

# Minutes

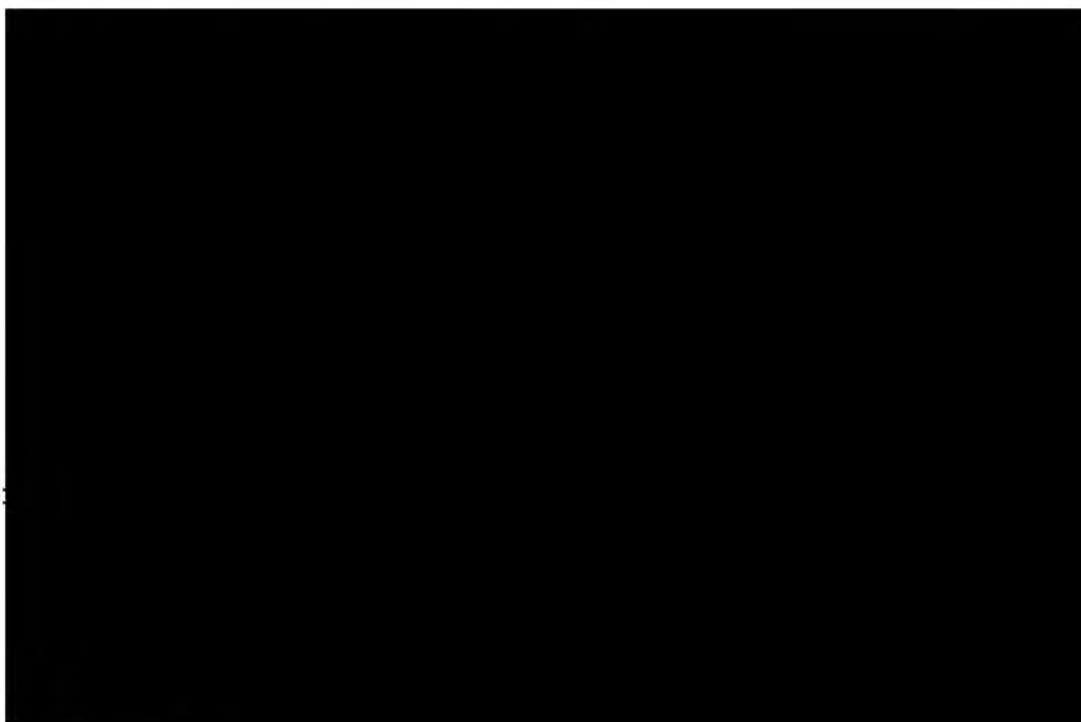
**Meeting:** NHSScotland Effective Prescribing Programme Board  
**Date:** Wednesday 4<sup>th</sup> November 2015 at 09:30 – 11:30  
**Location:** Meeting Room 7 & 8, Gyle Square, Edinburgh

Present:

Teleconf:

In attendance:

Apologies:



## 1. Welcome and Apologies

█ welcomed members and noted the above apologies. █ thanked members for their work in scoping the projects and advised that the aim of the meeting was to review the project objectives, discuss prioritisation and consider resource requirements. This would inform the update to the Chief Executive's Group in December 2015.

## 2. Minute and Action Log from 13<sup>th</sup> August 2015

█ asked members to review the minute of the meeting held on 13<sup>th</sup> August 2015. The Board noted it as an accurate account.

They went on to discuss the Action Log and █ gave members an update on the action to invite a Director of Nursing representative to the Programme Board. She continued that representation had been provided at a project level and nominations had been shared with the respective Project Leads. It was confirmed that representation would be present at project level only.

In respect of securing patient representation on the Programme Board, [REDACTED] advised members that several notes of interest had been received. [REDACTED] continued that she is working with the lead for patient involvement within NSS and interested public partners had been invited to an informal discussion to speak about their motivations and interests in this opportunity. The intention was to have two public partners represented on the Programme Board.

[REDACTED] advised that Director of Finance representation had been discussed and [REDACTED] had agreed to speak with the Directors of Finance Group to secure representation and share the responsibility. [REDACTED] would also enquire regarding resource from the Director of Finance Group looking at prescribing to provide finance support to the projects.

**Action 01 (2015-11-04): [REDACTED] to confirm Director of Finance representation on the Programme Board and resource from the DoF prescribing group to support projects**

### 3. Scoping Sessions – Project Briefs

[REDACTED] would circulate the presentation to the Programme Board following the meeting.

**Action 02 (2015-11-04): [REDACTED] to circulate the presentation to members**

[REDACTED] provided an overview of the scoping sessions held during September and October 2015 with key stakeholders. [REDACTED] advised that the briefs submitted by the respective projects are presented for wider consideration and prioritisation by the Programme Board.

Members discussed slide 2 of the presentation, 'Impact on Quality & Cost'.

[REDACTED] highlighted the importance in positioning the work in terms of patient outcomes and quality of care and also financial sustainability. Referring to the matrix, [REDACTED] noted the best scenario was improved quality and reduced cost (do more with less). It was suggested that reduced quality and reduced cost (doing less with less) should be colour coded differently from increased quality and increased cost (doing more with more), noting recent examples where more with more had been necessary. The group agreed that a rounded discussion was required about delivering in the most cost effective way; however, reduced quality was not an option.

