

# Tayside Prescribing Strategy 2020-2023



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# Foreword

This prescribing strategy has been co-produced through the valued contributions and insights of patient representatives and professional colleagues.

Medicines are key tools in the treatment and management of people who present with worsening health and who need expert care to manage their symptoms. The development and publication of this strategy provides an opportunity to create a shift in how we consider the use of medicines in healthcare.

However, we are increasingly aware that medicines alone may not achieve the best health outcomes. That requires people working in partnership with us to maintain their own health and wellbeing. On many occasions, exercising regularly, maintaining a healthy weight, not smoking and following the advice on drinking alcohol will provide additional benefit to that achieved from simply depending on prescribed medication.

For a growing number of conditions we know that to achieve the best possible health we need to take advantage of the wide range of help and support available in our communities.

This is on a background of many prescribed medicines being effective. However, some people may experience unpleasant or even serious side effects, particularly when taking many different medicines.

This strategy should be owned by our population and, through engaging with our

local communities and with clinicians across our healthcare professions, we aim to shape the best healthcare system in Scotland.

This is an opportunity to realise long term change and I look forward to contributing to the delivery of this strategy and further improving the health of our population.



*Professor Peter Stonebridge  
Medical Director  
NHS Tayside*

# Introduction

The Tayside Prescribing Strategy outlines a new, exciting and evolving approach to prescribing across the region, placing people at the centre of decisions about their care. We will ensure that our available resources are aligned in a way which best meets the needs of individuals. Safety, quality and best value remain at the heart of the care we provide. We recognise that good health is more than just the absence of disease or infirmity but a state of complete physical, mental and social wellbeing.

Appendix A describes our journey to develop the strategy. Working together to achieve the four strategic aims identified, we will continuously improve prescribing; building on some of the excellent work already undertaken to transform care pathways and achieve the best health outcomes for patients (Appendix B lists some recent examples).

The Tayside Prescribing Management Group (PMG), a collaboration of NHS Tayside and the three Health and Social Care Partnerships, will oversee the development of action plans to achieve our aims. Using appropriate safety and quality measures, they will follow our progress over the next three years. They will also check to see the effect of the Strategy on the amount of medicines used and the cost of prescribing across the region, as well as the uptake of non-pharmacological choices.

Strong collaborative working is needed to ensure improvements in prescribing follow the patient through their healthcare journey.

Wider communication and engagement with prescribing stakeholders including patients, carers, the general public and third sector is an important aspect of our planning. Understanding how patients experience their care and what matters to them is critical to achieving the cultural shifts required to share the responsibility and accountability for prescribing decisions. We understand that people should be able to achieve the best quality of life possible and that a sense of wellbeing is at the heart of this. We look forward to addressing these challenges together.



*David Coulson  
Director of Pharmacy  
NHS Tayside*



*Alison Clement  
Associate Medical Director  
Angus Health and Social  
Care Partnership*

# Our Mission and Vision

## Our Mission for Prescribing

*“To ensure prescribing is appropriate, safe, clinically effective and cost effective for the population of Tayside”*

## Our Vision for Prescribing

*“To deliver the best health outcomes for every person in Tayside by sharing the responsibility and accountability for prescribing decisions”*

# Our Strategic Aims



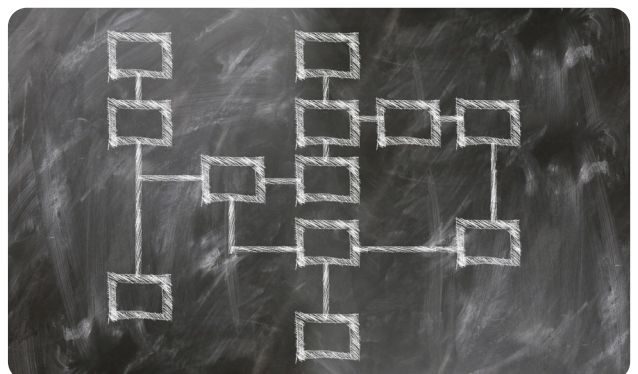
**Facilitate best practice, with safe, high quality prescribing choices**



**Enable shared decision making with an informed, empowered patient**



**Nurture innovation and enable change**



**Ensure governance, systems and processes support quality prescribing**



**Facilitate best practice, with safe, high quality prescribing choices**

## **What did our stakeholders think?**

**Make it easier to determine if prescribing is in line with best practice**

- Identify opportunities for quality improvement through effective stakeholder collaboration with application of multi-disciplinary expertise
- Translate guidance into practice through provision of accessible formularies and development of pathways and high quality support tools
- Make optimal use of available data to provide support to prescribers
- Explore prescribing data in the context of the wider healthcare system
- Implement the Scottish Polypharmacy Guidance within all teams, utilising an improvement approach to patient safety e.g. managing risk using tools like P-DQIP
- Ensure cost effectiveness is considered in all prescribing choices
- Ensure that guidance steering access to non-pharmacological treatment options is readily available to prescribers



