The Scottish Association of NHS Medical Directors

NHS Scotland Directors of Pharmacy

NHS SCOTLAND

# Minute

**Meeting:** **NHSScotland Effective Prescribing Programme Board**
**Date:** 23 March 2016 at 14:30 – 17:00
**Location:** COSLA Burns 1 Meeting Room, Verity House, 19 Haymarket Yards, Edinburgh, EH12 5BH

**Attendees:**

Present:

Teleconf:

In attendance:

Apologies:

[redacted]

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

## 2. Minute and Action Log of last meeting held on 27 January 2016

[redacted] asked members to review the minute of the meeting held on 27 January 2016. [redacted] requested an amendment to wording relating to clinical support for switching to Biosimilars to better reflect the level of engagement.

**Action 01 (23/03/2016): [redacted] to amend wording of 27 January 2016 minutes from strong clinical support to good clinical engagement to better reflect the level of clinical engagement.**

The Action Log was considered. Members were content with the status of Actions, noting that the outstanding Action 01 (27/01/2016) relating to mainland Board representation on the Programme Board was in progress.

## 3. Feedback from CEO Meeting

AM opened discussion on feedback from the Chief Executive's (CE) meeting. It was noted that a further request from CEs had been received and circulated for consideration by the Programme Board members prior to the meeting commencing.

[redacted] noted that concern had been raised by members of the Programme Board over the increased amount of potential savings indicated in the paper submitted to the February CEs meeting. [redacted] added that timeframes for submission of the paper had in this instance not allowed for further discussion and approval. It was noted that this did not reflect how the Programme wished to operate moving forward.

[redacted] highlighted the need to consider the 'art of the possible' and identify works which were achievable for the programme to deliver. [redacted] added that a dialogue was required on the conditions required to deliver and that this was not limited to resource but included discussion on policy as appropriate.

Discussion followed on areas of potential opportunity and the programme of work identified. [redacted] suggested the need for a change in direction given the financial pressures and the need to think 'out of the box'. [redacted] commented that further discussion was required on the projects previously identified and the need to reach a consensus on capacity to deliver works and prioritisation.

[redacted] noted that sufficient consideration may have not been given to areas of current work with further potential and where existing resource, such as the investment in Prescribing Advisors, could support. [redacted] suggested a need to capture existing medicines management activity and identify gaps.

[redacted] outlined the recent request from CEs and actions allocated to the Effective Prescribing Programme Board. [redacted] advised that the Directors of Finance (DoF) will provide support to the programme of work pulled together by the CE Group. [redacted] highlighted the need to review the opportunities and provide clear recommendations on what could be taken forward, or not, and the rationale for this.

Discussion followed on the actions allocated to the Effective Prescribing Programme in relation to: over the counter medicines and dietary products; formulary compliance; and impact of new medicines.

[redacted] highlighted the need to be mindful on the remit of the Effective Prescribing Programme Board and the added value to activities being undertaken locally and nationally within the finite resource available. [redacted] commented on the need to address the broader issues of effective prescribing and clinical outcomes highlighting the requirement to ensure the clinical community continue to engage and buy-in to the programme moving forward.

[redacted] added that there is a need for a flexible approach, identifying that a proportion of the opportunities being presented were not new, and have previously been considered. However, by accessing local intelligence, new or alternative opportunities may be uncovered for further consideration.

The Board recognised the need to identify, review and prioritise credible opportunities. The Board has a role to provide advice on opportunities, together with any associated risks and barriers, for the CE Group to make a decision. It was suggested that the Board should look to be bold in the approach and opportunities it progressed.

In respect of the first action on over the counter medicines and dietary products, it was agreed that this was a legitimate debate to have Scotland wide. [redacted] advised that since the introduction of the gluten free scheme that variation between Boards had reduced although there remains variation in cost. It was requested that clarity be sought on the term dietary products to check whether this includes gluten free and oral nutritional supplements (ONS). It was noted that [redacted] would present information relating to ONS under Agenda item 8.

The Board discussed removal of prescription charges and impact on volume. [redacted] advised that the data would not suggest that removing the prescription charge has increased volume.

There was support for self-management and a discussion with patients on purchasing products where affordable. It suggested that a reasoned NHSScotland policy would remove challenge and variation across Boards and ensure equity across Scotland. An equality impact assessment would be required and measures to ensure access for low income groups.

[redacted] suggested that there was opportunity to review other areas, such as, medicines of a lower evidence base and shampoos.