It was agreed that for all projects there should be a statement on impact on quality of care and impact on cost.

[REDACTED] asked Project Leads to provide an overview of the proposed scope of the project and for the Programme Board to provide a view on the objectives proposed.

#### 3.1 Biosimilars

[REDACTED] advised that the Biosimilars project had started engagement with key clinical groups. A presentation and discussion had been part of a recent Rheumatologists event. Facilitated discussion was planned for the ADTC Collaborative Event on 17<sup>th</sup> November 2015 and work underway with NHS Boards to understand the barriers to biosimilar adoption. [REDACTED] advised that these engagement opportunities will be used to inform what support can be offered nationally to support NHS Boards.

She continued that she still had a concern regarding the articulation of quality and cost in the project objectives and the communication of this. [REDACTED] added that all projects should include a statement relating to both quality and cost and that this be reflected in all communications.

[REDACTED] continued that for all projects there was a need to articulate what the Effective Prescribing Programme was adding to the agenda, beyond what may already be happening in some NHS Boards. For Biosimilars, it was suggested that this was around momentum

and pace; bringing together clinical leadership; and securing commitment from the Chief Executives' Group.

For all projects, [REDACTED] highlighted the need to be able to articulate potential savings for the Chief Executives' Group. This would guide decision making on priorities and also help to secure the resources necessary to deliver the projects. Discussions are due to be held shortly with Scottish Government regarding resources for the next financial year.

[REDACTED] advised that National Procurement are working on a tool that can be used by Boards to estimate savings based on projected uptake. It was agreed that members would use the tool once available to quantify potential targets for their respective Board and feedback to inform a national target for the Biosimilars work.

**Action 03 (2015-11-04): [REDACTED] to circulate the Biosimilars tool once available and members to feedback targets for their respective Board to [REDACTED]**

### 3.2 Regional/National Protocols

[REDACTED] advised members that this group had recently met to undertake initial scoping and thanked [REDACTED] for her involvement. She continued that the group had identified a number of potential therapy areas which had the potential to benefit from a consensus approach to maximise use and ensure affordability of cost effective products.

[REDACTED] informed the group that the project sought to identify potential medicines earlier in the process and be proactive rather than reactive. She continued, they would look at critical success factors, cohesive clinical communities, and test national principles and processes in agreed therapy areas.

[REDACTED] asked if it was possible to quantify benefits from the cancer or Hepatitis C experience. [REDACTED] advised that there had been discussion on economic benefits and the treatment of more patients managed within the same overall cost. [REDACTED] noted that potential therapy areas would be discussed together with the role of ADTCs in the development and implementation of national consensus statements at the forthcoming ADTC Collaborative event.

[REDACTED] added the need to make sure that SMC were involved. [REDACTED] suggested that the horizon scanning process could be tapped into and [REDACTED] confirmed that this would be discussed.

### 3.3 Polypharmacy

The objectives for the polypharmacy project focused on reducing inappropriate polypharmacy through the delivery of polypharmacy reviews and the model(s) for the delivery of the review.

[REDACTED] informed the group of the key challenge in trying to apply measures to an extremely complex area of prescribing and complex group of patients. He continued that there had been ambition to do this for many years.

[REDACTED] added that the sharp focus at the moment was on the delivery of the polypharmacy reviews and ensuring that reviews are being carried out by the most appropriate member of the team. She continued to raise key issues on the most cost effective model for delivery; management of drugs commonly prescribed that do not need to be; and outcome measures used.

[REDACTED] asked if members were aware of the work being carried out by [REDACTED] and [REDACTED]. It was suggested that it would be worth making contact.

**Action 04 (2015-11-04):** ██████ to make contact with ██████ and ██████ to find out what work has been undertaken or is planned in the polypharmacy review area

█████ asked the view of members on the added value from the Effective Prescribing Programme to the polypharmacy work. ██████ noted significant activity already at Board level in the delivery of polypharmacy reviews. ██████ suggested that the value add was in determining a cost-effective and consistent model of polypharmacy with the appropriate triage in place for high risk patients. ██████ advised the group on work underway in Ayrshire & Arran and waste identified within the care home setting.

The Board agreed that there was value in ascertaining the most cost effective models for the delivery of polypharmacy reviews; appropriate triage; and target patient groups.

### **3.4 Respiratory Prescribing Strategy**

█████ provided the Board with an update, advising that an excellent session had been held with Respiratory and Diabetes Clinical Leads and MCN representatives. The aim of this work was identified to support and maximise opportunities within the current prescribing strategies for respiratory and diabetes respectively. Both sessions benefited from updated data analysis undertaken by the Therapeutics Branch.

The Respiratory Prescribing Strategy (2014-16) session recognised that improvements had been made. Further opportunity was identified focusing on inhaler prescribing. It was noted that current guidance was out of date. However, ██████ highlighted that the SIGN guideline on the management of asthma was last updated in October 2014; although there is no SIGN guideline for COPD.

