

Minute

Meeting: NHSScotland Effective Prescribing Programme Board
Date: 07 September 2016 at 13:00 – 15:30
Location: Meeting Room 6A, 6TH Floor, Delta House, 50 West Nile Street, Glasgow, G1 2NP

Attendees:

Present:

Teleconf:

In attendance:

Apologies:



1. Welcome and Apologies

██████████ welcomed members and thanked everyone for coming. Brief introductions were given by members.

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

Minutes of the last meeting were agreed with no amendments.

3. Contribution of EPP to National Savings

██████████ presented the paper on overall savings identified by NHS Boards and the contribution that the Effective Prescribing Programme (EPP) will make. ██████████ advised that beyond the assumed additionality of EPP, the programme will also increase the likelihood of savings being achieved in areas already accounted for within NHS Board plans.

Members stated that from a Board perspective this was helpful and addressed concerns over double counting.

██████████ commented that even though this represented a good saving, more required to be done in order to address the funding gap. Discussion followed on the identification of further and more radical proposals to drive further efficiencies.

It was noted that EPP was not established to address the totality of efficiencies but to provide focus on key areas which could be accelerated through clinical leadership.

It was proposed that a small working group be established with medical, pharmacy and finance representation and geographical spread to review further areas and the potential role of EPP. ██████████ agreed to be the Medical Director Lead. The Director of Pharmacy Lead will be confirmed. ██████████ agreed to provide public partner representation on the group.

It was noted that ██████████ had previously presented on the process that had been put in place to scope the data analysis requirements for new opportunities identified by Board members. At previous Board meetings it had been agreed that this should be the process that should be followed and the scoping work should be undertaken prior to being presented to the Programme Board.

It was requested that the group take into account the work already completed, allowing appropriate timescales before revisiting closed opportunities, and refer to the proposals previously submitted and agreed by the Chief Executives.

Action 01 (07/09/2016): ██████████ to convene a working group with medical, pharmacy and finance representation to review further areas of opportunity and the potential role of EPP

Action 02 (07/09/2016): ██████████ to identify Director of Pharmacy Lead for working group to review further opportunities

4. Project Status & Data

4.1 Biologics

████████████████████ provided an overview of the Biologics Project. The high level outline of what has been delivered so far, stakeholder engagement and key messages around investment, service redesign and the need for basic data to drive improvement and deliver savings. It was noted that NHS Board use of the biosimilar versus the originator is increasing; however there is still variation between Boards. Denmark was cited as an example of the 'art of the possible', recognising the preparatory work undertaken with clinicians and patients.

The Board noted the wider opportunity and work underway to optimise the use of biologic medicines, and the changes required at Board level. Positive feedback was given on the monthly data reports and case study development.

4.2 Consensus Statements.

██████████ outlined the work undertaken to make a national consensus recommendation on a preferred LHRH Agonist in prostate cancer and advised that the next area of focus for the project is Direct-Acting Oral Anticoagulants (DOACs).

The Board discussed the draft responsibilities for the various groups/ organisations in relation to the governance process for the development of consensus statements. ██████ noted a key learning point from the Hep C work being the need for clear roles and responsibilities.

It was noted that NHS Boards take pride in how their formularies are governed and the need for strong Area Drug & Therapeutic Committee (ADTC) engagement in the process.

The Programme Board agreed that it has responsibility for the overall process; however, in the event of a legal challenge, responsibility and accountability would lie with the 14 NHS Boards. The Effective Prescribing Programme Board is a construct that brings representation from the Boards and can only advise NHS Boards.

Public Partner representatives were asked if they were prepared to take on a role to consider the methodologies, approach and output from a patient/ public perspective. This was noted. ██████ also suggested that public partners could link into a wider network if required.

The Board agreed that this work was not about determining clinically how patients are treated; but rather a preferred drug of choice within a group. ██████ advised that this is clearly stated in the terms of reference for the project Expert Clinical Groups.

4.3 Polypharmacy

██████████ presented a slide on project objectives, initial focus and next steps. ██████ outlined a proposed model for the delivery of polypharmacy review to optimise resources within NHS Boards.

The Scottish Therapeutics Utility (STU) interrogates GP clinical systems and has the potential to identify those most at risk. Work is underway in NHS Highland, NHS Greater Glasgow and Clyde and NHS Lothian and there is potential to share learning across to inform this work.

██████████ advised that there is clear research showing the outcomes associated with polypharmacy reviews, such as reduction in hospital admissions.

