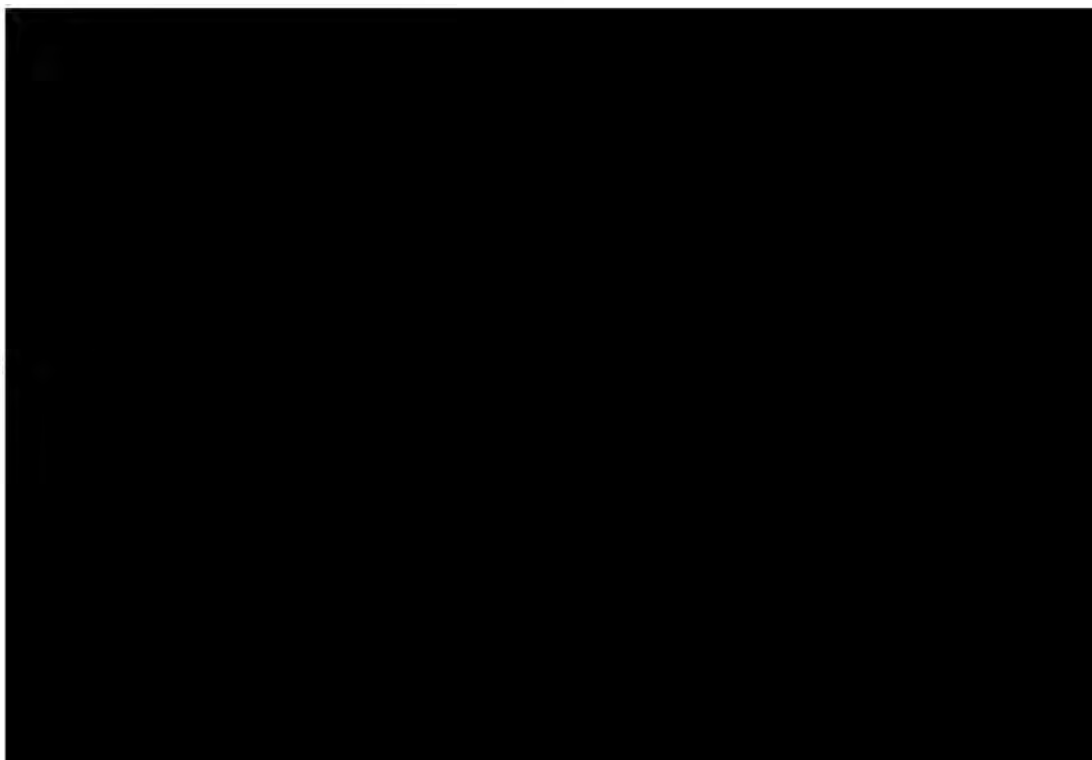


# Minutes

**Meeting:** NHSScotland Effective Prescribing Programme Board  
**Date:** Thursday 13<sup>th</sup> August 2015 at 10:00 – 11:30  
**Location:** Meeting Room 18, Gyle Square, Edinburgh

Present:



In attendance:

Apologies:

## 1. Welcome and Apologies

■■■ welcomed everyone to the meeting and noted the above apologies. ■■■ continued by introducing ■■■ and ■■■ to the group. Board members introduced themselves and the networks they represent.

## 2. Minute from 21<sup>st</sup> May 2015

■■■ asked members to review the previous minute. ■■■ asked for her surname to be corrected. The minute of the meeting held on 21<sup>st</sup> May 2015 was noted as an accurate account.

### 3. Background and Context

#### 3.1 Progress to date

█ provided a presentation outlining progress to date. The *Effective Prescribing Summary Document* had been submitted to the Transformational Change Programme Board in June 2015. This included the scoping work carried out and the move to a formal programme of work. █ advised that the purpose of this meeting would be to focus on governance and programme infrastructure to establish a structured programme of work and a firm foundation for future work. The project spreadsheets would not be covered.

Members who were unable to attend the meeting had previously received a copy of the presentation alongside papers for comments to be fed into the discussion.

█ noted that work was underway in most of the development areas identified and described the ambition for this programme of work being to increase pace and spread of implementation and remove barriers.

In relation to the proposed work on the value of medicines and empowerment of patients, █ referred to the work of the Academy of Medical Sciences. Discussion followed on the role of this group to promote and educate the profession and wider prescribers on the value of medicines. █ suggested that the Effective Prescribing Programme may contribute to the work of the Academy of Medical Sciences examining how society uses evidence to judge risks and benefits of medicines. █ asked █ to circulate details for further discussion at the next meeting.

**Action 01 (2015-08-13): █ to circulate the work of the Academy of Medical Sciences on the value of medicines to consider submission from the Board.**

#### 3.2 Vision

█ introduced discussion on defining the vision for the Effective Prescribing Programme, to sit alongside the aim defined in the *Summary Document*, and to be used in communications with stakeholders.

The Board discussed the interrelation of the project areas identified with other pieces of work and the need to capture the difference to be made through, and value add from, the Effective Prescribing Programme. Members noted the:

- aim of the programme to accelerate realisation of benefits and spread coverage across NHS Boards
- strength in this being a clinically led group – NHS Boards (Territorial and Special) and Professional Leads from Scottish Government
- clear message - a clinical leadership focus in order to deliver benefits

**Action 02 (2015-08-13): █ to refine the Vision and Aim of the Effective Prescribing Programme incorporating feedback from the Programme Board**

## 4. Governance Arrangements

### 4.1 Terms of Reference

The draft Terms of Reference for the NHS Scotland Effective Prescribing Programme Board was circulated in advance of the meeting.

The overall governance structure was discussed and agreed by the Board.

The group discussed the Terms of Reference and made the following comments:

#### Purpose of Board

The Board agreed to make reference to recommendations being made to the NHS Boards Chief Executives' Group and the Transformational Change Programme Board.

The Board agreed to change emphasis from 'delivering' to 'ensuring delivery of the outcomes and minimising risks'.

#### Role and Remit of Board

The Board agreed to strengthen the wording around accelerated benefits and spread/coverage and reorder the list of bullets to prioritise this element.

#### Membership

The Board agreed that representation should reflect members' role in relation to the professional group/ area of expertise that they are representing and responsible for.

The membership of the Programme Board was reviewed and it was agreed that it would be beneficial to invite a representative from the Directors of Nursing and patient representation.

█ asked to be removed from the membership now that the Programme Board is in place. █ attends the Transformational Change Programme Board.

**Action 03 (2015-08-13): █ to invite Directors of Nursing representative to attend the Programme Board**

**Action 04 (2015-08-13): █ to seek advice from Scottish Health Council on appropriate route to identify patient representation on the Programme Board**

█ highlighted the infrastructure required around information systems and data to support the projects. █ advised that cross cutting resources, such as finance, communications and data analyst resource had been highlighted by the Shared Services Portfolio however have not yet been secured.

