

Appendix 3: Angus HSCP Prescribing Management Plan: Active Interventions 2018/19

Initiative	Rationale	Actions	Lead	Status (RAG)
<i>Being dynamic to change</i>				
Practice review report	Provision of key information to practices to enable discussion and identify areas to address	Plans to be issued to all practices by June 2018	SJ	
		Practice priorities for action in 2018/19 to be submitted to HSCP by 30 June 2018	MLR	
		Audits and claims for all actions completed to be submitted by 31 st January 2019	RG	
		Audits to be used to inform 2019/20 priorities	SJ	
		GP Prescribing/Pharmacist Led initiatives – see subsection	SJ	
Maintaining momentum	To maintain profile and momentum around prescribing position in relation to prescribing	Prescribing as a standing item with a written report at each Clinical Partnership Group meeting.	MLR	
		Continued review of top 50 GIC every quarter to monitor and adapt ongoing plans.	SJ	
		Annual PLT programme on prescribing topics to support high quality prescribing and realistic medicine	RG/SJ	
Monitoring of formulary compliance	Formulary choices are based upon cost effectiveness and clinical best practice	Quarterly review of data by practice, cluster and Angus wide, with inclusion within Clinical Partnership Group reporting where required.	MLR/BM	
Establishment of Prescribing of Non-Medicines Advisory Group	To ensure cost effective use of prescribed non-medicines	A regional group co-chaired by Angus' Prescribing Clinical Lead, will identify further areas of improvement for Non-medicines prescribing within 2018/19	SJ	
Technical prescribing efficiencies	Ensure opportunities are identified to maximise technical efficiencies/switches	Regionally coordinated and locally implemented switches are expedited where clinically safe and approved by local prescribing leads	SJ/MLR/MB	
Horizon scanning	Ensure early identification in event of pricing changes and/or local deterioration in prescribing position	Clinical lead and Prescribing Support Unit monitoring and actioning on a weekly basis.	SJ/MB	
<i>Making best use of resources</i>				
Pharmacotherapy service development	A requirement of the 2018 GMS contract this will create capacity and the potential to support consistency in prescribing and management of prescribing processes pan Angus.	Implementation of the pharmacotherapy actions as outlined in the Primary Care Improvement Plan.	MLR/AC/RG	
Improved prescribing of psychotropics through improved mental health pathways	Key priority for 2018/19 regionally recognising impact of mental health prescribing on variation and spend- with risk in some cases of harm	Angus will support the ongoing use of psychotropic medications and making best use of non-drug options.	RB/AC/SJ	

Diabetes Pathway Reviews	Key regional priority for 2018/19 recognising variation in spend and potential harm	Angus will support the development, testing and implementation of new regional pathways with an increased emphasis on supporting lifestyle changes and a more personalised approach to diabetes management.	CS/AC/SJ	
Quality Improvement of Practice Prescribing				
Medicines of low clinical value	Support cost effective and efficient prescribing	Angus will support the planning process regionally and ensure implementation of recommendations locally.	SJ	
P-DQIP	Improved use of P-DQIP will can improve the safety pf prescribing	Ongoing roll-out of P-DQIP to practices. Integration of this tool within Pharmacist polypharmacy reviews	MLR	
Supporting Effective Communications				
Improve both internal and external communication of prescribing changes	To ensure accurate and consistent communication re current status to all prescribers and public members in Angus	Ongoing updates of ScriptSwitch to reflect current prescribing plans	SJ	
		Primary Care Prescriber bulletin developed monthly by Prescribing Lead and circulated to all prescribers	SJ	
		Monthly update to CPG on prescribing status	MLR/SJ	
		All technical switches discussed within practices with practice lead prior to initiation	MLR/MB	
		Series of public communications plan which are complimentary to NHS Tayside wide communication plans	RG/AC	

GP Prescribing Initiatives				
Polypharmacy	Harm associated with polypharmacy is well evidenced.	Practices encouraged to consider GP led Level 3 polypharmacy reviews for all high-risk patients as outlined in project plans provided for 2018/19.		
Nitrofurantoin	Variation in practice pan Angus. Risks associated with long term use.	Practices encouraged to consider reviewing all patients on repeat prescriptions.		
Lidocaine	Despite significant reduction in spend, prescribing rates in Angus remain above national average. Limited evidence base for effectiveness has resulted in discontinuation of support for prescribing.	Practices encouraged to consider reviewing all patients on repeat prescriptions, with support provided for non-pharmacological interventions.		
Solifenacin	Reduce anticholinergic burden in patients High reduction in rates of prescribing in practices who have completed reviews	Practices who have not yet completed reviews encouraged to consider reviewing all patients on repeat prescriptions. Supporting materials provided.		
Trazodone	Amber in Tayside Area Formulary. Significant variation in prescribing.	Practices encouraged to review any patients not recently reviewed. Alternatives suggested where prescribing cannot be stopped.		
Edoxaban	Edoxaban approved as first line DOAC for NVAf. High	Practices encouraged to continue to review patients and consider for switching DOAC to		

	switch rates achieved-stretch target applied to maximise gain	Edoxaban. Deadline for submission of claims extended to July 2018	
Pharmacist-Led Initiatives			
High value, non-formulary prescribing monitoring	Identify scale and governance processes related to this area of prescribing	In June-July a scoping exercise of all high value - non-formulary prescribing will be completed by pharmacy teams, the results of which will be considered at Angus PMG for further action	
Regional implementation plans			
Oral nutritional support	Supported review of all patients on ONS to ensure a 'food first' approach and management in line with revised ONS formulary	Roll out in South East Angus	
		Roll out in South West Angus	
		Roll out in North West Angus	
		Roll out in North East Angus	
Stoma Accessories	Supported review of all patients to ensure management in line with revised formulary	Test process in one Angus practice	
		Complete Angus roll out	
		Extend to include stoma bags in 2018/19	
Emollients	Improve use of cost effective emollients. Sustain and further improve on significant savings already delivered	Clinical lead monitoring price changes and ensuring Scriptswitch guidance accurate	
		Improved links with Primary and Secondary care choices including Formulary revision	
		Reinforcement of key messages & highlighting variance via Clinical Partnership Group and Primary Care Prescriber	
		Practices with high levels of spend encouraged in practice reports to address.	
Liothyronine	High spend – largely secondary care initiated. Limited evidence base for effectiveness with discontinuation of support for prescribing.	Proposed review of all patients on liothyronine by specialist services with view to switching.	
Wound and catheter care	Potential reduction in costs and wastage associated with moving from prescribing wound/catheter care to accessing via stock order	Service manager in Angus tasked with scoping, implementing and maximising roll out of regional programme in Angus.	

Lead abbreviations

AC – Dr Alison Clement, Clinical Director Angus HSCP
 SJ – Dr Scott Jamieson, Prescribing Lead Angus HSCP
 MLR – Michelle Logan-Rena, Pharmacy Lead Angus HSCP
 RG – Primary Care Manager, Angus HSCP
 BM – Brian McGregor, Pharmacy Data Analyst, PSU NHS Tayside
 RB – Dr Roger Blake, Lead Clinician for General Adult Psychiatry
 CS – Dr Chris Schofield, Consultant Endocrinologist
 MB – Mark Batey, Prescribing Support Technician, NHS Tayside