**AGENDA ITEM NO 7**

**REPORT NO IJB 88/22**

**ANGUS HEALTH AND SOCIAL CARE**

**INTEGRATION JOINT BOARD 7 DECEMBER 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) Scrutinises the content of the paper and the ongoing measures being taken to ensure efficient and effective prescribing within Angus.

(ii) Acknowledges the development of the strategic and operational meetings planned for 2022/23
and proposed to continue through 2023/24.

(iii) Requests a further update to be provided to the Integration Joint Board in June 2023.

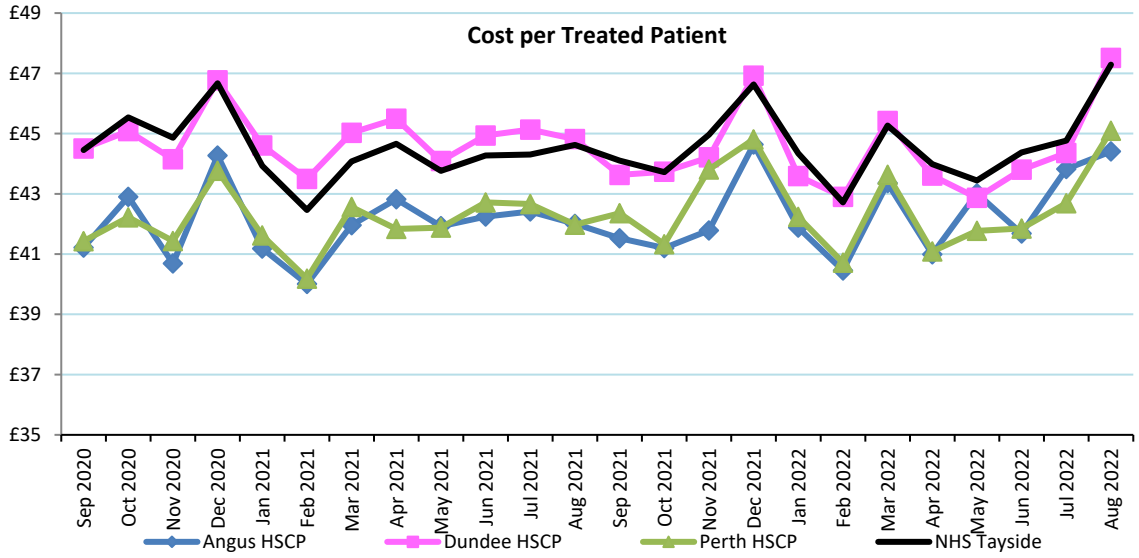
## 2. BACKGROUND

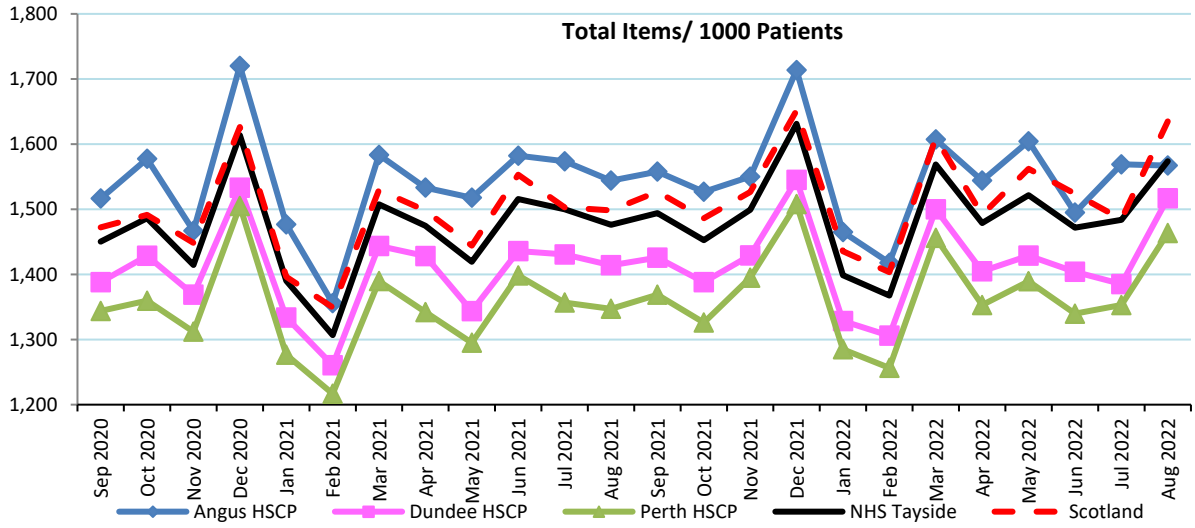
Family Health Service (FHS) Prescribing continues to be a financial challenge within Angus. As indicated in previous reports to the IJB the drivers behind prescribing spend are multifactorial and complex. The application of clinical guidelines using emerging new medicines with limited additional funding is one area of pressure. There are continued workforce pressures within GP Practices due to demographics where those staff members nearing the end of their career are more difficult to replace. Similar recruitment challenges are evident within the general practice pharmacy team. Taken alongside the pressure to deliver the contractual elements of the level one pharmacotherapy part of the GP Contract, this continues to be detrimental to delivery of efficiency savings.