█ suggested that as the projects are scoped in more detail, resource requirements will be quantified and a case made, as appropriate, to Scottish Government. Currently the programme will work within the allocation made for 2015/16 and reprioritise within the system as required.

█ advised members that the Intelligence Information Platform holds prescribing data that may be valuable to project groups.

## Meetings

The Board agreed to meet bi-monthly from September 2015. Members advised that they were happy to attend meetings at Gyle Square, Edinburgh - providing car parking was available - or Meridian Court in Glasgow.

**Action 05 (2015-08-13):** [REDACTED] to arrange bi-monthly meetings of the Programme Board to be held in either Glasgow or Edinburgh

## 5. Programme Management

### 5.1 Next Steps for each Project and Resources

[REDACTED] highlighted the benefits of a programme management approach in terms of providing a context and control framework for the projects and a mechanism to manage interdependencies, resources and risk.

In terms of next steps, scoping sessions would be set up with a small group of key stakeholders in each of the work areas to further develop the objectives and deliverables. Briefs will be presented to the Programme Board for review, challenge and scrutiny.

Reporting mechanisms will be put in place and, as projects develop, the format of the Board will focus on highlight reports for the reporting period, milestones and risks and issues.

**Action 06 (2015-08-13):** [REDACTED] to work with Leads to arrange scoping sessions to further define projects and present briefs to forthcoming Programme Board

## 6. Summary and Actions

[REDACTED] thanked members for their support and contribution to the meeting.

[REDACTED] suggested that once the Vision and Terms of Reference for the Effective Prescribing Programme had been further developed that this would be shared with [REDACTED], Transformational Change Programme Board at Scottish Government to sense-check.

**Action 07 (2015-08-13):** [REDACTED] to share refined Vision and Terms of Reference with [REDACTED], Transformational Change Programme Board

## 7. Any Other Business

### Unlicensed Medicines

[REDACTED] updated the Board on her discussion with the General Medical Council in respect of unlicensed medicines. [REDACTED] informed members that the GMC had received extensive legal advice and are not able to include this within their guidance. The GMC has agreed to provide [REDACTED] with a position statement. The route must therefore be to encourage drug companies to obtain licences as opposed to a change to GMC guidance. [REDACTED] agreed to feedback to [REDACTED], Chief Pharmaceutical Officer and [REDACTED], Chief Medical Officer.

**Action 08 (2015-08-13):** [REDACTED] to feedback GMC position on unlicensed medicines to [REDACTED], Chief Pharmaceutical Officer and [REDACTED], Chief Medical Officer

## Medicine Pricing

The Board discussed drug tariffs, generic prices, the recent price increases and the lack of transparency around this. [REDACTED] updated members on the good work carried out by [REDACTED] on the drugs that cost NHSScotland the most due to the volume prescribed. It was agreed to discuss this at the next meeting.

**Action 09 (2015-08-13): [REDACTED] to add work on drug costs by volume to the next meeting of the Programme Board**

## **8. Dates of Future Meetings**

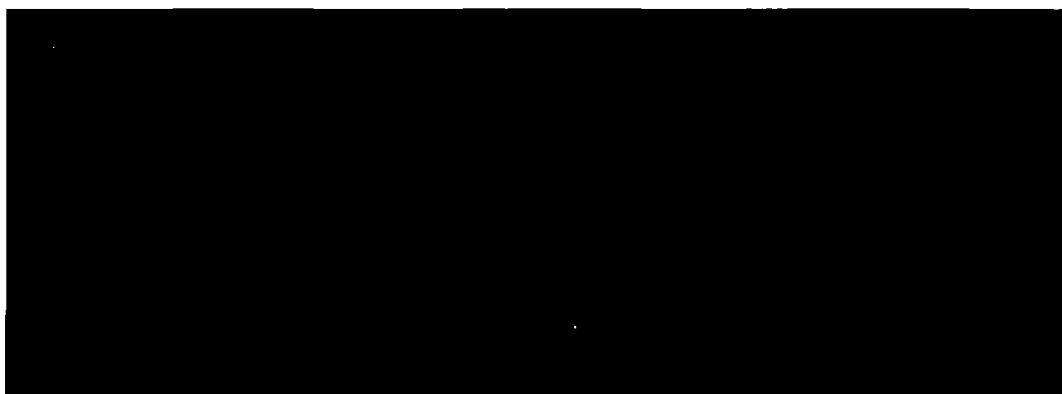
The next meeting will take place on Wednesday 16<sup>th</sup> September 2015 at 09:30 – 11:30 in BS Project Room, Area 003, Ground Floor, Gyle Square. Apologies received from [REDACTED] and [REDACTED]

# Minute

**Meeting:** NHSScotland Effective Prescribing Programme Board  
**Date:** Wednesday 05 July 2017 at 10:30-13:00  
**Location:** Board Room 1, Gyle Square, 1 South Gyle Crescent, Edinburgh, EH12 9EB

**Attendees:**

Present:




Teleconf:

In attendance:



Apologies:

**1. Welcome and Apologies:**

 welcomed everyone to the meeting, introductions and apologies were made.

**2. Declaration of Interests:**

All declarations of interests forms have been submitted with no further declarations of interests today.

**3. Minute and Action Log of last meeting held on 19 April 2017:**

The minutes and actions of the last meeting were discussed, noting the following updates:

Action 02 (19/04/2017) [REDACTED] consider review of the biosimilar etanercept target for 2017/18

**Update 05/07/17:** [REDACTED] will update this action for the next programme Board.

[REDACTED]

[REDACTED]

Action 08 (19/04/2017) [REDACTED] confirm with ABPI whether or not the representatives attending represent the entire pharmaceutical industry

**Update:** 05/07/17 The Ethical Medicines Industry Group (EMIG) will also be invited to the quarterly engagement meetings with ABPI and EPPB Co chairs.

Action 14(19/04/2017) Polypharmacy work officially transferred to Polypharmacy Working group. Update: Polypharmacy to close as a project from EPP although the number of reviews and monitoring of benefits will be discussed by DOFs and determine where this monitoring will sit in the future.

[REDACTED]

**Action 01(05/07/2017)** [REDACTED] to circulate Value Based Approach paper to SAMD group

**4. Programme Overview:**

[REDACTED] provided the programme overview and noted that £8.4M savings delivered confirmed 2016/17. A breakdown of these savings can be made available if required. Further savings realised 2016/17 will be reported in October as these are reported in arrears.

Availability of data to report on benefits remains a challenge in two key areas – polypharmacy and formulary compliance. Boards are required to continue reporting on their local formularies until SNF takes effect.

