relating to Diabetes and identify reports which would benefit from national development under the Diabetes Prescribing Strategy (2014-16) project

It was agreed that recommendation 2 and 3 were linked and required close working between ISD and SPAA to develop.

## 11. Levothyroxine

██████████ introduced the opportunity identified for Levothyroxine as an example for a programme of switching to more reasonably priced but clinically acceptable medicines. This example was also used to test the new opportunities process as previously agreed by the EPPB.

There are a relatively small number of patients receiving levothyroxine liquid, as a proportion of all patients receiving levothyroxine. Data highlighted the proportion of patients co-prescribed levothyroxine solutions and tablets suggesting potential suitability for switching to tablet form.

There was discussion on other medications where these principles could be applied. This would be picked up through the New Opportunities Group, allowing analysis and work up for a decision to be made by EPPB.

The EPPB agreed to make a recommendation to all NHS Boards to review patients on levothyroxine solutions for their individual clinical suitability to switch from the liquid to tablet preparation(s) where this is more cost effective. This should be undertaken as part of a holistic medication review with the patient.

**Action 8 (22/11/2016) ██████████ to issue a recommendation to NHS Board from EPP on Levothyroxine review and include a summary of the data analysis by NHS Board.**

## 12. Polypharmacy

The Board noted the range in the savings projected by the project. It was suggested that the Adverse Drug Reactions (ADR) data is likely to be an underestimate and the question was asked if this could be a coding issue.

There was a debate on the role of the EPPB to add pace and spread in relation to polypharmacy, and the added value given. The Board agreed on the value provided by the health economics modelling of the optimal model(s) for delivering polypharmacy reviews. It was noted that this will be reported back to the February meeting of the EPPB.

Implementation of the model will support Boards in targeting resources to increase the number and pace of polypharmacy reviews.

In relation to the target 40% of patients eligible to be reviewed it was noted that this can only be done at Board level and individual Boards are responsible for realising benefits. Board members were not supportive of the request to ensure clinicians to READ code. It was suggested this required discussion with Medical Directors and Directors of Pharmacy.

**Post-meeting note: This READ code was introduced as part of the contract about three years ago. Action closed.**

## 13. Any Other Business:

No other business was discussed.

## 14. Date of Next Meeting:

22 February 2017 from 10:00-12:30 at SHSC, Crewe Road South, Edinburgh EH4 2LF

## 15. Action Log

Actions shaded in grey are closed or completed.

Action Ref.	Action	Due Date	Revised Due Date	Owner	Update
01 (22/11/2016)	to update EPP Stakeholder Engagement Plan and secure slots on the relevant agendas for 2017.	13/12/16			
02 (22/11/2016)	to circulate Terms of Reference for the Sustainability & Value Programme Board with the minute of the meeting.	06/12/16			
03 (22/11/2016)	to confirm Biologics Project resource requirements to EPPB for consideration once detail worked up on the next wave of Biosimilars.	22/02/16			
04 (22/11/2016)	to discuss responsibility for responding to concerns or legal challenge with the Sustainability & Value Programme Board and Chief Executives.	21/12/16			
05 (22/11/2016)	to provide wording on occasions when a conflict of interest would exclude an individual from participating to finalise the Declarations of Interest policy.	13/12/16	Complete		Complete: provided additional wording and suggested amendments to Declaration of Interests Policy for review by Project Leads.

06 (22/11/2016)	to circulate final version of the Declarations of Interest policy and request EPPB members complete.	06/01/17			
07 (22/11/2016)	to raise antibiotic guardianship programme and active participation with the Network.	06/12/16	<b>Complete</b>		<p>Complete: [REDACTED], Project Lead for Scottish Antimicrobial Prescribing Group noted plans to evaluate Public Partner involvement in European Antibiotic Awareness Day (EAAD). 2016 saw input increased in many Boards. All information about EAAD activities in each Board inform a Scotland and UK report as well as a brief section of a European report.</p> <p>NHS Scotland and the other devolved nations have endorsed the PHE Antibiotic Guardian campaign and supported the campaign since its inception in 2014. An evaluation was done after the first year <a href="http://jpubhealth.oxfordjournals.org/content/early/2016/07/22/pubmed.fdw059.abstract">http://jpubhealth.oxfordjournals.org/content/early/2016/07/22/pubmed.fdw059.abstract</a> and it includes information on engagement by country and region. A further evaluation is planned in 2017 and will include some follow up on what antibiotic guardians have done about their pledges surveying those who provided a contact email address.</p>
08 (22/11/2016)	to issue a recommendation to NHS Board from EPP on Levofloxacin review and include a summary of the data analysis by NHS Board.	06/12/16	<b>Complete</b>		<p>Complete 01/12/16: Recommendation circulated to Scottish Association of Medical Directors, Directors of Pharmacy and Directors of Finance and EPPB.</p>



01 (07/09/2016)	to convene a working group with medical, pharmacy and finance representation to review further areas of opportunity and the potential role of EPP	28/10/16	<b>Complete</b>		Complete 22/11/16: Initial meeting scheduled 14/12/16.
02 (07/09/2016)	to identify Director of Pharmacy Lead for working group to review further opportunities	30/09/16	<b>Complete</b>		Complete 22/11/16: agreed to Co-Chair.
03 (07/09/2016)	to progress health economics resource to complete the health economics analysis on the optimal model(s)	30/09/16	<b>Complete</b>		Complete: identified health economics resource from Scottish Government to complete analysis on the optimal model(s).
09 (07/09/2016)	to share report on the benefits of HEPMA	28/10/16	<b>In Progress</b>		
06 (27/07/2016)	to include further analysis on Over the Counter (OTC) and position of the Programme Board in future update to Chief Executives' Group	14/09/16	<b>In progress</b>		In progress 15/11/16: Data from OTC analysis does not change position. This will be presented to a future meeting of Chief Executives' Group.
18 (18/05/2016)	EPP Project Leads to define key benefits and complete benefits profile	13/07/16	<b>In progress</b>		In progress 09/11/16: Benefits modelling for optimal model underway for polypharmacy. Further mapping of interdependencies for respiratory i.e. overlap with formulary compliance

## 16. Glossary

Acronym	Definition
ADTC	Area and Drug Therapeutic Committee
BNF	British National Formulary
CE	Chief Executive
DOACS	Direct-Acting Oral Anticoagulants

EPP	Effective Prescribing Programme
EPPB	Effective Prescribing Programme Board
GP	General Practice
HEPMA	Hospital Electronic Prescribing and Medicines Administration
LHRH	Luteinizing hormone-releasing hormone
MCN	Managed Clinical Networks
NAPs	National Acute Pharmacy
PHE	Public Health England
PIS	Prescribing Information System
RAG	Red Amber Green
SAMD	Scottish Association of Medical Directors
SPAA	Scottish Prescribing Advisors Association Executive
STU	Scottish Therapeutics Utility
SVPB	Sustainability & Value Programme Board
TDM	Therapeutic Drug Monitoring