



ANGUS HEALTH AND SOCIAL CARE
INTEGRATION JOINT BOARD – 8 DECEMBER 2021
PRESCRIBING MANAGEMENT
REPORT BY GAIL SMITH, CHIEF OFFICER

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 2022.

2. BACKGROUND

FHS (Family Health Service) Prescribing continues to be a financial challenge within Angus. As indicated in previous reports to the board the drivers behind prescribing spend are multifactorial and complex. The ongoing susceptibility to market forces in the shape of shortages remains. In addition, there has been sustained pressure on General Practice throughout the last two years due to the Covid-19 pandemic. The active management of prescribing has continued but has been secondary to the demands placed on GP practices to continue to deliver GMS services. The general practice pharmacy team has had significant staffing issues and the pressure to deliver the level one aspects of the pharmacotherapy part of the GP contract has delayed the roll out of technical switches and efficiency savings projects.

3. CURRENT POSITION

The Angus Prescribing Management Group (Angus PMG) has continued to provide a framework in which FHS prescribing spend is monitored. This is a sub group of the Angus Clinical Care and Professional Governance Group and as such reports regularly to this forum. The annual work plan is tracked and reported at each Angus PMG meeting. As discussed the forward motion of this group has been difficult through the last 18 months however the increased focus on remobilisation affords new opportunities to tackle ill health and alternatives to prescribing. The most recent work plan is included as Appendix 1.

Angus PMG and Work Plan

Clinical leadership around prescribing remains strong. A refresh of the Angus PMG established group to include both the Lead AHP and Lead Nurse is being conducted. This will ensure links are made across the whole system to promote non medicines alternatives. The reinvigoration of the group to include operational and stakeholder PMG meetings, alternated monthly will provide a suite of projects available to the GP practices to engage in whilst ensuring governance of reporting continues. A project support officer has been identified to provide the necessary administrative structure to support the reporting of the work plan.

Quality Management Systems for Prescribing

A stakeholder event was held in early July 2021, to develop the future model for quality management in prescribing. There was good attendance and included patient partners who were invited to give their views on general practice prescribing practices and how to maximise use of alternatives to medicines. A follow up meeting of key individuals from within the HSCP team was held in September to break down the actions required in the coming year to promote a quality improvement approach to prescribing management. It was agreed that prescribing in mental health should be a priority as well as those on long term opiate prescriptions. Improving access to evidence based alternatives such as social prescribing and access to evidence based exercise programs, linking savings in prescribing to funding for these alternatives. Clinical leadership by the GP Clinical Lead for Quality Improvement will be key to the success of this approach and ensure a sustainable system for ongoing management of prescribing is delivered. NHS Tayside is working with Scottish Government (SG) Effective Prescribing and Therapeutics Division to support a pilot of the Scottish Polypharmacy Decision Support toolkit. A total of ten GP practices across Tayside will be able to sign up to be part of this pilot. Angus has been successful in having four GP practices accepted on to the pilot.

Pharmacotherapy Service

The focus of the pharmacotherapy service in recent years has been in developing the first two service requirements of the GP contract, medicine reconciliation of both hospital discharges and Outpatient recommendations as well as strengthening the access to pharmaceutical advice for a range of medicines queries. In the next six months this service will work in partnership with GP practices to extend this service into a provision for “special requests” often referred to as acute prescribing. A project to be rolled out across Tayside between November 2021 and January 2022 will provide materials to support practices to improve their position on serial prescribing and reduce the volume of “special requests” made to the practice. This will allow the pharmacy team to take over this next aspect of the contract. The associated medication reviews that will be necessary as part of this project should improve prescribing and focus on realistic medicine resulting in patients only being prescribed those medicines that are making a clinical difference.

There are also plans in place to extend the work of the pharmacy team to support the additional elements of prescribing management as set out in the contract.

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 overall FHS prescribing (combining GP Prescribing and GPS Others) position to October 2021 shows a cumulative under spend of c£40k. This reflects the position following receipt of actual prescribing data for April to July, and accruals for August and September. This positive position reflects the sustained effort in place in recent years. It must be noted however that the Angus position has deteriorated compared to Dundee and Perth & Kinross over the last 12 months.

A 3 year financial framework has previously been agreed for Angus prescribing resources. This reflects work progressed through the regional Prescribing Management Group. The financial forecasts for 2021/22 projected an over spend of c£19k. However shortfalls for subsequent year are forecast to be much more significant without further intervention and support (e.g. £741k overspend in 2022/23 and £894k overspend in 2023/24). These challenging projections were drafted in early 2021 and will be subject to review. They may be specifically impacted by national recommendations with regard to adoption of new medicines. This highlights the need for Pharmacy resources to be able to support this process to avoid prescribing reverting to becoming a financial burden for the overall IJB.

	Overall FHS Prescribing(combining GP Prescribing and GPS(others))							
	Annual Budget	Budget to Date	Expenditure to Date	(Over) / Under Date	to	YE Forecast (Over) /under	Financial Full Forecast (Over)/Under	Plan Year
	£000	£000	£000	£000		£000	£000	
Angus	22,057	12,728	12,688	40		31	(19)	

6. RISK

The Angus HSCP prescribing risk continues to be monitored through the Angus Prescribing Management Group. It has a previous risk scoring of 25. There are extensive mitigating actions in place as detailed in our Strategic Risk register included as Appendix 2. Angus PMG recognises the financial risks associated with the approach of promoting social prescribing and other alternatives to medication. This is related to the benefits being difficult to quantify, with time delays between intervention being offered and benefits occurring. In view of the potential for significant benefits to both people's experience of care and the quality, Angus PMG are supportive of the approach. The focus on remobilisation and the opportunities that this affords are highly complex however if we are able to take full advantage of these, then the potential gains are considerable in the longer term. They would include improved quality of life for patients and a reduced reliance on both health care staff and medicines.

Current risk is:

Inherent risk (without mitigation): 25

Residual risk (with mitigation): 16

7. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment is not required.

8. 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	

REPORT AUTHOR: Michelle Logan Rena, Pharmacy Lead
Arlene Paton, Assistant Finance Manager-Primary Care and Prescribing
Dr Alison Clement, Associate Medical Director
Alexander Berry, Chief Finance Officer

EMAIL DETAILS: tay.angushscp@nhs.scot

List of Appendices: Appendix 1 Annual Prescribing Work plan
Appendix 2 Strategic Risk Register