Discussions in progress with Scottish Government to agree allocation to Effective Prescribing Programme 2017/18 and development of Effective Prescribing Programme (EPP) 2018/19.

[REDACTED] proposed changes to the biologics highlight report. [REDACTED] will make these changes.

[REDACTED] proposed a statement be prepared explaining why the Consensus statements work may be delayed, and this should be added to the highlight report while a decision on process, legal advice and governance is being reached.

It was discussed and agreed that Risks should be reviewed and rescored to better reflect current status.

The EPP budget was discussed, in particular where changes to resource allocation were proposed; National Procurement (NP) resource and the Healthcare Improvement Scotland (HIS) resource. It was highlighted by the co-chairs that the HIS resource allocation was in keeping with 2016 / 2017 spend.

There was discussion about the allocation of resource for NP based on the support and Return on Investment (ROI) provided. It was further discussed that this support / resource could transition to Business as Usual (BAU). It was agreed that this will be revisited by the group after a comparison between the 2016/17 and proposed 2017/18 budget. [REDACTED] advised that in the case of NP resource allocation altering to 0.5WTE work to support EPP would have to be prioritised. Recommending that the resource be dedicated to the Biologics workstream until a decision is reached..

It was discussed that the HIS resource had been reduced to reflect that this resource had been a projected cost. AM received communication that the HIS resource could be made available if they are given ample time and notice to do the work. It was suggested that the money be put towards NP resource.

[REDACTED] proposed for Biologics Clinical leads to be extended for the year as this resource was still required. [REDACTED] indicated that this request would need to be reviewed.

It was suggested that Projects that will deliver savings should be prioritised, adding that the Project Management resource could be stretched further as it is within other NHS Boards.

**Action 02(05/07/2017) [REDACTED] to amend Biologics highlight report**

**Action 03(05/07/2017) [REDACTED] to amend highlight report with explanatory statement regarding Consensus Statements.**

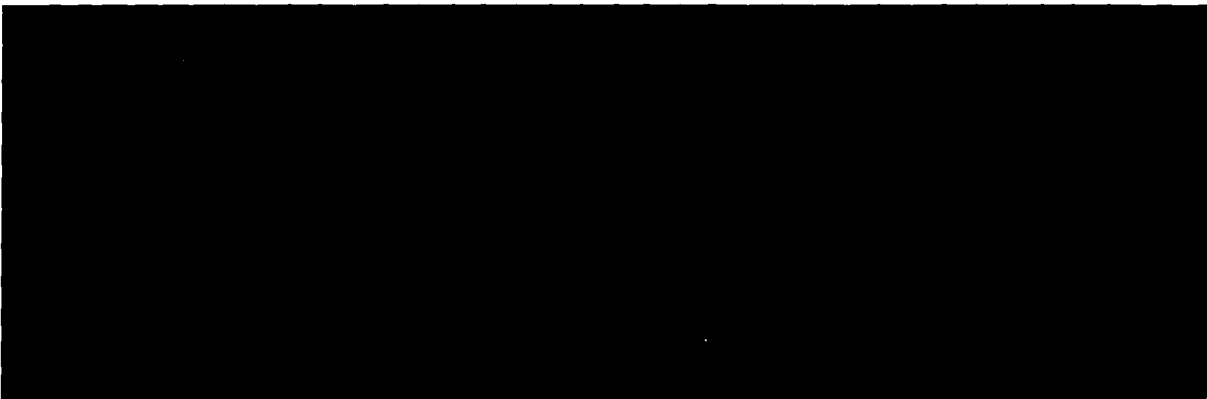
**Action 04(05/07/2017) Respective project leads to review Risk registers with project managers.**

**Action 05(05/07/2017) [REDACTED] to circulate 2016/2017 budget to EPPB members, and co-ordinate a call to discuss the implications of proposed changes to the budget.**

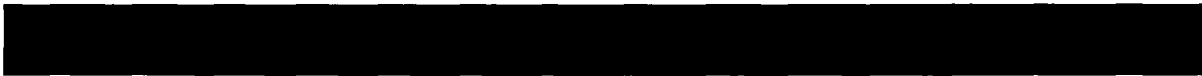
#### 4.5 SNF Relationship

The work of Single National Formulary (SNF) has been separated from EPP. A Programme Board will be set up for SNF. Any opportunities from both groups will go through the appropriate governance channels. For EPP this would be through the New Opportunities Group. (NOG)

5.







## 6. New Opportunities

█ gave a presentation on the new opportunities that were being looked at within the group. The question was posed as to what activities the NOG should take on and what activities groups like Scottish Prescribing Advisors Association Executive (SPAA), Therapeutics Branch, SNF, and NP should take on from NOG. The NOG is keen to establish if they are a commissioning group or a doing group. A governance process will be agreed and will be considered when discussing the governance flowchart.

It was suggested that the liothyronine letter should be distributed to NHS Boards as a recommendation as soon as possible. █ suggested █ makes the required changes to the paper; once this is done, communication can go out to the NHS Boards.

█ gave an overview of the Anti VEGF group and the outcomes of their recent meeting on the 23 June 2017. The group is to review the significant variation across boards and suggest recommendations which will be approved by the EPPB. It was noted HIS have agreed to facilitate the meeting with the wider ophthalmology group and possibly take the recommendations forward. The aim of this is to develop a proposal on clinical pathways and later on get a procurement model to drive cost effectiveness. Once this proposal is decided, it will be brought back to the EPPB to review and agree before going to NHS Boards.

The NOG will identify any opportunities to take forward and agree these as a group. If the opportunity is agreed to be taken forward; it will be discussed with the Co Chairs of the EPPB who will share with the wider EPPB group electronically for feedback. Once feedback is received and agreed the recommendations can then go out to NHS Boards.

**Action: 07(05/07/2017) █ to make changes to Liothyronine letter once this is done the Co chairs will distribute to NHS Boards.**

## 7. Consensus Statements

The group is still in discussion regarding governance structure and accountability. The governance flow chart is still to be revisited and reviewed by the group.



## 8. Reviewing the role and remit of the Effective Prescribing Programme

It was discussed that the role and remit of the NOG Group should be explained and expanded upon within the Terms of Reference (TOR). It was noted that another role of the EPPB is to support NHS Boards. This is to be added to the ToR. The governance flow chart was not discussed.

**Action 09(05/07/2017): █ to amend ToR to reflect support from EPPB to NHS Boards and expand on the description of the NOG**

## 9. Any Other Business

No other business discussed

## 10. Date of Next Meeting:

25 October 2017 from 10:00-12:30, Duncan Room, Royal Pharmaceutical Society, Holyrood Park House, 106 Holyrood Road, Edinburgh, EH8 8AS.







