

SR 02 :									
Risk Owner		Alison Clement Associate Medical Director AHSCP/ Risk Manager Michelle Logan Rena Pharmacy Lead AHSCP							
Risk Description		Prescribing Management							
Strategic Priority									
Current Risk Exposure Rating: Priority 1 Priority 2 Priority 3 Priority 4				Risk Movement (since previous report): ↑ → ↓ X					
Inherent Risk (Without Mitigation)		Residual Risk (With Mitigation)		Critical	5	10	15	20	25
Impact	Likelihood	Impact	Likelihood	Major	4	8	12	16	20
5	5	4	4	Moderate	3	6	9	12	15
Total Inherent Risk Score		Total Residual Risk Score		Minor	2	4	6	8	10
25		16		Insignificant	1	2	3	4	5
Planned/Proposed Control (Target)		Rationale for Planned Score							
Impact	Likelihood	A number of Angus GP practices will be piloting the Polypharmacy Decision Support tool. The use of this tool in conjunction with shared decision making in prescribing as part of the Quality Management Systems for Prescribing (with the patients involved in their medication review) as well as promotion of realistic medicine will begin to address historical over prescribing. With optimal controls, capacity with prescribers and appropriate support available we should be able to return to a 3X3 position							
3	3								
Total Planned Risk Score									
9									

Rationale for Risk Rating						
Consequences of Risk			Causes of Risk			
<p>Angus IJB has a c£22.1m FHS prescribing budget. This budget was £0.14m overspent in the 2020/21 financial year. This is a significant reduction compared to the previous year. This overspend remains the single most significant costs pressure within the IJB. Without a continued downward trajectory in FHS prescribing spend, the Angus IJB will need to realign resources from other services to support ongoing prescribing spend levels. Poor prescribing leads to adverse outcomes through lack of optimal treatment or adverse effects e.g. polypharmacy.</p>			<p>The continued pressures on General Practice throughout the course of the Covid-19 pandemic have had an impact despite the continued good engagement with prescribing initiatives that was present pre-covid-19. The additional pressure on the pharmacy team to deliver the level one aspects of the pharmacotherapy part of the GP contract has delayed the roll out of the technical switches.</p>			
Control		Effective-ness	Mitigating Actions		Action Owner	Target Date
1	Active participation in regional PMG. Implementation of agreed PMG prescribing strategy. Angus PMG is an established group with ongoing development and implementation of the Angus Prescribing Work Plan at its core.		1.1	Ensure links made across whole system linking savings in prescribing to funding for evidence-based alternatives e.g. social prescribing, access to evidence based exercise.	Lead Nurse/ AHP Lead/ Lead Pharmacist/Assoc. Medical Director	
			1.2	Resumption of operational and stakeholder PMG meetings alternate months to ensure a suite of measures are available for practices to engage in.	GP prescribing Lead/ Lead Pharmacist/Assoc. Medical Director	
			1.3	Pharmacy teams continue to maximise technical switch opportunities with several projects in progress including switches for antacid treatments and vaginal oestrogens.	Lead Pharmacist	

2	Quality Management Systems for Prescribing		2.1	Promote a quality improvement approach to prescribing management focus on clinical improvements will offer greatest return on investment.	Lead Pharmacist/Assoc. Medical Director/ GP - Clinical Lead Quality Improvement	
3	Development of the pharmacotherapy service through the nGMS contract with appropriate governance in place.		3.1	Extend work on pharmacotherapy to support the additional elements of prescribing management as set out in the nGMS contract	GP prescribing lead/Lead Pharmacist/Assoc. Medical Director/LMC, GPsub representative	
Comments on Current Performance				Comments on Current Risk Status		
<p>The trend over 2020/21 was very positive and continued to improve through the first half of the current financial year. The predicted overspend for this financial year of £19K is a much improved position resulting in a reduced impact on other partnership services. However the Total Cost per Weighted patient for Angus remains above the national average, this has been consistent for the past two years.</p> <p>This will require to be carefully monitored for any slippage and work implemented to ensure the positive impact of the work on prescribing is maintained in the medium- to long-term. The Quality Management Systems in Prescribing will be important in supporting ongoing improvement. New initiatives are now taking account of ensuring evidence-based alternatives are available and patient choice is included in decision making around treatments offered.</p>				<p>Clinical and management leadership around prescribing continues to be strong. Prescribing must always be considered in the overall context of overall costs of care e.g. increased spend on new oral anticoagulants (one of our areas of high expenditure) has significantly increased numbers treated in Tayside, which will reduce future stroke rate and associated high costs of care. Drug shortages, perhaps influenced by BREXIT, continue to effect costs that may fluctuate significantly with little ability to mitigate.</p> <p>An increased focus on remobilisation offers new opportunities for alternatives to medicines. This is a fairly high risk strategy as actions are complex however; the potential gains are worthwhile including improving the life curve and reducing the reliance on the scare resource that is health care staff and medicines.</p>		