

Minute

Meeting: NHSScotland Effective Prescribing Programme Board
Date: 27 July 2016 at 13:30 – 16:00
Location: Meeting Room 4.8, 4th Floor, Meridian Court, Glasgow G2 6QE

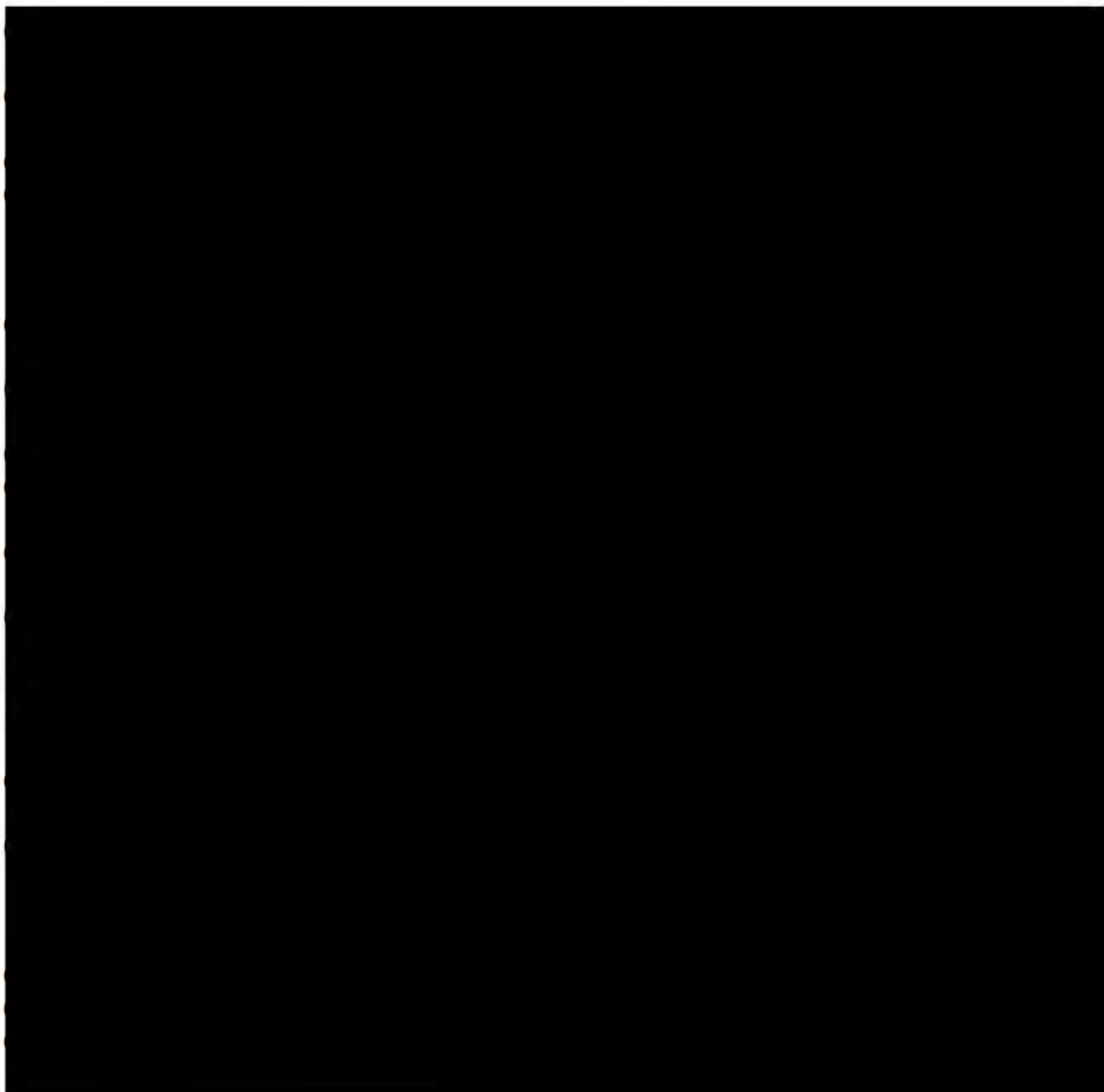
Attendees:

Present:


Videconf:

In attendance:

Apologies:



1. Welcome and Apologies

 welcomed members and thanked everyone for coming. She apologised for the late start due to technical issues. Brief introductions were given by members.

2. Minute and Action Log of last meeting held on 18 May 2016

Minutes of the last meeting were agreed with no amendments. The Action Log was considered. [REDACTED] advised that [REDACTED] had asked [REDACTED] to continue in the role of Co-Chair of the Effective Prescribing Programme Board. The Programme Board supported this proposal.

3. Chief Executive's Group

[REDACTED] presented to the Chief Executives' Group on 21 June 2016. The Chief Executives' commented that the refined proposals and figures were clear and supported the programme of work. The task is now for the projects to translate into practice. The Chairs of the EPP will attend each meeting and provide an update with one key area to be discussed in detail at each meeting. It was agreed that a written update after the Chief Executives meeting would be made available.