Further health economics analysis is required based on the optimal model(s). It was noted that additional health economics resource was required for this and had been included in the EPP projected resource requirements. The Board supported this resource requirement.

Action 03 (07/09/2016): ██████████ to progress health economics resource to complete the health economics analysis on the optimal model(s)

The Board discussed the nature of a proposed 'level 1' non-clinical review and what this would entail. It was noted that this administrative, for example, reviewing whether a patient had been collecting medications with a view to improving the efficiency of repeat prescribing.

4.4 Respiratory Prescribing Strategy (2014-16)

█ outlined the objectives for the Respiratory Strategy Project. █ advised that the project has focused on building Prescribing Information System (PIS) data reports in addition to a questionnaire issued to all NHS Boards which has provided a good level of information about what Boards are doing. █ presented the benchmarking data, noting the variation in prescribing across Scotland.

█ advised the Programme Board that the project would shortly be in a position to publish this data. NHS Boards will be asked review, agree and confirm targets based on the data provided.

The data will be provided at NHS Board level. This will allow Boards to take to their Managed Clinical Networks (MCNs) and prompt questions to then drill down further at a local level.

█ asked if there was an expected rate that Boards should look to achieve. This had been considered by the project, however, guidance is provided in the Respiratory Prescribing Strategy 2014-16.

The Board agreed that the once analysis was complete that the report and data would be shared with SAMD, Directors of Pharmacy and Directors of Finance.

4.5 Diabetes Prescribing Strategy (2014-2016)

█ noted significant variation in types of test strips used across NHS Boards and cost.

The project has engaged with National Procurement to agree the approach to be developed.

Similar to respiratory, the project will develop a report with detailed data analysis to share with NHS Boards. This will allow Boards to understand where they are in comparison to other Boards and share learning.

4.6 Formulary Compliance

█ outlined the data request to understand how compliant NHS Boards are with their own Joint Formularies for BNF Chapter 3 (Respiratory). Some initial data is now through for NHS Fife and NHS Lothian and the NHS Fife data was shared by way of example.

It was noted that this work has been a particular challenge for the analyst team given difficulties around interpretation of the formulary and application to PIS.

It was requested that each Board identify a pharmacy contact to advise the data analysts on local differences to help build individual reports.

Discussion followed on sharing of NHS Board data analysis undertaken through EPP for the purposes of looking at best practice and driving improvement. Board members agreed to this data sharing; however suggested that a request be issued to all Board representatives to confirm this.

Action 04 (07/09/2016): NHS Boards to identify a pharmacy contact to provide a point of contact for the data analyst team to build the formulary compliance reports

Action 05 (07/09/2016): Board members to confirm agreement to share NHS Board data analysis undertaken through EPP for the purposes of looking at best practice and driving improvement

4.7 Highlight Report

Public Partners requested an update on the Empowering Patients work. [REDACTED] advised that this had not been resourced as a project under EPP. However, a Valuing Medicines Public Patient Involvement Group has been established as a collaborative forum with membership across a number of programmes of work and organisations seeking to empower patients in the use of medicines and services. Empowering patients is a theme that runs through all of the projects and the work of this group will inform.

It was agreed that a paper on the Valuing Medicines Public Patient Involvement be submitted to the November Programme Board.

Action 06 (07/09/2016): [REDACTED] to request paper from the Valuing Medicines Public Patient Involvement Group for the November Programme Board

5. Review of Primary Care Prescribing Support Tools

[REDACTED] introduced the paper on Prescribing Support Tools and opportunities to improve the effectiveness and efficiency of systems to support effective prescribing on a 'Once for Scotland' basis.

An overview was given on the two externally provided prescribing support tools in use in NHS Scotland - Scriptswitch and the Scottish Therapeutics Utility (STU). It was noted that other tools, such as PINCER, used outside of Scotland have yet to be reviewed.

[REDACTED] noted that systems currently in use are to be compatible with the re-procured GP IT system.

The Board noted the recommendations and supported the recommendation for further work in this area and a funded part-time Primary Care Pharmacist.

Action 07 (07/09/2016): [REDACTED] to progress recruitment of a fixed term part time (0.2 WTE) Primary Care Pharmacist to progress recommendations around Scriptswitch, tools within EMIS/Vision and Board developed tools

6. Chief Executives Group Request - Priorities

[REDACTED] advised that the Chief Executive prioritised workstreams have each been asked to identify key priorities and actions which the CEs can give their support to accelerate implementation.