05 (22/02/2017)	<p>█ to provide update to the Programme Board on a change request in project scope for either the Consensus Statements or Biologics Projects to include work to develop a national approach to recommending first line Anti-TNF.</p>	05/04/17	<b>In progress</b>	█	<p>Update: 28/06/17 Meeting took place on the 5<sup>th</sup> May develop approach, to be discussed at the 30<sup>th</sup> June Biologics project board meeting before issuing to the EPPB</p> <p>In progress: 19/04/2017 █ agreed to update EPPB by email once Project Leads has reached a decision on work to develop a national approach to recommendatin first-line anti-TNFs.</p>
11 (22/02/2017)	<p>Polypharmacy Project Leads to contact NHS Boards to request data and ascertain what is possible in terms of data collection and how reviews are undertaken.</p>	05/04/17	<b>In progress</b>	█	<p>In Progress 28/06/2017: Update to be provided at EPPB meeting 05 July 2017.</p> <p>Update: 19/04/2017 The Programme Board agreed that the action to contact Boards to request data and ascertain what is possible should remain open. This will be progressed with Directors of Finance initially.</p>

## Glossary

Acronym	Definition
ABPI	Association of Pharmaceutical Industry
ADTC	Area and Drug Therapeutic Committee
BAU	Business As Usual
BNF	British National Formulary
CE	Chief Executive
DOACS	Direct-Acting Oral Anticoagulants
EPP	Effective Prescribing Programme
EPPB	Effective Prescribing Programme Board
EMIG	Ethical Medicines Industry Group
GP	General Practice
HEPMA	Hospital Electronic Prescribing and Medicines Administration
LDPs	Local Delivery Plans
LHRH	Luteinizing hormone-releasing hormone
MCN	Managed Clinical Networks
NAPs	National Acute Pharmacy
NOG	New Opportunities Group
PAPs	Prescribing Action Plans
PHE	Public Health England
PIS	Prescribing Information System
RAG	Red Amber Green
SAMD	Scottish Association of Medical Directors
SAPG	Scottish Antimicrobial Prescribing Group
SPAA	Scottish Prescribing Advisors Association Executive
STU	Scottish Therapeutics Utility
SVPB	Sustainability & Value Programme Board
TDM	Therapeutic Drug Monitoring
TORs	Terms of Reference







3. **Minute and Action Log of last meeting held on 22 February 2017:**

█ asked if members had any amendments to the minute from the last meeting. █  
█ requested an amendment to her comment on Item 5 of the previous minute to better reflect her views.

█ gave an update on all Actions in progress. Action log updated.

Action 05 (22/02/2017) █ agreed to update EPPB by email once Project Leads has reached a decision on work to develop a national approach to recommending first-line anti-TNFs.

Action 11 (22/02/2017) The Programme Board agreed that the action to contact Boards to request data and ascertain what is possible should remain open.

**Action: 01 (19/04/2017) █ to amend Minute (22/02/2017) to reflect █ views on Item 5 and update action log**

4. **Programme Overview:**

█ explained that Directors of Finance would seek to demonstrate the additionality achieved through EPP and referred to the paper prepared by █ to be discussed under Agenda Item 7.

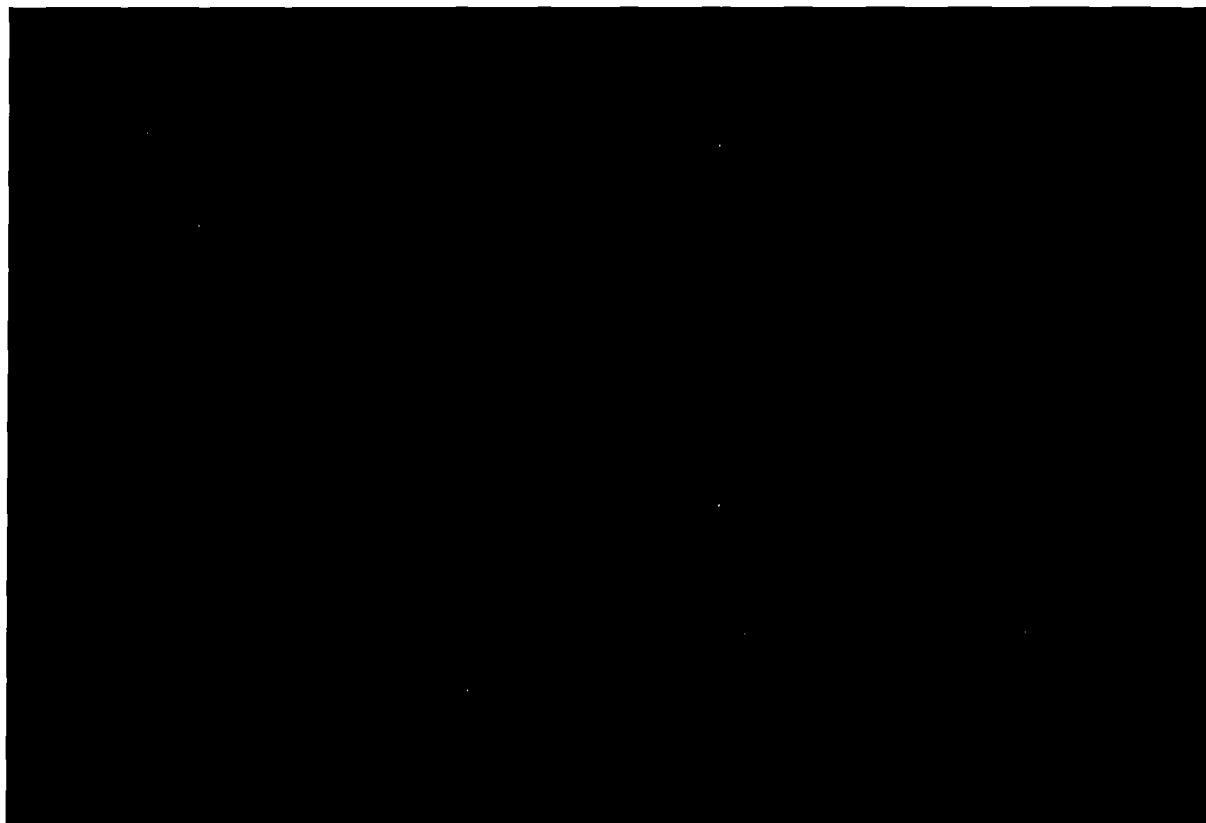
Discussion followed on the potential to stretch targets for the biosimilar etanercept as the target for March 2018 has been met (NHSScotland average). The Board considered where best the Biologics Project can add value and should focus efforts. The Biologics Project Leads agreed to discuss and consider a realistic target.

