

Minutes

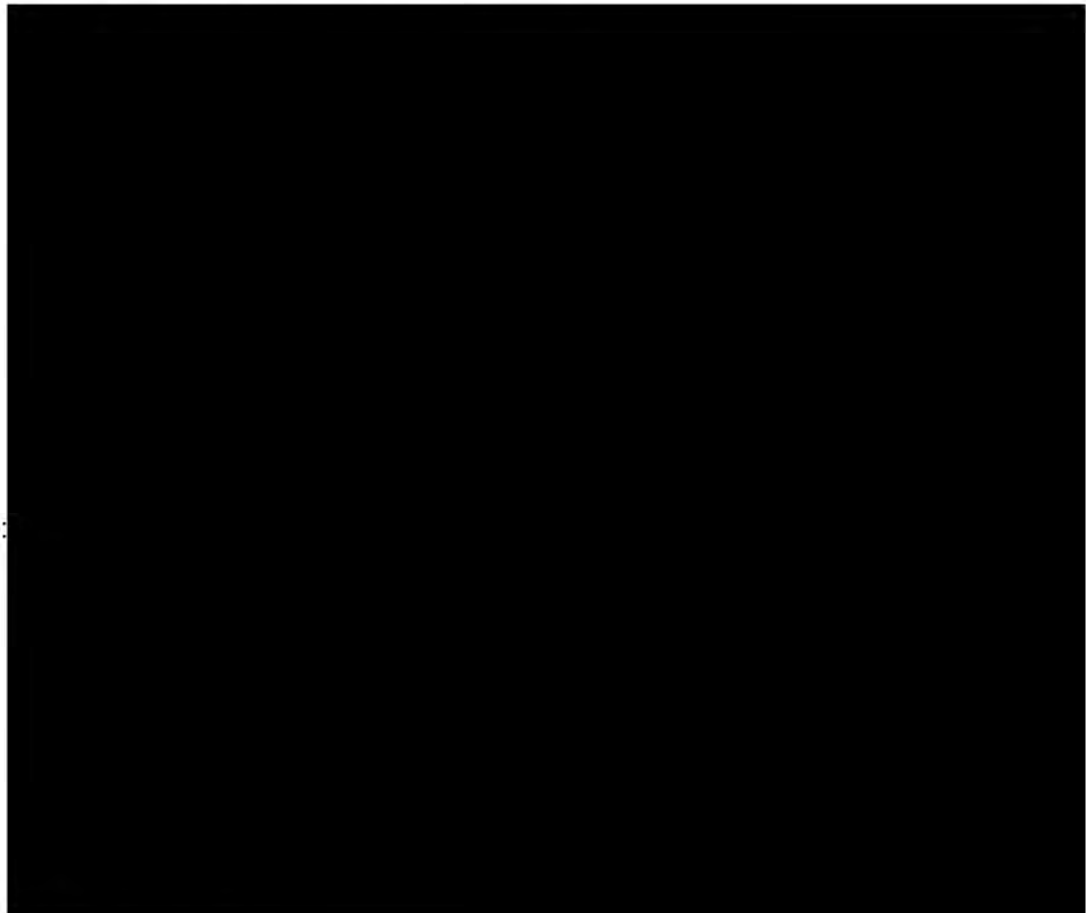
Meeting: NHSScotland Effective Prescribing Programme Board
Date: Wednesday 27th January at 14:00 – 16:00
Location: Meeting Room 4 & 5, Gyle Square, Edinburgh

Present:

Teleconf:

In attendance:

Apologies:



1. Welcome and Apologies

█████ welcomed members and noted the above apologies. █████ advised the group of new members and introduced █████ and █████. █████ will be replacing █████ and █████ has joined as a Public Partner. Apologies were noted from █████ who has also joined the Board as a Public Partner. Board members then introduced themselves.

2. Programme Board Membership

The Programme Board Membership was considered. It was noted that there are 3 mainland NHS Boards without representation; NHS Borders, NHS Grampian, and NHS Tayside.

█████ highlighted that having representation from all NHS Boards would send a strong message and members agreed.

It was agreed that the Programme Board should seek representation from NHS Borders, NHS Grampian, and NHS Tayside and the group was asked to consider if this should be limited to Medical Directors and Directors of Pharmacy or if representation could be sought from other constituencies to provide a different insight. Other roles considered included; Directors of Public Health, Chief Operating Officers, Directors of Nursing, Efficiency Leads, Acute Pharmacy Leads and Primary Care Prescribing Advisors.

█ agreed to discuss with the Medical Director in the aforementioned Boards who they thought would be suitable to join the Programme Board.

Action 01 (2016-01-27): █ to discuss with Medical Directors for NHS Borders, NHS Grampian, and NHS Tayside representation to join the Programme Board

Representation from Island Boards was considered and █ suggested that a discussion with those NHS Boards should take place to agree how best to engage with the Effective Prescribing Programme.

Action 02 (2016-01-27): █ to discuss with Medical Directors for Island Boards representation on/ engagement with the Effective Prescribing Programme

3. Minute and Action Log from 4th November 2015

█ asked members to review the minute of the meeting held on 4th November 2015. The Board noted it as an accurate account.

