



**ANGUS HEALTH AND SOCIAL CARE**  
**INTEGRATION JOINT BOARD – 9 DECEMBER 2020**  
**PRESCRIBING MANAGEMENT**  
**REPORT BY GAIL SMITH, CHIEF OFFICER (INTERIM)**

**ABSTRACT**

This report provides an update to the Integration Joint Board (IJB) on prescribing management in Angus

**1. RECOMMENDATIONS**

It is recommended that the Integration Joint Board:-

- (i) Note the content of the paper and the ongoing measures being taken to ensure efficient and effective prescribing within Angus.
- (ii) Request a further update to be provided to the Integration Joint Board in June 2021.
- (iii) Note ongoing opportunities to progress the use of prescribing savings to support sustainable investment in evidence-based models of care.

**2. BACKGROUND**

Historically FHS (Family Health Service) Prescribing has presented a financial challenge within Angus. The drivers behind prescribing spend are multifactorial and complex. There are ongoing supply issues that continue to play a part in variations in spend. The position also includes the after-effects of the increased spend in March following a spike in prescribing activity directly linked to the COVID-19 pandemic 'lockdown' period, and subsequent reduced activity during April and early May along with repayment of the short-term Scottish Government funding by end June.

**3. CURRENT POSITION**

Prescribing governance continues through the Angus Prescribing Management Group, with good clinical engagement and buy-in. An annual work plan is now in place, tracked and updated at each meeting. (Appendix One) This is for noting and will be submitted to the IJB for approval on completion of the plan.

Progress of note since our last report:

**3.1 Cost per weighted patient**

The Angus cost per weighted patient continues to fall. Previous spend within Angus was running c5-8% above the national average, was managed down to 3-5% above national averages and is currently running at 3-6% above national averages – however costs in 2020/21 may be slightly skewed by local COVID-19 impacts.



This has been achieved by implementing both a regional prescribing work plan in addition to a targeted local approach. This has continued through the year despite the impact of COVID-19 maintaining clinical engagement and a multidisciplinary approach to medicines and non-medicines use.

### **3.2 Tayside Prescribing Strategy**

The Tayside Prescribing Strategy for 2020-2023 (Appendix Two) has been launched and describes a vision for prescribing. This builds on the work undertaken to transform care pathways to achieve the best outcomes for patients. The strategy focuses on four key areas:

- Facilitate best practice with safe, high, quality prescribing choices
- Enable shared decision making with an informed, empowered patient
- Nurture innovation and enable change
- Ensure governance, systems and processes support quality prescribing

Angus clinical leads have been key contributors to this important piece of work.

### **3.4 Catheter Care and Continence Pathways**

There has been a focus in Angus on improvements in both continence care and use of catheters in the context of e-coli infection diagnosis and treatment. The inclusion of the Angus Lead Nurse in the Angus PMG group has enabled a joined up approach to catheter care and continence. Angus HSCP is the lead partnership for Continence Services for Tayside with significant work that is being progressed Tayside wide in this important area of care.

Educational sessions are being undertaken to promote alternatives to medicines and catheters for patients with continence issues. The Tayside overactive bladder guidance is being promoted to support lifestyle advice first, in conjunction with appropriate prescribing when needed, which is evidence based to improve symptoms. Guidance is being developed to support trials without catheters in suitable patients. Early indicators suggest a reduction in hospital acquired e-coli bacteraemia in Angus with none in the previous 9 months to October 2020. The amount of community acquired e.coli bacteriuria is stable. This important spectrum of work highlights opportunities to improve non medicines prescribing from a quality perspective as well as cost reduction.

### **3.5 National Therapeutic Indicators**

The National Therapeutic Indicators (NTIs) are increasingly being utilised to promote improvement in prescribing. Overall the NTIs provide assurance that prescribing in Angus is appropriate in the context of the national picture. A few key areas where Angus is higher than the national average includes prescribing of gabapentinoids, prescribing of long term opiates and anti-psychotic prescribing in the elderly. It has been agreed through the Angus PMG that these could be the focus of further work. The Scottish Therapeutics Utility tool (STU) is available within practice prescribing systems to identify priority patients for medication review. This allows practice teams to easily identify and review patients who trigger within the tool as having higher risk prescribing.

### **3.6 PONMAG (Prescribing of Non-Medicines Advisory Group)**

Work to improve the use of non-medicines continues through Tayside Prescribing of Non-Medicines Advisory Group, chaired by Angus GP Prescribing Lead Dr Scott Jamieson. Stoma product review has commenced with only a small delay due to COVID-19, the baby milk pathway will be finalised imminently and the review of diabetes consumables has been completed with a new formulary published and ScriptSwitch prompts implemented to support movement towards formulary choices. Continence and wound care reformation is concurrently underway to support best delivery and care is given in both areas where active clinical review is as important as making the best value product choice. This programme is reported to NHS Tayside Prescribing Management Group, who continue to be supportive of a large and complex programme of reform which is unparalleled in Scotland.

## **4. PROPOSALS**

The Angus Prescribing Management Group as part of the Angus Health and Social Care Partnership will continue to work in partnership with our clinical leaders to deliver the vision for quality prescribing as set out in the Tayside Prescribing Strategy.



## 5. FINANCIAL IMPLICATIONS

The IJB's regular Finance Reports provide an update regarding the financial position for Prescribing, and a summary of current and forecast position is noted below, reflecting the position following receipt of actual data for April to August plus accruals for September and October, and forecast for the full financial year to 31st March 2021.

Angus IJB	Annual Budget	Budget to Date	Expenditure to Date	(Over) / Under to October 2020	Forecast (Over) / Under
	£000	£000	£000	£000	£000
GP Prescribing	21,162	12,225	12,181	44	(120)
GPS (Others)	206	45	(29)	74	103
Combined	<b>21,368</b>	<b>12,270</b>	<b>12,153</b>	<b>118</b>	<b>(17)</b>

These figures include adjustments to mitigate the impact of the activity spike and subsequent dip during March to May as a result of the COVID-19 pandemic.

The combined Prescribing and GPS (Others) forecast position of (£17k) overspend is in line with original financial plans for 2020/21, where a Year End anticipated cost pressure of (£13k) was documented. However, the underlying activity levels and pricing are showing considerable variances to plan, principally due to COVID-19. Activity volumes during the 5 months to August are 5.0% lower than anticipated plan, while average pricing is 2.9% higher than plan.

The forecast figures for the financial year are noted above, but reflect the uncertainties and challenges in relation to winter period, 2nd COVID-19 wave and varying localised lockdown restrictions and the ongoing impact on GP / patient interactions on the overall Prescribing spend.

Financial planning is now commencing for 2021/22 and beyond. For Angus this will reflect a combination of national factors (inflationary pressures, supply issues and contract price adjustments) and local plans as described elsewhere in this report.

## 6. OTHER IMPLICATIONS – if applicable

The strategic risks associated with prescribing are detailed within the Angus IJB Strategic Risk Register

## 7. DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in Section 26 to 28 of the Public Bodies (Joint Working) (Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Angus Council and NHS Tayside.

Direction Required to Angus Council, NHS Tayside or Both	Direction to:	
	No Direction Required	X
	Angus Council	
	NHS Tayside	
	Angus Council and NHS Tayside	

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List of Appendices:

Appendix 1 Angus Prescribing Management Group Annual Work Plan

Appendix 2 Tayside Prescribing Strategy 2020-2023