**Action: 02 (19/04/2017) █ and █ to consider review of the biosimilar etanercept target for 2017/18**

The Board noted that availability of data to report on benefits remains a challenge in relation to polypharmacy and formulary compliance. [REDACTED] advised that NHS Fife had been able to provide this data in their financial reporting and agreed to send to [REDACTED] for consideration.

**Action: 03 (19/04/2017): [REDACTED] to share NHS Fife financial reporting with [REDACTED] for further discussion with [REDACTED] on the approach to NHS Board polypharmacy and formulary compliance monitoring and reporting**

5.



[REDACTED] provided feedback on the meeting of the EPPB Co-Chairs with the Association of British Pharmaceutical Industry (ABPI). The Co-Chairs have given commitment from the EPP to have an open and transparent process and to be clear with industry at what points they can expect to be engaged. The Co-Chairs agreed to meet on a quarterly basis with ABPI.

The ABPI does not represent all of the pharmaceutical industry, however, in the past has taken on responsibility to engage with all companies on specific therapy areas. It was suggested that the Co-Chairs confirm with ABPI whether or not the representatives attending represent the entire pharmaceutical industry.

**Action: 07 (19/04/2017): [REDACTED] to amend/ provide narrative to the Consensus Statements Workflow Process to include industry communication**

**Action: 08 (19/04/2017): [REDACTED] to confirm with ABPI whether or not the representatives attending represent the entire pharmaceutical industry**

## 6. Consensus Statements

[REDACTED] gave an overview of the Consensus Statements work stating the project objectives, key deliverables, status and challenges. It was agreed under Item 5 that the timeline for the DOACs work will be extended.

**7. Contribution of EPP to National Savings**

■ presented the paper on the contribution of EPP to national savings. The paper sets out considerations for NHS Boards in relation to primary and secondary care prescribing costs for 2017/18. ■ advised that Boards have submitted their Local Delivery Plans (LDPs) and that this includes a category for prescribing. It was noted that ■ had written to NHS Boards on LDPs and asked to account for the work of EPP; however, the letter does not specify how this should be undertaken. ■ will investigate if there is a way that this can capture the monitoring data required of EPP or if this needs to be captured in a separate template.

**Action: 09 (19/04/2017) ■ to follow up with ■ on what is reported through EPPB and what Boards report directly to Scottish Government**

Discussion followed on sharing good practice across Boards. It was noted that the annual NHS Board Primary Care Prescribing Actions Plans (PAPs) are collated for review. ■ noted an aspiration to replicate this in secondary care and agreed to update at a future meeting of EPPB.

It was suggested that EPP might look for the New Opportunities Group to identify and develop acute prescribing opportunities. There might also be a role for the New Opportunities Group to review the PAPs currently being collated for 2017/18.

8.



9.



## 9.2 Liothyronine

presented on the opportunity to review clinical guidelines on where liothyronine may be indicated, and to consider a switch to levothyroxine where there is no clear clinical reason for the patient to be prescribed liothyronine.

informed the EPP Board members that there was an active patient group and an ongoing public petition. It was agreed that the New Opportunities Group should link with the Clinical Priorities Team at Scottish Government to share the data analysis and interpretation for a view and also to understand what work may already have been undertaken in relation to clinical guidelines.

**Action: 13 (19/04/2017):** to link with the Clinical Priorities Team at Scottish Government to share the data analysis and interpretation for a view and to understand what work may already have been undertaken in relation to clinical guidelines

## 10. Polypharmacy

presented the paper on Polypharmacy, noting that the economic model had been discussed at the last meeting concluding the agreed objectives for the Polypharmacy Project. She stated that, following discussion of the Project Leads, it was suggested that the project had achieved the aims set out within the remit of the EPP and asked that the project should now transition to Business as Usual with the EPP continuing to have a monitoring role.

There was a discussion on Action 11 (22/02/2017) to contact Boards to request data and ascertain what monitoring is possible, and whether the project can be closed when this action is outstanding.

It was agreed that EPPB formally transfer the outputs of the project to the Polypharmacy Working Group for inclusion in the forthcoming refresh of the Polypharmacy Guidance. It was recognised that there was also a need to test the model in a Board; this again would be progressed through the Polypharmacy Working Group.

It was agreed that the open action on the capture and recording of polypharmacy data was appropriate to remain with EPPB as EPP will continue to have a monitoring role. In the first instance this will be explored with Directors of Finance to understand how NHS Boards currently quantify polypharmacy. Once this is established, the Board can consider frequency of reporting.

**Action: 14 (19/04/2017):** to formally close Polypharmacy Project and transfer outputs to the Polypharmacy Working Group

## 11. Respiratory Prescribing Strategy (2014-2016)

provided an update on the current status of the Respiratory Prescribing Strategy. noted that the full value of actual benefits realised is expected to be higher due to data not reflecting full scale of change until 12 months after point of patient review. Following engagement with SPAA, feedback suggested limited value in a 'Once for Scotland' implementation pack and instead requested the project focus on stakeholder engagement and awareness raising activities and support tools for use with practice staff.

A funding request was made to the Board to fund the development of additional Scottish Therapeutics Utility (STU) searches to allow practice staff to identify and prioritise patients for clinical review. The additional searches will significantly support Boards to realise the projected benefits at an accelerated pace.

The EPP Board asked if there was commitment from NHS Boards to prioritise the use of STU searches. It was advised that there was agreement to work on the Respiratory Strategy through the Prescribing Action Plans (PAPs). The STU searches will support Prescribing Advisors in their work with practices. Practices will be able to interrogate their own data.

The Board agreed to support the funding request to develop the additional STU searches and maintain until March 2019.

**Action: 15 (19/04/2017): [REDACTED] to progress development of additional STU searches for Respiratory to allow practice staff to identify and prioritise patients for clinical review**

## 12. Diabetes Prescribing Strategy (2014-2016)

[REDACTED] provided an overview of the Diabetes Prescribing Strategy project, noting that this was in the early stages of development. [REDACTED] outlined the objectives of the project and initial engagement with the National Diabetes Managed Clinical Network.

[REDACTED] advised that the project does not seek to develop a preferred or limited national list. Rather, the development of national guidance will provide a foundation for future work taken forward through Scottish Government in the development of a Single National Formulary.

[REDACTED] advised that a Director of Pharmacy Project Lead for the Respiratory and Diabetes Projects had yet to be confirmed.

## 13. Biologics

[REDACTED] provided an overview of the Biologics Project, noting solid progress on biosimilar infliximab and biosimilar etanercept uptake.

[REDACTED] advised that a workshop had been held in March with representation from regional cancer networks. This generated good discussion and also explored clinical concerns around ethics, patient impact and capacity in terms of chair time and nurse time. Further health economics work is required to understand resource investment against potential cost savings.