They went on to discuss the Action Log and █ thanked members who have completed their actions from the previous meeting.

The open actions were considered and █ advised Action 03 would be covered in the agenda under the Biosimilars section.

█ advised that Action 05 was being actioned by the project and it was agreed to remove this from the list of actions.

Action 03 (2016-01-27): █ to close Action 05 from Action Log with explanatory note

4. Feedback from CEO December Meeting

█ provided feedback from the discussion with NHS Board Chief Executives' and advised that the work of the Effective Prescribing Programme was received very positively. Accelerating financial savings and quality of care were discussed whilst recognising the constraints around this. The CEOs also tasked the Programme Board with reviewing Managed Repeats and █ advised that this would be covered under agenda item 6.1.

█ thanked all members for their work on the projects which informed the feedback to the CEOs.

█ updated members on funding for the transformational change programmes through the Transformational Change Programme Board. █ informed the group that █ had done work on the resource requirements across all projects and estimated £450k would be required in 2016/17.

█ confirmed that █ (Scottish Government) has currently committed to half of this estimated required funding for 2016.17 i.e £225k.

█ asked if the work of the programme could be managed with less funding. █ summarised the specialist resources identified by the projects. █ confirmed that it would be important to prioritise resources and maximise the use of funding allocated.

████ concluded that the Programme would not draw on more money than required. It would be dependant on what could be delivered and that this would be revisited at Agenda Item 7.

5. Programme Management

5.1 Highlight Report

████ presented the Highlight Report and took the Board members through an update for each Project.

Biosimilars

████ updated the Board on the most recent Biosimilars Group meeting which took place on Monday 25th January 2016. █████ informed Board members that there was a sense around the table in the Biosimilars meeting that further engagement is required with the Scottish Association of Medical Directors (SAMD) and Directors of Pharmacy (DoPs).

████ and █████ reported that biosimilars was discussed at the last SAMD meeting. █████ stated that the NHS Board data on actual uptake was welcomed and provided a powerful tool for leveraging progress locally.

████ highlighted that most NHS Boards have already started work on biosimilars. █████ noted strong clinician support in Greater Glasgow & Clyde for starting new patients on the biosimilar and discussions underway on switching. It was recognised that there is a capacity issue e.g. specialist nurses to support the patient conversation and switch and a need for a sustainable model for NHS Boards and NHS Scotland.

████ summarised that it was good to hear the feedback from █████ and █████. █████ noted that a key intervention was providing the opportunity to share what works and the key elements of successfully driving uptake. There is a need to ensure that the biosimilars work is connected to the developments in NHS Boards and adds value to accelerate implementation locally.

████ informed members that in NHS Highland the clinical team took the biosimilars work forward and that this was a successful approach. █████ suggested that there would be a benefit in asking NHS Boards for examples of what has worked well in their Board.

The Board discussed variation across NHS Boards in uptake and approach. It was agreed that value would be added through this programme of work by sharing learning and encouraging consistency in approach.

It was agreed that a focused discussion on biosimilars be requested for the next meeting of SAMD.

Action 04 (2016-01-27): █████ to liaise with █████ to request an agenda item at the next SAMD meeting on Biosimilars

National Regional Consensus Statements

████ advised that the project group had identified potential therapy areas and prioritised them into short, medium and long term. █████ continued that the next piece of work for the group is to engage with clinicians in each therapy area. The first of these meetings focusing on prostate cancer medicines is scheduled for mid-February.

████ advised that financial savings will be realised from agreeing a preferred choice of drug for a treatment allowing National Procurement to negotiate a better deal and procure more effectively.

Polypharmacy

■■■ informed the group that the Polypharmacy project would concentrate initially on model(s) for the delivery of polypharmacy reviews, ensuring that these are delivered in the most clinical and cost effective way. There was opportunity to link with Prescription for Excellence. A second phase could consider what good prescribing looks like.

HM asked if there was patient representation on this group. ■■■ noted that the project had yet to be initiated and a project group formed. ■■■ added that there will be opportunities across the projects for patient involvement and advice will be sought from ■■■ and ■■■. ■■■ noted that the Polypharmacy Guidance (March 2015) had significant patient involvement.

Respiratory & Diabetes Prescribing Strategy

■■■ advised that pharmacist resources had been recruited to both pieces of work through the Therapeutics Branch, Scottish Government.

■■■ informed the group that as Blood Glucose Test Strips are supplied by GP prescription through Community Pharmacy, a national tender would not be possible without a policy change. However, there may be other options to reach a consensus on choice of strip which could realise savings.

Empowering Patients to Value Medicines

■■■ advised that this project was as per the update on the Highlight Report.

5.2 Targets/Measuring Benefits

■■■ had prepared a presentation on measuring benefits and presented this to the Board.