Members continued to discuss the difference that could be made through the Effective Prescribing Programme. The group discussed quantification of benefits and the need for further data analysis work to be undertaken, for which additional resources would be required. Making data visible to NHS Boards was recognised as an important part of driving implementation of the strategy. The role of ADTCs and MCNs was also noted as key.

Discussion followed on the Effective Prescribing Programme as a facilitator to support Boards to realise benefits. ██████ added that the Programme Board was not a national group, but rather a group of Medical Directors and Pharmacy Directors working together in response to a request by NHS Board Chief Executives.

**Action 05 (2015-11-04):** ██████ to identify data requirements, and analyst resource required, to quantify benefits in respect of respiratory prescribing

### **3.5 Diabetes Prescribing Strategy**

█████ advised the group that the diabetes session had been more challenging; however the session did reach a place where some change was offered. She added that there was an issue around the procurement of blood glucose testing strips and a cost difference in products procured that had potential to release efficiencies. ██████ added that different approaches may be required going forward.

The group discussed the project brief and increasing workload on the service. It was suggested that an early result on testing strips may provide a route to further engagement with this group.

### **3.6 Primary Care Prescribing Support Tools**

█ advised the Board that a group had met with Forth Valley to discuss a piece of work to review the range of Primary Care prescribing support tools that are currently in use across NHS Boards. █ suggested that this was likely to be a 3 month piece of work and that the Therapeutics Branch would support this. The Board agreed that █ take forward this work and report back to a future meeting.

█ continued to provide the Board with an update on the implementation of the Scottish Therapeutics Utility (STU). It was agreed that both pieces of work are enablers and will support the projects identified within the Effective Prescribing Programme.

Discussion followed on the procurement of the new GP system and the need to ensure that core functionality is future proofed and allows for the development of prescribing support tools for NHSScotland. There was consensus that the requirements for the clinical system should be influenced by Medical Directors and Directors of Pharmacy.

It was considered that a more structured process is required to allow effective clinical engagement at a local and national level when planning for systems that meet future clinical need. █ and █ agreed to draft a letter for Chief Officers to express concern about lack of clinical engagement in national IT projects for Medical Directors and Directors of Pharmacy to consider.

**Action 06 (2015-11-04): █ and █ to draft a letter for Chief Officers to express concern about lack of clinical engagement in national IT projects for Medical Directors and Directors of Pharmacy to consider**

### 3.7 Empowering Patients

█ described the empowering patients work as providing an underpinning approach, with common principles and key messages, to be applied by the individual projects. The Board agreed that this work would form a project that would develop the approach and also focus on upscaling the valuing medicines campaign across Scotland. It was suggested that empowering clinicians/ prescribers to value medicines should be added to the diagram in the Project Brief.

The Board discussed repeat prescribing and potential opportunity to further consider repeat prescribing of medicines and products.

█ noted a strong connection between empowering patients and safety of medicines and suggested that this was strengthened in the Project Brief. She referred to the Scottish Patient Safety Programme (SPSP) and specific NHS Board campaigns and tools, such as NHS Tayside.

**Action 07 (2015-11-04): █ and █ to update the Project Brief to strengthen reference to medicines safety and include empowerment of clinician/ prescribers in the diagram**

## 4. Programme Management

### 4.1 Prioritisation of Projects

█ referred again to the Quality and Cost Impact slide and asked members to suggest where on the matrix each project is positioned. It was agreed that all projects could be located in the Quality Neutral/ Costs Less or Improved Quality/ Costs Less. It was agreed that STU and Primary Care Support Tools were enablers and would not be included in the matrix. Empowering Patients was considered indirect and Improved Quality/ Costs Less.

█ asked █ to pull together a summary for each of the projects which identified impact on cost and quality and update the matrix within the presentation.

**Action 08 (2015-11-04):** [REDACTED] to produce a summary of the projects prioritised and impact on cost and quality for circulation to the Programme Board for comment

#### 4.2 Resourcing

[REDACTED] asked members if there was anything further to add to the resources slide. It was recognised that skill sets had been identified as part of the scoping exercises, however further work was required to quantify the amount of resource needed. It was noted that although some project work had begun, dedicated and specialist resource must be secured to progress.

[REDACTED] advised that the timescale for quantifying resources would be in parallel to the Chief Executives' update at the start of December.

#### 5. Update to December CEO Meeting

[REDACTED] thanked members for the work carried out to scope and prioritise the projects for inclusion. [REDACTED] advised that she will present this to the Chief Executives' Group at the start of December, and include the following areas:

1. Background to the Effective Prescribing Programme
2. Progress to date
3. Context – spend (top 20); polypharmacy; and waste
4. Projects prioritised
5. Next steps

**Action 09 (2015-11-04):** [REDACTED] to draft the Effective Prescribing Programme update for the December CEO Meeting and circulate to Programme Board for comment

#### 6. Any Other Business

No further business.

#### 7. Dates of Future Meetings

The next meeting would take place on Wednesday 27<sup>th</sup> January 2015 at 14:00 – 16:00 in Meeting Rooms 4 & 5, Ground Floor, Gyle Square.