[REDACTED] outlined the focus for the project over the next 6 months. This includes establishment of Therapeutic Monitoring (TM) Service, which was approved by NHSScotland Chief Executives' Group in April 2017; focus on data; development of a process that will support a BAU approach to new biosimilars coming to market, including preparation for adalimumab; and potential for the progression of improvement work through ECaPP for rheumatology.

The Board asked for clarification on the ECaPP approach. [REDACTED] advised that this has yet to be explored, however it is likely that the programme would work with a couple of Boards and spread learning.

## 14. Any Other Business



[REDACTED]

[REDACTED] advised that a Lessons Learned session would be scheduled for the Effective Prescribing Programme to reflect on what has worked well, what could work better and recommendations. This will inform the next phase and other pieces of work.

**Action: 17 (19/04/2017): [REDACTED] to arrange a Lessons Learned session for the Effective Prescribing Programme**

**15. Date of Next Meeting:**

Wednesday 05 July 2017 from 10:00-12:30, Board Room 1, NHS National Services Scotland, 1 South Gyle Crescent, Gyle Square, EH12 9EB

## 16. Action Log

Actions shaded in grey are closed or completed.

Action Ref.	Action	Due Date	Revised Due Date	Owner	Update
01 (19/04/2017)	█ to amend Minute (22/02/2017) to reflect █ views on Item 5 and update action log	26/04/17	<b>Complete</b>	█	Complete: 26/04/17 Minutes updated and approved.
02 (19/04/2017)	█ and █ to consider review of the biosimilar etanercept target for 2017/18	23/06/17	<b>In Progress</b>	█	Update: 28/06/17 Pending meeting with biologics project group on the 30/06
03 (19/04/2017)	█ to share NHS Fife financial reporting with █ for further discussion with █ on the approach to NHS Board polypharmacy and formulary compliance monitoring and reporting	03/05/17	<b>Complete</b>	█	Complete 27/04/17: NHS Fife medicines efficiencies slides shared with █
05 (19/04/2017)	█ to rearrange DOACs Expert Clinical Group to a later date in May/ early June	26/04/17	<b>Complete</b>	█	Complete 28/04/17: DOACs ECG rearranged for 29/05/17









## Glossary

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CE	Chief Executive
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PHE	Public Health England
PIS	Prescribing Information System
RAG	Red Amber Green
SAMD	Scottish Association of Medical Directors
SAPG	Scottish Antimicrobial Prescribing Group
SPAA	Scottish Prescribing Advisors Association Executive
STU	Scottish Therapeutics Utility
SVPB	Sustainability & Value Programme Board
TDM	Therapeutic Drug Monitoring

# Minute

**Meeting:** NHSScotland Effective Prescribing Programme Board  
**Date:** 22 February 2017 at 10:00-12:30  
**Location:** Carrington Suite, Scottish Health Service Centre (SHSC), Crewe Road South,  
Edinburgh EH4 2LF

**Attendees:**

Present:

Teleconf:

In attendance

Apologies:

**1. Welcome and Apologies:**

██████████ welcomed everyone to the meeting and introductions were made by all.

**2. Minute and Action Log of last meeting held on 22 November 2016**

██████████ gave an update on all actions in progress. A question arose as to whether there was a clear policy on members that declared interests that might conflict with a piece of work that was being carried out, and if this was disclosable to the public. ██████████ explained that this was disclosable under the Freedom of Information (FOI) Act.

### 3. Programme Overview:

#### 3.2 Financial Position



██████████ suggested that it would be beneficial to extend these secondments for an additional year, although the Board agreed to extend this for 6 months from April 2017 with a view to review this in the next 3 - 6 months. ██████████ suggested that, going forward, where there are natural clinical groups or networks that this should be the route taken as opposed to appointing Clinical Leads. ██████████ confirmed that this had been the approach for the Prostate Cancer consensus work. In relation to the cancer biosimilars, this would be explored through the cancer networks in the first instance. ██████████ noted that there may be a need to come back to the Effective Prescribing Programme Board (EPPB) at a later stage on resource requirements.

**Action: 01 (22/02/2017) ██████████ to arrange for secondment extension for Gastroenterology and Rheumatology Clinical Leads for an initial period of 6 months from 1 April 2017 and schedule a review by EPPB in 3 - 6 months' time.**

The Board continued discussion on the new resource requests for 2017/18. It was suggested that further resource was likely to be required for ██████████ advice. The Board was advised that a meeting has been arranged between the EPPB Co-Chairs and the ██████████ Director to explain what EPP is about, and discuss potential ██████████ support required.

██████████ asked for clarity on the requested resource working on EPP as opposed to the Therapeutics Branch of Scottish Government. ██████████ advised that the Director of Health and Finance at Scottish Government had asked ██████████ to pull together all prescribing workstreams. However, AM noted that the additional Project Support Officer (PSO) requested would primarily be working on Primary Care Support Tools and Formulary work connected with EPP.

██████████ advised that the additional request for Health Economist resource was to provide support across EPP and benefits management, and would link with the Evidence Team within Healthcare Improvement Scotland (HIS). It was asked whether HIS would undertake health economics work for EPP. ██████████ noted current capacity challenges at HIS.

The Board agreed to revisit the request for the Formulary Pharmacist and Project Support Officer (PSO) following the discussion on formulary later on the agenda.

#### 3.3 Benefits

The Board noted the savings delivered 2016/17 and further savings to be reported in 2017/18.

Members discussed the request for NHS Boards to provide data on changes made, and savings delivered in relation to formulary compliance or related projects in 2016/17. [REDACTED] advised that progress on delivered savings was required to be reported to the Sustainability & Value Programme Board (SVPB).

There was uncertainty about whether NHS Boards would be able to report on savings realised through formulary compliance specifically, as opposed to all prescribing savings. It was also noted that improvements in formulary compliance is part business as usual for NHS Boards. [REDACTED] agreed to look at this and work with Director of Finance colleagues to update the previous paper submitted by [REDACTED] (Contribution of the Effective Prescribing Programme to National Savings. Item 3 on the 07 September 2016).

**Action: 02 (22/02/2017) [REDACTED] to work with Finance colleagues to update the previous Finance paper submitted by [REDACTED] to include, if possible, data on changes made and savings delivered in relation to formulary compliance or related projects in 2016/17. Paper to take into account what is business as usual work for NHS Boards, and what is additional value added through EPP to avoid double-counting.**

The EPPB discussed the request for NHS Boards to provide data on the number of polypharmacy reviews undertaken on a quarterly basis. There was agreement in principle that there is a need to monitor the number of reviews; however, if an NHS Board is not READ coding, this data might be difficult to provide. AM noted that the number of reviews undertaken quarterly is required by the Sustainability & Value Programme Board reporting to the Chief Executives' Group.