There was discussion on the approach to how benefits will be managed. ■■■ highlighted that NHS Boards will do things differently in terms of benefits realisation and retention. ■■■ recognised that there would be local decisions regarding how NHS Boards account for savings made. ■■■ suggested that it would be worthwhile however having a discussion on guiding principles and promote that benefits are worked through in a way that is fair.

■■■ suggested that there may be other non-financial benefits to be included such as reducing length of patient stay. ■■■ agreed that initially the financial benefits had been focussed on, however quality of care benefits would required to be developed to ensure a rounded view.

■■■ and ■■■ agreed to work with Project Leads to develop guiding principles and a first draft of the benefits plan and tracker for discussion at the next meeting of the Programme Board.

Action 05 (2016-01-27): ■■■ and ■■■ to draft guiding principles and a first draft of the benefits plan and tracker for discussion at the next meeting of the Programme Board

5.3 Risks & Issues

All Programme and Red and Amber Project Risks were detailed in the report. ■■■ suggested that Risk 02 on Benefits Double Counting and Risk 04 on Data had been discussed during ■■■ presentation on benefits and updated on this basis.

It was agreed that Risk 01 on funding could be re-scored to a lower impact as 50% of funding had been secured.

■■■ continued that Risk 03 relating to senior clinical engagement had been discussed as part of the biosimilars debate and the need for stronger engagement with SAMD and DOPs.

Members had no further comment on the remaining risks.

6. Potential New Projects

█ advised that the Programme Board would be tasked to look at further areas where potential savings could be made and to ensure any further projects were deemed reasonable to progress.

█ suggested having a long list of opportunities that have and have not been considered. █ requested that this be provided at the next meeting of the Programme Board.

Action 06 (2016-01-27): █ to develop a log of opportunities that have and have not been considered by the Effective Prescribing Programme for discussion at the next meeting of the Programme Board

6.1 Managed Repeats

█ presented the paper on Managed Repeats. █ advised that this subject also came up in the Empowering Patients to Value Medicines project with a focus on both medicines and products.

█ highlighted that the Community Pharmacy Service were reviewing their advice and this was due to be updated shortly. █ also advised that Royal Pharmaceutical Society (RPS) were developing further professional guidance. NHS Dumfries & Galloway are undertaking research for a GP practice with several pharmacies and that this should be concluded by the end of March.

█ informed the group that he was working with RPS on an agreed statement.

The Board agreed that further work was required to inform a decision on whether this was an opportunity worth pursuing within the Effective Prescribing Programme. █ asked █ to prepare a paper for the next Programme Board that would inform a decision.

Action 07 (2016-01-27): █ to prepare a paper for the next Programme Board to inform a decision on Managed Repeats as a project.

7. Update to CEO February Meeting

█ tabled a one-page paper on potential benefits to update the February CEO meeting. █ advised that the CEOs were interested in what could be achieved in terms of savings before March 2016, between April and September 2016, and the remainder of 2016/17. MB asked the members to review the paper and feedback any comments.

█ confirmed that the data on the paper was an average from 6 NHS Boards who had provided feedback. █ asked members if they felt this provided reasonable estimated savings.

Discussion followed on the level of savings identified for biosimilars which were lower than expected. The Board requested further work with National Procurement to confirm savings. █ suggested that contact be made with █ in Greater Glasgow and Clyde to understand the basis for saving estimates.

█ suggested that changes in home care arrangements would mean that savings on biosimilar Etanercept would need to be re-directed. CG provided an update on the separate tender for homecare and transfer to NHS. CG advised that an overall saving with Etanercept was expected.

Members considered the scale of potential savings in respect of national consensus statements. AT suggested that wording be strengthened and contact National Procurement to understand if percentage cost reductions could be stated from previous experience.

SH agreed that 10 – 25% was a reasonable estimate for the Respiratory and Diabetes Prescribing Strategies.

Action 08 (2016-01-27): ██████ to work with National Procurement to confirm potential savings in the CEO paper and circulate to Programme Board members for comment

8. Acute Medicines Efficiency Plans / NAPS work

█████ advised that item 8 had been removed from the agenda.

9. HMUD

█████ delivered a presentation on the Hospital Medicines Utilisation Database (HMUD) to the Programme Board. It was agreed that the content be made available to members to promote use of HMUD within NHS Boards.

█████ thanked ██████ for the helpful presentation and agreed that this would be a useful tool for the projects.

10. Any Other Business

█████ advised members that she would be moving to the role of Interim Chief Executive for NHS National Services Scotland with effect from 1 March 2016. ██████ advised that it would not be appropriate for her to remain as Co-Chair of the Effective Prescribing Programme Board. ██████ advised that she would seek a new Medical Director Co-Chair for the interim period and would continue to watch the Programme's progress with interest.

█████ asked for confirmation on route for dissemination of the Clinical Lead role (secondment 1 day per week for a period of 6 months) to lead on clinical engagement for the national consensus and biosimilars work. The group agreed this should be issued via SAMD and circulated to DoPs.

11. Dates of Future Meetings

The next meeting will take place on Wednesday 23rd March at 13:30 – 15:30 in Meeting Rooms 4 & 5, Ground Floor, Gyle Square, Edinburgh.