4. Prescribing Action Plans

[REDACTED] presented on the collated Prescribing Action Plans (PAPs) for Primary Care 2016/17. It was noted that there were 5 areas which were most commonly cited in the PAPs, including respiratory and diabetes which fits with the prioritised projects for EPP. These areas are being approached in different ways across Boards.

The purpose of this collation was twofold. Firstly to help sharing across the SPAA network, and secondly to help finance colleagues map EPP projects to what is happening at Board level. The work of the EPP is to accelerate work and increase the likelihood of achieving what is set out.

It was agreed that the next stage was the detail to understand what work is being undertaken in these areas, how this is being approached and what learning can be shared across Boards. SPAA will help facilitate this. The responsibility is on individual Boards to review data, understand where they sit in relation to other Boards and make contact as required to learn from those performing 'best in class'.

Collation of activity in the Acute sector has still to be completed. This will be made available to the Programme Board in due course and complete this action.

[REDACTED] advised that the National Acute Pharmacy (NAPs) group had agreed to undertake work to map processes and models within Boards for considering Acute medicines efficiencies.

It was agreed that the Finance Directors would submit a paper to the next Programme Board on savings reported at Board level and EPP to ensure no double counting.

Action 01 (27/07/2016): Directors of Finance to submit paper to the next Programme Board on savings reported at Board level and EPP

5. Formulary Compliance

[REDACTED] provided an overview of the modelling undertaken on formulary compliance using one NHS Board's formulary on 4 BNF chapters and applied across a region and at Scotland level.

It was agreed that further data analysis would be undertaken to model for each NHS Board based on their formulary and focusing on BNF Chapter 3 (Respiratory) in the first instance.

Action 02 (27/07/2016): ■■■ to complete data specification to request ISD analysts undertake modelling for formulary compliance BNF Chapter 3 (Respiratory) for each NHS Board based on their own formulary

The formulary definition drafted was discussed briefly. Members were asked to send any comments or track changes back no later than 12 August 2016. In parallel, ■■■ would also issue the draft definition to the formulary pharmacists across Scotland for their input.

Action 03 (27/07/2016): ■■■ to issue formulary definition to formulary pharmacists for comment. ALL Programme Board members to review the definition and submit any comments/ track changes to ■■■

6. Non-medicine Items

Three non-medicine item opportunities previously presented by National Procurement were represented to the Programme Board for consideration alongside the approach taken by NHS Greater Glasgow and Clyde to address. The general principle that there is the need for a coordinated approach was recognised. The approach may be different in individual Boards.

There are potential efficiencies for some Boards; however this was not prioritised as a focus for the Effective Prescribing Programme Board at this time.

It was agreed that information on the pilot review undertaken by National Procurement within one Health Board and the approach taken by NHS Greater Glasgow and Clyde to manage non medicine items should be shared with NHS Boards. It would be for individual Boards to consider what could be done locally.

Action 04 (27/07/2016): ■■■ to circulate information on the ostomy pilot review for NHS Boards to consider locally a review of patients on ostomy products prescribed. In addition, details of the approach taken within NHS Greater Glasgow & Clyde to manage non-medicine items to be shared.

7. Dietary Products (ONS & Gluten Free)

7.1 NHS Board Variation (ONS)

■■■ presented a proposal to establish a Short Life Working Group (SLWG) to review Oral Nutritional Supplements (ONS) current prescribing management and recommend measures for prescribing cost containment. The recommendation was approved with the addition to 'advise on the potential of dietary intervention'. It was also suggested that the proposed membership of the SLWG include public / patient representation.

The Programme Board approved funding for a 0.4 WTE pharmacist or dietician resource for a 12 month period (circa £24K) to support delivery.

Action 05 (27/07/2016): ■■■■■ to progress recruitment to 0.4 WTE pharmacist/ dietician resource (ONS)

7.2 Pricing

■■■■■ advised on the potential to reduce acquisition costs of ONS and gluten free food products to the NHS. The Board agreed that there was limited opportunity in respect of ONS. For gluten free products, three approaches were outlined to reducing acquisition price. The Board agreed that National Procurement would join the national Gluten Free Foods Group and that pricing would be considered as part of the next review of the scheme (12 months).

8. Over the Counter (OTC)

█ presented data on over the counter medicines which confirmed that the majority of prescriptions for paracetamol are for patients with long terms conditions. The Board supported the conclusion that any move to restrict prescribing paracetamol would disadvantage this group and likely displace prescribing cost to a more expensive alternative. The Board agreed that this final analysis would be part of a future update to the Chief Executives' and closed off.

Action 06 (27/07/2016): █ to include further analysis on OTC and position of the Programme Board in future update to Chief Executives' Group

9. Prescribing Data Reports

The Chief Executives had requested that prescribing information is shared between NHS Boards and that there is a repository of information that is easily accessible. AM advised that Linda Semple, National Lead Sustainability & Value, Health & Social Care Directorates had been charged with looking at this across the 4 national work streams. It was agreed that a small group would meet with LS, and that this should include Marion Bennie, Chief Pharmacist, ISD.

