



**ANGUS HEALTH AND SOCIAL CARE
INTEGRATION JOINT BOARD - JUNE 2022
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) Note the development of the strategic and operational meetings planned for 2022/23 and proposed through 2023/24.
- (iii) Request a further update to be provided to the Integration Joint Board in December 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 moves toward remobilisation and recovery continue although there remains pressure on GP practices to continue to deliver GMS services. The general practice pharmacy team continues to have significant recruitment issues and the pressure to deliver the contractual elements of the level one pharmacotherapy part of the GP contract will continue to be detrimental to delivery of efficiency savings projects.

3. CURRENT POSITION

The Angus Prescribing Management Group (Angus PMG) has been reframed into a strategic oversight group AHSCP Prescribing Management Quality Assurance Group (APMQAG). This group will continue to provide a framework in which FHS prescribing spend is monitored. As a sub group of the Angus Clinical Care and Professional Governance Group it provides an annual assurance report. Regular reports are also provided to Angus HSCP Angus Executive Management Team. This newly formed group has benefitted from additional project support and administrative time. The annual work plan continues to be tracked and reported at each Angus PMQAG meeting. The operational aspect of delivery of the prescribing work plan has been devolved to the GP and practice pharmacy teams at cluster and practice level. All practices through their Cluster Quality Lead and Practice Quality Leads will deliver three quality improvement initiatives, one of which will centre on prescribing. The co design of these initiatives will ensure that the high engagement already in place remains.

Quality Management Systems for Prescribing

As indicated in the previous paper to the IJB there will be a focus on quality management systems for prescribing to promote a quality improvement approach to prescribing management. To facilitate the delivery of quality prescribing initiatives all GP practices in

Angus will be provided with a suite of data including information on practice specific top 30 spend by Gross Ingredient Cost. There will be a choice of “off the shelf” prescribing projects for those practices that require more support and guidance in medicines management. We will monitor and support practices progress with the implementation of chronic medication service (CMS) serial prescribing. When engagement with this is high, it improves quality of prescribing through annual review of patients on polypharmacy. Development of decision aids in areas of common high expense prescribing such as chronic pain, mental health conditions, hypertension and pre diabetes remain a top priority. Improving access to evidence based alternatives such as social prescribing and access to evidence based exercise programs remains a strong focus in Angus acknowledging the benefit this has not only to the health of the patient but in reducing reliance on medicines linking savings in prescribing to funding for these alternatives. This work will be carried out as part of the early intervention and prevention aspect of the Angus Strategic Plan implementation.

Pharmacotherapy Service

The pharmacotherapy aspects of the GMS contract have placed an additional workforce pressure on the pharmacy team that delivers it. There are challenges in recruiting sufficient staff to deliver traditional prescribing support activity in addition to the contractual requirements of pharmacotherapy. As previously reported the pharmacy team in Angus has been focussed on delivery of medicines reconciliation of discharge medicines and outpatient clinic medicines. A whole system team approach to delivery of acute or special request prescriptions has been in progress with many of the Angus GP practices for the first half of this year. In addition 8 Angus practices have also signed up to the Health Improvement Scotland (HIS) acute prescription collaborative. This provides access to improvement advisors and resources that can be shared across the partnership. The end result will be an acute prescribing toolkit that will be shared by HIS in the same way that the serial prescribing toolkit was for use by all GP practices to undertake improvement work. This approach to streamline and improve practice processes should reduce the volume of acute prescriptions requested and allow the pharmacy team, in time, to take over delivery of acute/special request prescribing from the GPs. This will support the pharmacotherapy part of the GP contract, further releasing GP time as the expert medical generalist in primary care and thus improving the sustainability of primary care, a key Angus HSCP strategic risk.

Buvidal Prescribing

Substance misuse and Opioid Substitution Therapy (OST) is a priority area for the AHSCP. Investment in prevention and early intervention is key to reducing downstream need for medical care. Opioid Substitution Therapy is effective in reducing opioid misuse and therefore the related healthcare costs as those who misuse opioids encounter a decline of their physical and mental health. Buvidal is a long acting buprenorphine injection that can be administered at either weekly or monthly intervals providing patients with a more stable delivery of their OST and a reduction in staff time required to deliver daily OST. The use is also targeted towards reducing reliance on daily prescribing and support change from regular drug using behaviour.

Following the successful use of buvidal throughout the pandemic as the first choice OST for patients in custody there have been further moves by Scottish Government to introduce buvidal more widely for patients in the community that require Opioid Substitution Therapy particularly around the national Medically Assisted Treatment (MAT) Standards. This option will improve patient choice however the proposal will carry a financial risk to the partnership with the expectation that HSCP will provide for any future funding increase of this treatment. We are awaiting confirmed figures from 21/22 financial period, although interim figures show an increase of 22% from the previous reporting period. Further risks may arise especially if the prescribing of this medicine moves to become the responsibility of GPs and primary care, as proposed in MAT standard 7 (Primary Care Interphase). The IJB is asked to take cognisance of this emerging risk.

4. PROPOSALS

The Angus Prescribing Management Quality Assurance 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 March 2022 shows a cumulative underspend of £0.61 million. This is consistent with information included in the IJB's yearend financial reports.

	Overall FHS Prescribing(combining GP Prescribing and GPS(others))			
	Annual Budget	Annual Expenditure	(Over) / Under to Date	Financial Plan Full Year Forecast (Over)/Under
	£000	£000	£000	£000
GP Prescribing	22,062	22,024	38	(19)
GPS(Others)	179	(394)	573	0
Total	22,241	21,630	611	(19)

The yearend position is based on actual prescribing data for April to January, and estimates for February and March, and includes the benefit of a £64k over accrual from 2020/21. Actual prescribing volumes to January are higher compared to the previous year and the 2021/22 Financial Plan. Average pricing per prescription to January remains slightly lower than financial planning expectations, but continues to be 5-6% above the national average. There is a benefit in the reported position due to rebates, which are reflected in GPS(Others), being higher than assumed in budget.

The preliminary detailed financial planning framework for GP Prescribing suggests the following position for Angus.

	2022/23	2023/24	2024/25
	(Over)/Under	(Over)/Under	(Over)/Under
	£000	£000	£000
Forecast Position	(84)	(170)	(397)

In Summary, assumptions within this plan include volume growth of 3% in 2022/23 and 1% for each of the next 2 years. 1.5% price inflation for the duration of the plan has been included, as well as an expected 2% budget uplift. It should be noted that if budgets go up each year by a percentage less than the combined impact of volume growth and price changes the Prescribing financial position will deteriorate. If volume growth and price changes can be contained or are lower than budget increases then prescribing position will stay roughly steady or improve year on year. Beyond this there are further risks, including those associated with implementation of savings plans and new drugs.

6. RISK

The Angus HSCP prescribing risk continues to be monitored through the Angus Prescribing Management Quality Assurance 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 1. Angus PMQAG recognises the financial risks associated with the approach of promoting social prescribing and other alternatives to medication and the overall financial risk regarding prescribing. 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 PMQAG remains 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. OTHER IMPLICATIONS

N/A

8. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment is not required.

9. 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 Strategic Risk Register – Prescribing Management