[redacted] noted that the challenge to implementation should not be underestimated, and referred to NHS Lothian experience in the removal of homeopathic medicines.

Discussion followed on the second action received from CEs to form a collective agreement to target formulary compliance on an agreed range of medicines. [redacted] questioned if there was opportunity to work with existing formularies to improve compliance and gain further savings. [redacted] noted that formulary compliance is generally high, however a small shift would deliver cost savings and clinical improvements. [redacted] noted that national data is difficult because formularies are different; however review of local intelligence would allow each Board to target hot spots. The Board recognised improving formulary compliance based on a review of data as an important area. Respiratory prescribing was discussed as a good example. [redacted] noted the work of the Scottish Prescribing Advisors Association (SPAA) looking at unwarranted variation and high cost differences.

Discussion took place surrounding work undertaken by NHS Lothian and NHS Greater Glasgow and Clyde. It was noted that potential benefits were dependent upon the size of the formulary and compliance with first line medicines.

[redacted] highlighted the need for review and step-down of medication as appropriate. Adding that cessation of inappropriate or clinically ineffective prescribing could be addressed. It was noted that the prescribing strategies for respiratory and diabetes supported this.

It was agreed that there is a need to further scope this work and review local data in order to understand where each Board is currently.

The Board debated the creation of a national formulary for NHSScotland. However, this was not considered beneficial due to the resources required to develop an infrastructure; concern that a centralised formulary may lead to clinicians disengaging locally; and the lack of definition on what constitutes a formulary.

Members of the Programme Board were asked to consider the third area in respect of the impact of new medicines within finite available resources. [redacted] proposed that work on this be deferred until after the Montgomery Review reports in summer 2016. Discussion followed on the focus of the Review on how changes made to the Scottish Medicines Consortium (SMC) process in 2014 have affected patient access to medicines for rare and end-of-life conditions. [redacted] noted that the Review included affordability.

[redacted] suggested that a piece of work be undertaken to formulate a view on whether it is reasonable to have further process at Board level and identify what this may look like. [redacted] supported further work. [redacted] highlighted that there was a need to determine what could be achieved by the Effective Prescribing Programme. The majority of the Programme Board felt that this should not run in parallel and instead supported the opportunity for each Board and CE Group collectively to feed into the Montgomery Review in the first instance.

[redacted] highlighted to the Board that an options paper had been requested to be presented to the CEs meeting on 13 April 2016 and a plan brought to the May meeting and proposal to the June meeting. It was agreed that [redacted] and [redacted] would look to provide an initial position on each of the 3 opportunities and actions allocated, and request for the options paper to be pushed back to align with the May 2016 meeting, given the short timescales for the request.

[redacted] suggested that a preliminary options paper be presented at the April 2016 meeting with a finalised options paper to be presented in May 2016.

**Action 02 (23/03/2016): [redacted] and [redacted] to seek clarity on whether term dietary products includes oral nutritional supplements (ONS) in addition to gluten free.**

**Action 03 (23/03/2016): [redacted] and [redacted] to prepare outline options/ position paper on 3 opportunities/ actions allocated for Chief Executives' Meeting on 13 April 2016.**

**Action 04 (23/03/2016): [redacted] and [redacted] to request further time to submit a finalised options paper at the May 2016 meeting of the Chief Executives' Group.**

## 4. Progress Report and Risk Register

[redacted] advised that the Progress Report was submitted for information. [redacted] highlighted to the Board the amber status for the Programme based on confirmation of 50% (£225k) of funding requested (£450k) to resource the Effective Prescribing Programme in 2016/17.

In the context of further requests from Chief Executives' to review suggested opportunities in addition to the 6 project areas prioritised by the Board in November 2015, [redacted] requested the Board discuss further prioritisation and phasing of each of the projects. Highlighting the need to consider what can be realistically delivered within the finite resources and funding.

[redacted] highlighted the challenge in producing the necessary robust and quality data; in particular that this was a time consuming process and required specialist analytical resource.

[redacted] was asked to leave the room at this point as a prospective candidate for Clinical Lead secondment.

[redacted] suggested that Agenda Item 10 on biologics be considered as part of the resourcing and prioritisation discussion. [redacted] noted that national interventions for the biosimilars work will reach a natural pause in May 2016. Local initiatives to drive uptake of biosimilars will continue to be led by Medical Directors and Directors of Pharmacy. However, there are further opportunities to build on this, working with clinical specialisms, to drive improvement in biologic medicine use, inclusive of biosimilars, with potentially greater clinical and financial impact. There was broad support for considering biologics and national datasets to support monitoring and review. It was noted that further scoping was required to reframe this work, including specialist skill sets required.