A draft presentation was presented for the Board to agree on the actions for the CEs to make a decision on, return on investment and ease of implementation.

The Board reviewed and agreed amendments to the slides. It was agreed that implementation of the Hospital Electronic Prescribing and Medicines Administration (HEPMA) system would not be included in the slide on 'Once for Scotland' infrastructure. AG advised that NHS Ayrshire & Arran had been asked to report on the benefits of HEPMA and would share this with the Programme Board when available.

The slides will be discussed at the CE Group on 13 September alongside a focus on biological medicines.

Action 08 (07/09/2016): [REDACTED] to finalise slides for Chief Executives' Group meeting on 13 September 2016

Action 09 (07/09/2016): [REDACTED] to share report on the benefits of HEPMA

7. Programme Communications

█ advised that a high level Communications Strategy had been drafted and agreed to circulate. The Programme and Projects are in the process of developing their Stakeholder Plans. █ noted that it is the specific actions in terms of EPP communication with each stakeholder group that needs further thought and development, particularly in relation to developing a two-way communication with NHS Boards.

Discussion followed on Executive Leads. █ suggested that we need to optimise what structures are in place and that a succinct output paper with key asks would be useful for Directors of Pharmacy and SAMD groups. The Prescribing Leads also provide a key mechanism at local level.

It was agreed that further thought and discussion was needed. Board members were asked to reflect and feedback to the Programme Team

Action 10 (07/09/2016): Board members to reflect upon Programme communications with key stakeholders and how best to achieve two way communication with NHS Boards and feedback to the Programme Team

8. Programme Risks and Issues

█ gave a brief overview of the risks.

9. Consensus Statement - Declaration of Interest

It was agreed that this item would be discussed at the next meeting.

10. Any Other Business

No other business was identified.

11. Date of Next Meeting

Date of Next Meeting: 22 November 2016 from 13.30 – 16.00

Location: Boardroom 1, Ground Floor, Gyle Square, Edinburgh, EH12 9EB

12. Action Log

Actions shaded in grey are closed or completed.

Action Ref.	Action	Due Date	Revised Due Date	Owner	Update
01 (07/09/2016)	██████████ to convene a working group with medical, pharmacy and finance representation to review further areas of opportunity and the potential role of EPP	28/10/16		██████████	
02 (07/09/2016)	██████████ to identify Director of Pharmacy Lead for working group to review further opportunities	16/09/16		██████████	
03 (07/09/2016)	██████████ to progress health economics resource to complete the health economics analysis on the optimal model(s)	30/09/16		██████████	
04 (07/09/2016)	NHS Boards to identify a pharmacy contact to provide a point of contact for the data analyst team to build the formulary compliance reports	16/09/16		██████████	
05 (07/09/2016)	Board members to confirm agreement to share NHS Board data analysis undertaken through EPP for the purposes of looking at best practice and driving improvement	16/09/16		NHS Board Representatives	
06 (07/09/2016)	██████████ to request paper from the Valuing Medicines Public Patient Involvement Group for the November Programme Board	28/10/16		██████████	

07 (07/09/2016)	██████ to progress recruitment of a fixed term part time (0.2 WTE) Primary Care Pharmacist to progress recommendations around Scriptswitch, tools within EMIS/Vision and Board developed tools	30/09/16	██████	██████	
08 (07/09/2016)	██████ to finalise slides for Chief Executives' Group meeting on 13 September 2016	08/09/16	██████	██████	
09 (07/09/2016)	██████ to share report on the benefits of HEPMA	28/10/16	██████	██████	
10 (07/09/2016)	Board members to reflect upon Programme communications with key stakeholders and how best to achieve two way communication with NHS Boards and feedback to the Programme Team	26/09/16	All Board Members		
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	In Progress	██████ / National Procurement	In Progress 16/08/16: National Procurement has advised that an ostomy pilot is being developed in NHS Lothian. Progress and recommendations will be reported to EPP with specific results and points for NHS Boards to review. ████████ to reword SBAR for Circulation
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	██████	██████	

08 (18/05/2016)	MR 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		

13. Glossary

Acronym	Definition
ADTC	Area and Drug Therapeutic Committee
BNF	British National Formulary
CE	Chief Executive
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
PIS	Prescribing Information System
SAMD	Scottish Association of Medical Directors
STU	Scottish Therapeutics Utility