## Enable shared decision making with an informed, empowered patient

### What did our stakeholders think?

Do more to inform healthcare professionals and patients at the point of prescribing

Enable patients to take more control of their medicines and treatment pathway

- Promote awareness to patients, carers and the public regarding the safe use of medicines based on current evidence in a format that is accessible to them
- Adopt a co-production approach with all stakeholders, through effective local engagement activities as well as published sources of patient and public feedback such as Citizens Jury exercises, to direct improvements in the application of realistic medicine principles at the point of prescribing
- Influence government policy and messaging related to all prescribed products, including medicines, appliances and equipment that are required to meet the clinical needs of patients and proactively challenge where local and national messaging do not align
- Ensure adequate capability for shared decision making throughout Tayside with a focus on improving the quality of information provided at transitions of care and involving the wider network of healthcare professionals that interface with the patient throughout their care pathway
- Ensure all people have genuine choice regarding medicines, engaging people in a way that is relevant to them thus reducing health inequity and with appropriate use of advocacy
- Ensure people are supported to adapt their lifestyles and live healthier lives with good mental health and wellbeing





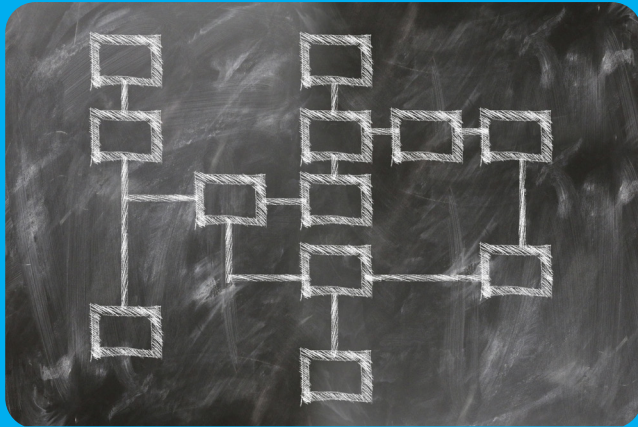
## Nurture innovation and enable change

### What did our stakeholders think?

Stakeholders have lots of ideas about how to improve prescribing

Give more support to co-produce, develop and test novel solutions

- Develop a standard approach to improvement and resulting learning that can be easily applied and shared across the system
- Provide mechanisms, structures, materials and resources that enable staff to develop, explore, implement and share novel approaches and ideas for improvement
- Promote a public health approach considering alternatives to medicine
- where appropriate e.g. social prescribing in the context of best evidence and value
- Promote invest to save opportunities and ensure budgets are aligned to achieve best value across the system
- Work with Medicines Management Groups (MMGs) in secondary care to support the identification of specific prescribing activities that can be incorporated into their improvement plans and performance reporting



## Ensure governance, systems and processes support quality prescribing

### What did our stakeholders think?

**Responsibility for prescribing is shared across all stakeholders and the governance, systems and processes that support prescribing need to increase accountability and ownership**

- Work together with established groups and sub-groups in Tayside and beyond to ensure governance structures provide an effective framework to progress strategic objectives for Prescribing
- Improve governance arrangements for non-medicines prescribing through ongoing support and scrutiny of the Prescribing of Non-Medicines Advisory Group including modernisation of procurement and supply mechanisms
- Develop, communicate and promote effective medicines governance systems and policies to improve awareness and adoption by all stakeholders, including sharing learning from adverse events
- Champion improvements in practice for repeat prescribing processes making best use of the tools available
- Develop a financial framework for prescribing and promote increased awareness and responsibility for monitoring prescribing spend indicators and accountability for budgets
- Maximise the opportunities for improved patient care through the extended role of the pharmacy team working within General Practice, including across the primary/secondary care interface
- Advocate for evidence-based investment in best value pathways including non-pharmacological options for care

# Key References

1. [A Competency Framework for all Prescribers. United Kingdom. Published by the Royal Pharmaceutical Society; July 2016](#)
2. [Calderwood, C. Personalising Realistic Medicine: Chief Medical Officer for Scotland's Annual Report 2017-2018. Scotland: Published by the Scottish Government; April 2019](#)
3. [Calderwood, C. Practicing Realistic Medicine: Chief Medical Officer for Scotland's Annual Report 2016-2017. Scotland. Published by the Scottish Government; April 2018](#)
4. [Calderwood, C. Realising Realistic Medicine: Chief Medical Officer for Scotland's Annual Report 2015-2016. Scotland. Published by the Scottish Government; February 2017](#)
5. [Calderwood, C. Realistic Medicine: Chief Medical Officer for Scotland's Annual Report 2014-2015. Scotland. Published by the Scottish Government; January 2016](#)
6. [Health & Sport Committee 6th Report: Supply and Demand for Medicines. Scotland: Published by the Scottish Parliamentary Corporate Body; June 2020](#)
7. [Our Voice Citizens' Jury on Shared Decision Making. Scotland: The Scottish Health Council; March 2019](#)