**Action 05 (23/03/2016): [redacted] to undertake further scoping to reframe biosimilars in the safe, effective and efficient use of biologic medicines, inclusive of biosmilars.**

The role of Clinical Lead was discussed. It was noted that this was not a specialist in a specific clinical area, but a medical professional who would be able to engage clinicians and provide leadership to reach clinical consensus. This role was primarily identified for the consensus statements and biosimilars work. [redacted] referred to the cancer networks which work well in regions and outlined the challenge to secure a once for Scotland approach and capacity to lead this work.

[redacted] asked if pharmacist resource had been considered. [redacted] clarified that the Clinical Lead secondment advertised specified a medical background and not a pharmacist.

[redacted] noted pharmacist resource funded through the Therapeutics Branch to support the work of the respiratory and diabetes prescribing strategies.

[redacted] noted concern on the timing of the appointment for a 6 month period and the longer term sustainability for the consensus statement work.

[redacted] recognised the need for strong leadership and engagement with clinicians, and capacity for this, and acknowledged further discussion and consideration on timescales was required. Given the time constraints of the meeting, it was agreed that further discussion would continue offline with the Project Leads.

**Action 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.**

[redacted] highlighted again that 50% of the requested funding had been confirmed. Discussion took place surrounding the need to prioritise projects and the re-phasing of works within them to align with resource availability. [redacted] further noted that clarity should be given as to what was considered business as usual, and what was considered additional work.

[redacted] advised that initial focus for the polypharmacy project is on determining cost and clinically effective models for the delivery of polypharmacy reviews. Adding that existing resources were being utilised to support this work where possible but there was a requirement for analyst resource to develop indicators.

[redacted] outlined concerns that the ongoing requirement for snapshot data would cause additional pressure on resources at a Board level. The question was asked of the added value through the Effective Prescribing Programme and the benefits that would be seen at a Board level as polypharmacy reviews are currently being undertaken.

[redacted] noted that work had previously been undertaken to inform how reviews should be undertaken, the polypharmacy project was specifically focussing upon developing a financially and clinically effective model for these to take place. Adding that there was a requirement for an analyst to work with the data and develop indicators so that repeated snapshots are not necessary. [redacted] added that cost benefits could be realised through economic analysis and release the burden on GPs through clinically targeting reviews supported through implementation plans.

[redacted] highlighted the need to be fluid with resources, be that project, analyst, procurement etc. across the projects. It was suggested that a further resourcing exercise be undertaken and recommendation to the Programme Board based on the funding confirmed.

**Action 07 (23/03/2016): [redacted] to prepare resourcing paper based on funding confirmed for consideration by the Programme Board.**

At this time it was noted that discussion had over run the allocated times of the Agenda. It was agreed that agenda items 6, 8 and 9 would be presented and discussed in the remaining time.

It was agreed that further discussions would take place out with the meeting to cover the remaining Agenda items via teleconference and email as appropriate.

**Action 08 (23/03/2016): [redacted] to contact [redacted] and [redacted] to discuss approach on agenda items not discussed at Programme Board on 23rd March 2016 due to time constraints and issue communication to members.**

## 5. National Procurement

[redacted] and [redacted] presented opportunities identified by National Procurement for consideration by the Programme Board as outlined within the circulated Power Point presentation.

A further presentation was given by [redacted] relating to current support for the Effective Prescribing Programme facilitated by National Procurement and further opportunities which may be explored. [redacted] advised that there was a small pharmacy team within National Procurement. Annual work plans are published for NHS Boards. Further opportunities identified require additional resource to take forward.

[redacted] highlighted opportunities in 4 areas - silver dressing usage, ostomy products, urology products, and oral nutritional supplements – and advised that the National Procurement team had progressed as far as possible from a procurement perspective and there was now a need for clinical leadership to take these forward.

Discussion took place on the trend information and analysis which was available / had taken place. It was noted that a significant amount of data was available and analysis suggested variation that could not easily be explained. It was suggested that these opportunities presented quick returns if taken forward.

[redacted] questioned the level of interaction with trade bodies. [redacted] highlighted active trade bodies linked to patient groups maximising control in product protection. However, it was further noted that trade bodies were receptive to discussions on effective prescribing.