## 3. CURRENT POSITION

The Angus HSCP Prescribing Management Quality Assurance Group (APMQAG) continues 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 Executive Management Team. The additional project support and administrative time allocated to this group has improved its function over the preceding six month period. A smaller working group meets monthly to track progress with regional prescribing efficiency work and will also be responsible for tracking progress with the prescribing incentive schemes as well as outcomes from the cluster quality improvement work. The annual work plan continues to be tracked and reported at each APMQAG meeting. As previously reported 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 ensuring that the clinical engagement with prescribing management remains high. It has been identified historically that services in Angus take a more proactive approach to preventative prescribing using cost effective options.

This is reflected in the Angus position of lower cost per treated patient but higher volume of items compared to other HSCP areas.




Quality Led Management of Prescribing

The progress with quality management systems for prescribing to promote a quality improvement approach to prescribing management continues. Led by an Angus GP Scottish Quality and Safety Fellow, practices have been encouraged to take on longer term cluster level quality improvement work. This collegiate approach to improvement allows for shared learning and population level change in prescribing. Improving safety in areas of high risk medicines combinations, focussing on safety and deprescribing in the elderly population, and high cost areas of prescribing highlighted by the Scottish Therapeutics Utility software, available to all practices.

A suite of prescribing incentives schemes have been offered to all Angus GP Practices. These “off the shelf” projects provide practices with ready to go project plans in areas where they may have work to do. With support from the pharmacy teams to undertake patient searches, GPs can then review cohorts of patients where there is room for improvement on prescribing. Due to competing pressures within the GP Practices a completion date of June 2023 has been suggested to encourage busy practices to sign up to one or two projects.

We will continue to 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.

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. This has resource implications because use of these evidence based programs should provide savings with regard to prescribed medicines, the budget of which is 10% of IJB resources. As part of the development of the IJB's Strategic Commissioning Plan, it will explore the option of setting targets for re-directing some of the historic spend in medicines prescribing to alternatives such as social prescribing. Further work will be carried out investigating the benefit of nature prescribing as an alternative to medicines for those patients presenting with new onset anxiety, and mild depression. This will be taken forward by the newly appointed Program Manager for Prevention and Early Intervention.

Pharmacotherapy Service

As previously highlighted 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. The pharmacy team in Angus continues to focus on delivery of medicines reconciliation of discharge medicines and outpatient clinic medicines. Initiatives throughout the earlier part of this year to improve and streamline acute/special requests has had limited success. This is in part due to competing pressures within general practice. The volume of acute/special requests is not yet at a manageable level to enable practice pharmacy teams to take over this part of the contract. This is a limiting step in the release of GP time as the expert medical generalist in primary care. Healthcare Improvement Scotland (HIS) have now released their acute prescribing toolkit so the pharmacy team will look to work with one GP Practice on a rapid improvement test and spread project to make inroads into this high volume workload by improving processes in one practice, then rolling out to others.