# Appendix A

## The journey of the Tayside Prescribing Strategy

	<b>November 2018 – February 2019</b>	Realistic Prescribing Pathways & Polypharmacy Workshop with prescribing stakeholders explored how we could support the application of realistic medicine principles in prescribing. Outcomes were shared with relevant stakeholder groups and further feedback collated and reported back to the Prescribing Management Group and the NHS Tayside Area Drug & Therapeutics Committee (ADTC).
	<b>March 2019</b>	Prescribing Strategy working group formed under the direction of PMG and produced a draft Tayside Prescribing Strategy based on consolidated stakeholder feedback, including work undertaken in 2016 with prescribers to capture their views about the key challenges they faced.
	<b>June 2019 – August 2019</b>	Draft strategy agreed by PMG and shared with the Patient and Public Forum for Medicines for consideration and feedback from patient representatives. Feedback and endorsement sought from PMG and ADTC. Further consultation with secondary care prescribers was requested to allow them the opportunity to feed back on and shape the strategy.
	<b>November 2019 – February 2020</b>	Further consultation on the draft Tayside Prescribing Strategy with Medicines Management Groups and clinical, nursing and pharmacy leads in secondary care, the Older People Clinical Board and Non-Medical Prescribing Leads Group.
	<b>September 2020 – October 2020</b>	Final draft version Tayside Prescribing Strategy presented to PMG, ADTC and Executive Leadership Team for approval or endorsement and the strategy launched.

# Appendix B

## Recent improvements in prescribing that contribute to the delivery of our strategic objectives

Strategic Aim	Strategic Objective	Benefits Delivered
Facilitate best practice, with safe, high quality prescribing choices	Translate guidance into practice through provision of accessible formularies and development of pathways and high quality support tools	The Prescribing of Non-Medicines Advisory Group commissioned reviews of the prescribing of a range of non-medicines and monitors progress towards the implementation of new, updated or expanded non-medicines formularies which are maintained by the appropriate specialists to ensure selection of the best value products, supplied in appropriate quantities at the right frequency to meet the clinical needs of patients. A new section to host <a href="#">Guidance and Formularies for the Prescribing of Non-Medicines</a> was added to the Tayside Area Formulary page on Staffnet to improve ease of access for prescribers and specialists. Clinical benefits have also been delivered when non-medicine prescription reviews identified product choices that were not best suited to individual patients.
Enable shared decision making with an informed, empowered patient	Ensure all people have genuine choice regarding medicines, engaging people in a way that is relevant to them thus reducing health inequity and with appropriate use of advocacy	Following the reclassification of gabapentinoids to Schedule 3 controlled drugs in April 2019, a targeted piece of work was undertaken in HMP Perth and HMP Castle Huntly offering individuals currently prescribed gabapentinoids the opportunity to participate in a medicines review. Reviews were undertaken by either a GP or Specialist Clinical Pharmacist (who had a non-medical prescribing qualification). This led to 84 patients (56%) stopping their gabapentin with approximately 25% opting to commence a non-pharmacological method of pain management including the use of TENS machines or participating in a pilot project with Pain Association Scotland to embed a self-management approach to chronic pain. All patients who remained on a gabapentinoid have been scheduled for six monthly reviews with a prescriber to continue to monitor their response, tolerability and appropriateness for this treatment.
Nurture innovation and enable change/ Facilitate best practice with safe high quality prescribing choices	Promote a public health approach considering alternatives to medicine where appropriate e.g. social prescribing in the context of best evidence and value/ Ensure that guidance steering access to non-pharmacological treatment options is readily available to prescribers	' <a href="#">Non Pharmacological Resources for People Living with Chronic Pain</a> ', developed by the Chronic Pain Service Improvement Group, was published on NHS Tayside Staffnet and disseminated widely to healthcare professionals in primary and secondary care in June 2020. This new resource contains information and links to resources covering: Patient Education and Information; Supported Self Management; Psychological Management; Activity and Exercise; and Social aspects of management.
Ensure governance, systems and processes support quality prescribing	Improve governance arrangements for non-medicines prescribing through ongoing support and scrutiny of the Prescribing of Non-Medicines Advisory Group including modernisation of procurement and supply mechanisms	Work in Tayside to establish an oral nutritional supplement (ONS) pathway enabling access to appropriate ONS under the direction of the Nutrition and Dietetics Service is now at an advanced stage, with an alternative supply model to prescriptions in place for all care homes in Tayside and the development of a digital health product that ensures the safe and efficient management of patients' clinical needs.

For more information on the Tayside Prescribing Strategy, please contact Elaine Ferguson, Programme Manager for Prescribing, on [elaine.ferguson4@nhs.scot](mailto:elaine.ferguson4@nhs.scot)

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