[redacted] questioned if relative financial benefits had been calculated for Boards out with those outlined within the presentation. For example, where NHS Lothian and NHS Lanarkshire would sit in relation to expected cost savings based upon percentages of the population. It was discussed that as an indicative figure this would prove beneficial in determining the potential benefit to be realised for NHSScotland.

Discussion followed on clinical engagement and leadership required to progress areas identified. It was suggested that this may include nursing, dieticians and others. It was agreed that a presentation to the ADTC Collaborative would be valuable, providing a link to the various formulary groups to take forward locally.

It was further agreed that there would be benefit in highlighting opportunities to SAMD and DoPs to support connection and work in local systems.

**Action 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.**

## 6. PresQIPP

[redacted] delivered a presentation on PresQIPP and its potential uses and benefits for Boards across Scotland. Highlighting that NHS NSS had subscribed to the resource for 1 year enabling NSS to share resources with NHS Boards and tailor content for NHSScotland.

[redacted] drew attention to examples of currently available resources, such as Blood Glucose Testing Strips (BGTS), which would support the work of the Diabetes Prescribing Strategy.

Accessing newer content is limited to subscribers and NSS can download for NHS Boards. [redacted] asked the Board to consider the best approach to sharing information, potentially through SPAA for Primary Care and NAPS for Acute.

There is also to potential to agree priority areas for NSS to tailor content for Scotland and prepare associated data packs, for example, which support prioritised projects within the Effective Prescribing Programme.

The Board acknowledged the wealth of information available through PresQIPP and the need to manage this to ensure best use. [redacted] suggested that engagement with SPAA was key in order to place in context of what is currently being looked at to avoid duplication and add value.

## 7. Acute Medicine Efficiency Plans / National Acute Pharmacy (NAPs) Group Work

[redacted] introduced the discussion on acute medicine efficiency plans. Initial work on collating schemes had started in early 2015. It was highlighted that there is no routine review between NHS Boards on the variation in Acute prescribing. [redacted] noted that the Hospital Medicines Utilisation Database (HMUD) provides an opportunity to see where the variation lies. However, at present, there is no co-ordinated analysis of the data to identify opportunities. It was noted that whilst Primary Care has the Scottish Prescribing Advisors Association (SPAA), there is no equivalent national group reviewing prescribing opportunities in Acute.

[redacted] thanked [redacted] for their presentations and discussion. It was acknowledged that the breadth of approaches to be considered was significant, and there was a clear need to identify and prioritise opportunities and resources. It was agreed that there is a need to define a mechanism to manage opportunities and engagement.

## 8. Date of Next Meeting

Date of Next Meeting: 18 May 2016, 9:30 – 12:00
Location: SHSC Venue, Crewe Road South, Edinburgh, EH4 2LF

## 9. Action Log

Actions shaded in grey are closed or completed.

| Action Ref. | Action | Due Date | Revised Due Date | Owner | Update |
|---|---|---|---|---|---|
| 01 (23/03/2016) | [redacted] to amend wording of 27 January 2016 minutes from strong clinical support to good clinical engagement to better reflect the level of clinical engagement. | 30/03/16 | | [redacted] | |
| 02 (23/03/2016) | [redacted] to seek clarity on whether term dietary products includes oral nutritional supplements (ONS) in addition to gluten free. | 30/03/16 | | [redacted] | |
| 03 (23/03/2016) | [redacted] to prepare outline options/ position paper on 3 opportunities/ actions allocated for Chief Executives' Meeting on 13 April 2016. | 06/04/16 | | [redacted] | |
| 04 (23/03/2016) | [redacted] to request further time to submit a finalised options paper at the May 2016 meeting of the Chief Executives' Group. | 30/03/16 | | [redacted] | |
| 05 (23/03/2016) | [redacted] to undertake further scoping to reframe biosimilars in the safe, effective and efficient use of biologic medicines, inclusive of biosmilars. | 18/05/16 | | [redacted] | |
| 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 | | [redacted] | |

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| 07 (23/03/2016) | [redacted] to prepare resourcing paper based on funding confirmed for consideration by the Programme Board. | 06/04/16 | | [redacted] | |
| 08 (23/03/2016) | [redacted] to contact [redacted] to discuss approach on agenda items not discussed at Programme Board on 23rd March 2016 due to time constraints and issue communication to members. | 06/04/16 | | [redacted] | |
| 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 | | [redacted] | |
| 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] | NHS Borders confirmed ([redacted]) |