Discussion followed on savings from reviews based on a reduction in the number of drugs. This does not capture the additional benefits. [REDACTED] advised that additional work on outcome indicators is underway through the Polypharmacy Working Group.

**Action: 03 (22/02/2017) [REDACTED] to discuss READ coding and primary/secondary care prescribing in relation to polypharmacy at the forthcoming Scottish Association of Medical Directors and Directors of Pharmacy meetings.**

### 3.4 Risks

Attention was drawn to Programme Risks and Issues, which led to a discussion on potential legal challenges from Industry. [REDACTED] referred to the communication prepared for EPPB on the approach to be adopted by EPP to engagement with the Association of the British Pharmaceutical Industry (ABPI). It was noted that the programme had received several requests from Industry to participate in the work of EPP.

[REDACTED] advised that an initial meeting would be scheduled with EPPB Co-Chairs and Director of Evidence, HIS, to set the context, hear concerns, and identify where there are specific issues that may warrant bringing a group together. An example was given on engagement at the appropriate point in the development of the Prescribing Strategies once the clinical basis had been agreed.

[REDACTED] highlighted that the Consensus Statements work differed from the process in the development of the Prescribing Strategies. She indicated that the approach has worked through clinical review and was then followed by a pricing exercise managed through National Procurement.

**Action: 04 (22/02/2017) [REDACTED] to set up meeting with EPPB Co-Chairs and [REDACTED], Procurement, Commissioning & Facilities (PCF) to discuss paper on proposed approach on engagement with ABPI.**

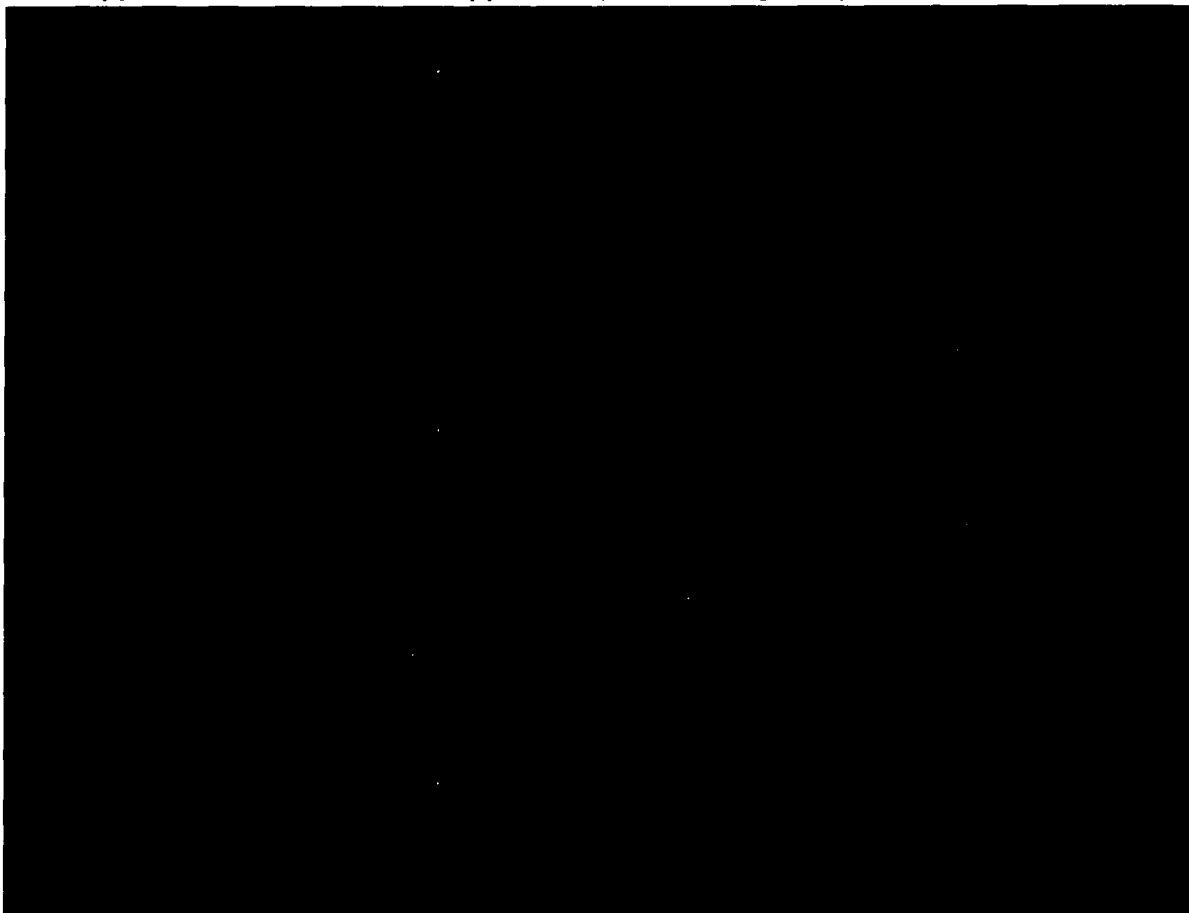
The EPPB noted a change request in project scope for either the Consensus Statements or Biologics Projects to include work to develop a national approach to recommending first line

Anti-TNF in defined clinical indications. [REDACTED] agreed to provide an update to the Programme Board following discussions with project groups and clinical leads.

**Action: 05 (22/02/2017) [REDACTED] to provide an update to the Programme Board on the change request in project scope for either the Consensus Statements or Biologics Projects to include work to develop a national approach to recommending first line Anti-TNF.**

It was agreed at this point to discuss Item 8 of the agenda.

#### **4. New Opportunities Value Based Approach: (Item 8 on Agenda)**



#### **5. Sustainability and Value Programme Board: (Item 4 on the Agenda)**

[REDACTED] gave an overview of the SVPB and explained that the EPP now reports to SVPB which is accountable to the Chief Executives' Group. Items for discussion from the EPP should be submitted via this group and not directly to the Chief Executives.

[REDACTED] advised that the final proposal for a 'Once for Scotland' Biological Medicines Therapeutic Monitoring (TM) Service had been supported by the SVPB. The Chief Executives' Group had given agreement in principle subject to further discussion on the model of funding and site identification and requested a final paper on this.

[REDACTED] asked for clarification on the process for submission of the final paper requested by the Chief Executives. It was confirmed that the paper should be reviewed by EPPB prior to submission to the SVPB.

