

Item 10 Appendix 1 - Angus HSCP Prescribing Management Plan: Active Interventions 2019/20

Initiative	Rationale	Actions	Lead	Status (RAG)
<i>Being dynamic to change</i>				
Practice review report 18/19	Provision of key information to practices to enable discussion and identify areas to address	Audits and claims for all actions completed to be submitted by 31 st January 2019	RG	Yellow
		Audits to be used to further inform/adjust 2019/20 priorities	SJ	Yellow
Practice review report 19/20	Provision of key information to practices to enable discussion and identify areas to address	Plans to be issued to practices by 1 May 2019	SJ	Red
		Practice priorities for action in 2019/20 to be submitted to HSCP by 1 st June 2019	MLR	Red
		Audits and claims for all actions completed to be submitted by 31 st December 2019	RG	Red
		Audits to be used to inform 2020/21 priorities	SJ	Red
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.	SJ/MLR	Green
		Continued review of top 50 GIC every quarter to monitor and adapt ongoing plans.	SJ	Green
		Annual PLT programme on prescribing topics to support high quality prescribing and realistic medicine	RG/SJ	Green
		Increase links with non-medical prescribers to maintain best value prescribing choices across all prescribers	KF	Red
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	Yellow
Establishment of Prescribing of Non-Medicines Advisory Group (PONMAG)	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	Green
		Rapid adoption of novel non-medicine supply routes which come from PONMAG reviews	SJ/RG	Red
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. E.g. emollients, tramadol MR, vitamin D, nifedipine, diltiazem, Aveeno	SJ/MLR/HS/MB	Green
Horizon scanning	Ensure early identification in event of pricing changes and/or local deterioration in prescribing position	Clinical Lead and Prescribing Support Unit monitoring	SJ/MB	Yellow

<i>Making best use of resources</i>				
Pharmacotherapy service development	A requirement of the 2018 GMS contract we will create capacity and the potential to support improved shared learning in prescribing and management of prescribing processes across 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 optimised use of psychotropic medications and making best use of non-drug options. Integrate psychiatric services to clusters with improved signposting to 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. (including CCP testing). Cluster based delivery of all diabetes care.	CS/AC/SJ/RG	
Improved access to non-drug options	To reduce harms of medications and improve access to non-drug options across Angus	In line with new GMS contract to continue implementation of level 1 mental health support, physiotherapy and social prescribing within practices	RG/AC	
Supply of non-medicines to care homes	To improve cost effective supply chain	Increased support to care homes/nursing homes to source all non-medicines via PECOS where possible	DD	
<i>Quality Improvement of Practice Prescribing</i>				
Medicines of low clinical value	Support cost effective and efficient prescribing	Angus will support the planning process regionally and ensure implementation of recommendations locally. Sun cream, cod liver oil, omega 3, toothpaste, mouthwash, Saline nasal spray	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. Should be prioritised, cluster QI by picking the top 5 for each Cluster	MLR	
<i>Supporting Effective Communications</i>				
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	

		Technical switches discussed with practice lead prior to initiation	MLR/MB	
		Series of public communications plan which are complimentary to NHS Tayside wide communication plans. Indication for each medicine.	AC	

GP Prescribing Initiatives				
Polypharmacy	Harm associated with polypharmacy is well evidenced.	Practices encouraged to consider pharmacist supported and GP led Level 3 polypharmacy reviews for high risk community patients. Care homes polypharmacy levels reported.		
		Cluster driven prescribing quality improvement and reducing harmful prescribing driven by indicators within PDQIP.		
Gabapentinoid/opiate review	To improve safe prescribing.	Review of patients on >120mg opiate and/or gabapentinoid		
High cost psychotropics	High spend, not always maximised non-drug options.	Review of high cost psychotropic prescribing. Where not recently reviewed consider whether still indicated, on formulary and if needing mental health support. Ensure non-drug options maximised		
Pharmacy team-led initiative support	GP awareness and support will be critical to effective delivery of all pharmacy-led initiatives.	GPs to support pharmacy teams in the delivery of the pharmacy-led initiatives. The format of this support is of course up to each practice team.		
Pharmacy team-led Initiatives				
High value, non-formulary prescribing monitoring	Identify scale and governance processes related to this area of prescribing	All high value-non-formulary prescribing reviewed by practice pharmacy teams on searches done by JM/SJ. Where agreed assurance will be sought to affirm the ongoing prescribing.		
Rivastigmine patch to tablet	To improve cost effective prescribing	Where feasible prescribe tablet instead of patch. Need to discuss with James Shaw		
Eplerenone/spironolactone review	To ensure cost effective prescribing	Where it has not been prescribed first line, patients should be switched to spironolactone		
Blood glucose testing in those on metformin/no anti-glycaemic except within DVLA guidance	To only prescribe blood glucose monitoring where evidence supports use or legislation mandates	To review all patients on blood glucose monitoring sundries to ensure prescribing is indicated.		
Perindopril switch to lisinopril/ramipril	To ensure the most cost-effective form is being prescribed	Switch patients on perindopril to Ramipril equivalent having proven concept (Lour Rd)		
Calcium/vit D use for those without osteoporosis/osteopaenia	To ensure those receiving calcium/vit D require it	Stopping and suggesting vitamin D OTC. Where on Accrete BD, this can be switched to Accrete one a day.		
Top 50 GIC non-standard drug form review	To ensure all forms of drugs prescribed in top 50 GIC are most cost effective	JM to extract any patients prescribed a non-cost-effective drug form of medicine appearing in Top 50 GIC to ensure this was intended		
ScriptSwitch	To review all high value declines	JM to review high value declines to ensure consideration being given to the more cost-effective form		

Nitrofurantoin	Variation in practice pan Angus. Risks associated with long term use.	Practices encouraged to consider reviewing all patients on repeat prescriptions .	
Bisphosphonate	Optimal use of medication	Assure use is within national guidelines including treatment duration, indication and reviewing of QFracture risk (shared with GP management)	
NHS Tayside specialist service delivered initiatives			
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.	
		PONMAG review to improve formulary prescribing rates of wound care and catheter products across NHS Tayside	
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 2019/20	
Specialist baby milk	Increased prescribing possibly leading to over-diagnosis	PONMAG review began Sept 18	
Diabetes consumables	Improved use of diabetes consumables in line with NHST formulary	PONMAG review began November 18	
Analgesics/chronic pain	Highest spending area on medicines for NHS Tayside is analgesics	Prescribing Management Group to develop wider plans to continue to address this	

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
 DD – Doreen Donald, Service Lead Community Nursing
 HS – Hazel Steele, Lead Pharmacist, Prescribing Support
 KF – Karen Fletcher, Lead Nurse, Angus HSCP
 JM – Jenna Murray, Prescribing Support Pharmacy Technician
 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