Action 07 (27/07/2016): █ to meet with █ regarding the request from Chief Executives' for a data repository and include █

Video conference ended at this point

10. Programme Overview

█ provided an overview on current position of programme, including resources, benefits and programme risks. The Board supported a standard report on benefits to highlight Red, Amber, Green (RAG) status against each benefit. It was suggested that an additional column on financial return to date may be beneficial.

Risk – benefits are double counted. It is understood that Boards undertook an exercise led by Alan Gray to review existing efficiency plans against the national workstreams to consider double-counting and deliverability. It was agreed to follow up with █ as per Action 01 (27/07/2016).

Risk – senior clinical engagement. The Board agreed the mitigating actions against the risk. The Board recognised a wider communication risk in that senior managers within NHS Boards are not necessarily aware of the work undertaken under the EPP. Communication also is currently one directional and there is a need for EPP to go back to Boards to ask – what they are doing and what nationally can be done to support implementation. It was suggested that the Prescribing Action Plans provide a route for Medical Directors to ensure that effective prescribing is being tackled fully.

It was agreed that a communications strategy was required for programme and project level communications. This must include an approach to ensure two way communications.

Action 08 (27/07/2016): █ to draft communications approach at Programme level. Project Groups to work up specifics communications approach for each Project.

█ outlined the proposed process for new opportunities identified to allow further work to be undertaken and come back to the Programme Board after analysis with recommendations. The Board agreed that the initial template should include some key principles to ensure that the opportunity meets some basic requirements in terms of the remit of the EPP. For example:

- Significant opportunity (clinical and or financial benefit)

- Reduce variation
- Add value through a national approach

Action 09 (27/07/2016): [REDACTED] to update new opportunities process and template to include key principles that an opportunity must meet at the outset.

11. Any Other Business

[REDACTED] advised that the Consensus Statements Project Group had considered an approach to Declarations of Interest. The Board agreed that this would be useful and had wider applicability across the programme.

Action 10 (27/07/2016): [REDACTED] to submit paper on Declarations of Interest to the Programme Board for consideration across the programme

It was agreed that papers will be standardised with an agreed cover paper for future meetings.

12. Date of Next Meeting

Date of Next Meeting: 7 September 2016 from 13.00 – 15:30

Location: MR 6A, 6th Floor, Delta House, Glasgow G1 2NP

13. Action Log

Actions shaded in grey are closed or completed.

Action Ref.	Action	Due Date	Revised Due Date	Owner	Update
01 (27/07/2016)	Directors of Finance to submit paper to the next Programme Board on savings reported at Board level and EPP	12/08/16			
02 (27/07/2016)	to complete data specification to request ISD analysts undertake modelling for formulary compliance BNF Chapter 3 (Respiratory) for each NHS Board based on their own formulary	10/08/16			
03 (27/07/2016)	to issue formulary definition to formulary pharmacists for comment. ALL Programme Board members to review the definition and submit any comments/ track changes to	29/07/16 12/08/16			
04 (27/07/2016)	to circulate information on the ostomy pilot review for NHS Boards to consider locally a review of patients on ostomy products prescribed. In addition, details of the approach taken within NHS Greater Glasgow & Clyde to manage non-medicine items to be shared	05/08/16			
05 (27/07/2016)	to progress recruitment to 0.4 WTE pharmacist/ dietician resource (ONS)	12/08/16			
06 (27/07/2016)	to include further analysis on OTC and position of the Programme Board in future update to Chief Executives' Group	14/09/16			
07 (27/07/2016)	to meet with regarding the request from Chief Executives' for a data repository and include	07/09/16			

08 (27/07/2016)	to draft communications approach at Programme level. Project Groups to work up specifics communications approach for each Project	12/08/16			
09 (27/07/2016)	to update new opportunities process and template to include key principles that an opportunity must meet at the outset	12/08/16			
10 (27/07/2016)	to submit paper on Declarations of Interest to the Programme Board for consideration across the programme	26/08/16			
01 (27/01/2016)	to discuss with Medical Directors for NHS Borders, NHS Grampian and NHS Tayside representation to join the Programme Board.	10/02/16	In progress		In progress 03/05/16: NHS Tayside to identify representative. Borders and Grampian confirmed.
08 (18/05/2016)	to undertake further work to understand appropriate timescales for the monitoring of formulary compliance in targeted areas.	17/06/16	In progress		In progress 20/07/16: Informed by Prescribing Action Plans (Agenda Item 4) and Formulary Compliance work (Agenda Item 5)
18 (18/05/2016)	EPP Project Leads to define key benefits and complete benefits profile.	13/07/16	In progress		
22 (18/05/2016)	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	In progress		20/07/16 In progress: 4 case studies drafted for approval