**Action: 08 (22/02/2017) [REDACTED] to circulate final paper requested by the Chief Executives on the 'Once for Scotland' Biologic Medicines TM Service to EPPB prior to submission to the SVPB.**

[REDACTED] advised that one of the asks of the Chief Executives' Group is to focus on implementation at pace of a Single National/ Regional Formulary for Scotland. Through Tailored Support work,

some NHS Boards have started to explore this. [REDACTED] updated on work in NHS Fife and initial discussions with NHS Tayside. [REDACTED] noted that there may be discussions at pharmacy level, however, reiterated the need for robust clinical engagement.

[REDACTED] highlighted that previous discussions at EPPB had agreed that EPP did not recommend progression with formulary work. [REDACTED] questioned why the national formulary work was being driven via the EPP when it is a Scottish Government policy and commitment. [REDACTED] suggested that the Single National Formulary (SNF) work may sit better with the ADTC Collaborative.

The EPPB noted cross-over between NHS Boards in the some regions. There are common patient pathways across regions but not common prescribing. [REDACTED] suggested that there may be benefit from understanding volume and regional flow, and aligning in relation to specific parts of the formulary.

[REDACTED] described the task to test out the feasibility of the approach, identify the issues, challenges, and practicalities, and then clarify and demonstrate the approach through modelling for one region (accepting patient cross-over).



[REDACTED] noted that it would be helpful to understand the benefits of a SNF for NHSScotland and for patients. The EPPB asked for further information detailing mandate, scope, timeframe and mechanism to inform discussion and make an assessment on what can and should be done in order to realise the greatest benefit.

[REDACTED] asked the EPPB to support the progression of testing the feasibility of approach in the East of Scotland. [REDACTED] noted that she was unable to make a commitment on behalf of NHS Lothian at this time, to be a pilot area on the basis of information provided. Further information outlining timescales, scope, governance etc. would support a meaningful discussion. The Board did not support the delivery of a SNF through EPP. [REDACTED] reiterated that the SVPB and the Director Health Finance at Scottish Government had identified this as a clear role for EPP.

**Action: 09 (22/02/2017) [REDACTED] to undertake further discussions with Scottish Government colleagues about where the work on a Single National Formulary (SNF) for Scotland should reside as well as resource allocations for this.**

[REDACTED] advised that the SVPB did not consider the data sufficient to close the area of Over the Counter (OTC) medicines. A further briefing will be developed for SVPB and Directors of Finance on OTC and the Drug Tariff. [REDACTED] outlined the proposed approach and agreed to circulate to the EPPB for comment.

**Action: 10 (22/02/2017) [REDACTED] to draft paper on OTC and the Drug Tariff for comment from EPPB and discussion with the Directors of Finance and Sustainability & Value Programme Board.**

## 6. Single National Formulary & Development Work (Item 5 on the Agenda)

This Item was discussed as part of Agenda Item 5 above.

## 7. Polypharmacy Modelling (Item 6 on the Agenda)

[REDACTED] outlined the health economics analysis undertaken for polypharmacy to model clinical and cost-effectiveness to identify the optimal model(s) for service delivery. NM noted that, based on the key assumptions made, applying the most conservative estimates



provides a positive return on investment. [REDACTED]

[REDACTED] asked members to feed back on the key assumptions contained within the paper prior to starting further work. [REDACTED] suggested that the EPP are still a step away in terms of understanding how the modelling will initially be received and later implemented at NHS Board level. For example, a major topic of discussion within NHS Boards will be to discuss with GP practices how reviews are undertaken and what and how data is collected.

There was further discussion on data and the regularity of reporting. [REDACTED] confirmed that Level 2 and 3 polypharmacy review data will be required by the SVPB for reporting to Chief Executives on a quarterly basis. EPPB requires to determine the data required and frequency of reporting to meet its needs.

It was agreed that the Polypharmacy Project would write out to NHS Boards to request data on the number of reviews that have been undertaken in 2016-17 and are planned for 2017-18 and ascertain how reviews are undertaken. In addition, the project has asked that NHS Boards consider the optimal model (what can be done by administration staff, notes-based reviews and face-to-face reviews) accepting that different models are in place in each NHS Board in order to maximise the number of reviews undertaken.

There was discussion on the estimated costs and financial benefits – cash releasing and non cash-releasing - of polypharmacy reviews. [REDACTED] advised that the cost of the review had been removed in line with the other project areas reported in EPP.

**Action: 11 (22/02/2017) Polypharmacy Project Leads to contact NHS Boards to request data and ascertain what is possible in terms of data collection and how reviews are undertaken.**

#### **8. Formulary Compliance (Item 7 on the Agenda)**

There was not sufficient time to cover this item. It was agreed that SH would email out a commentary to accompany the paper for members to review.

**Action: 12 (22/02/2017) [REDACTED] to email out a commentary to accompany the paper on Formulary Compliance for members to review.**

#### **9. Respiratory Prescribing Strategy (2014 - 2016)**

There was not sufficient time to cover this item. Members were asked to direct any specific questions to the Project Leads [REDACTED] and copy in the Programme Manager [REDACTED]/Co-Chairs [REDACTED].

#### **10. Diabetes Prescribing Strategy (2014 - 2016)**

There was not sufficient time to cover this item. Members were asked to direct any specific questions to the Project Leads [REDACTED] and copy in the Programme Manager [REDACTED]/Co-Chairs [REDACTED].

#### **11. Biologics**

There was not sufficient time to cover this item. Members were asked to direct any specific questions to the Project Leads [REDACTED] and copy in the Programme Manager [REDACTED]/Co-Chairs [REDACTED].

#### **12. Consensus Statements**

There was not sufficient time to cover this item. Members were asked to direct any specific questions to the Project Leads [REDACTED] and copy in the Programme Manager [REDACTED]/Co-Chairs [REDACTED].

#### **13. EPPB Membership**

This item will be moved to the April meeting of EPPB.

**14. Any Other Business**

The EPPB gave thanks to [REDACTED], who is retiring at the end of March, for his work on the Effective Prescribing Programme.

**15. Date of Next Meeting:**

Wednesday 19 April 2017 from 10:00 - 12:30, Board Room 1, NHS National Services Scotland, 1 South Gyle Crescent, Gyle Square, EH12 9EB









## 17. Glossary

Acronym	Definition
ABPI	Association of the British Pharmaceutical Industry
ADTC	Area and Drug Therapeutic Committee
BNF	British National Formulary
CE	Chief Executive
CMO	Chief Medical Officer
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
NMF	New Medicines Fund
OTC	Over the Counter Medicines
PHE	Public Health England
PIS	Prescribing Information System
PSO	Project Support Officer
RAG	Red Amber Green
SAMD	Scottish Association of Medical Directors
SAPG	Scottish Antimicrobial Prescribing Group
SNF	Single National Formulary
SPAA	Scottish Prescribing Advisors Association Executive
STU	Scottish Therapeutics Utility
SVPB	Sustainability & Value Programme Board
TM	Therapeutic Monitoring