Emerging High Cost Prescribing

Scottish Government continues to support and encourage movement towards prescribing of Buvidal, a long acting buprenorphine injection that can be administered at either weekly or monthly intervals providing patients with a more stable delivery of their opioid substitution therapy and a reduction in staff time required to deliver daily opioid substitution therapy.
As previously reported this option will improve patient choice however, with no additional funding this will carry a financial risk to Angus HSCP with the expectation that the HSCP will provide for any future funding increase of this treatment. Further risks may arise especially if the prescribing of this medicine moves to become the responsibility of GPs and primary care, as proposed in Medicine Assisted Treatment (MAT) Standard 7 (Primary Care Interphase). The IJB is again asked to take cognisance of this emerging risk.

## 4. PROPOSALS

4.1 The Angus Prescribing Management Quality Assurance Group has circulated a suite of prescribing projects that should deliver efficiency savings as well as enhance the quality of clinical care given to Angus patients. A funding source of c£4k has been identified to reimburse practices for taking time out to deliver these projects. This only allows for one session of GP time per practice, at this time the GP Practices have been asked to only undertake a maximum of three projects. Additional funding is being identified to deliver these high quality clinically driven prescribing projects. Undertaking multidisciplinary polypharmacy medication review is also a clinically driven quality improvement piece of work.

4.2 The workforce challenges that remain within the GP Practice pharmacy service are significant. Service redesign has employed non registered pharmacotherapy assistants to aid in the delivery of less complex aspects of the pharmacotherapy part of the GMS Contract. There are currently two in posts in Angus which have proved a great success. To further develop this workforce and increase the complement of assistants in post, would require further funding to be identified. Recruitment of a further two Band 2 assistants would allow for expansion of this part of the service into areas such as care homes to support reduced medicines waste in this sector. In addition this would release pharmacy technician time to

provide support to more patients, identified through the enhanced community support service, that require medicines management support, again reducing medicines waste.

4.3 Public engagement is key to the success of many of the HSCP initiatives. Prior to the COVID-19 pandemic, Angus ran a publicity campaign that encouraged members of the public to make use of very low cost over the counter medicines rather than request them from their GP in the form of a prescription which is often sourced from a more expensive route. Consideration is being given to revisiting this position.
There is a proposal to investigate running a medicine amnesty whereby patients can visit a healthcare professional in pop up venues, and discuss their prescribed medicine. If they are continuing to request and collect medicines but don't actually use them they could be given counselling on risks and the medicines removed from repeat if that was the considered opinion. These initiatives will be investigated in the coming months.

## 5. FINANCIAL IMPLICATIONS

The overall FHS Prescribing (combining GP Prescribing and GPS Others) position to October 2022 shows a cumulative underspend of £0.105 million. This reflects adjustments following receipt of actual prescribing data for April to August and accruals for September and October. An over accrual for Angus of c£70k received from the previous year (21/22) supports the underspend position. The yearend projection is however now near to breakeven reflecting further cost pressures emerging as the year progresses. There continues to be a lot of volatility in monthly costs with clear patterns hard to distinguish. However, generally Angus continues to see costs per weighted patient running at 5% to 6% above the Scottish average, with monthly figures varying around that.

| | Overall FHS Prescribing (GP Prescribing & GPS Others) | | | | |
|---|---|---|---|---|---|
| | Annual Budget | Budget to Date | Expenditure to Date | (Over)/Under to date | Financial Plan Full Year Forecast (Over)/Under |
| | £000 | £000 | £000 | £000 | £000 |
| Angus | 22,117 | 12,709 | 12,604 | 105 | (9) |

Prescribing costs form about 10% of the IJB's overall resources. On that basis close and effective monitoring of these resources remains essential to meet both operational and strategic requirements.

## 6. RISK

Angus HSCP prescribing risk continues to be monitored through Angus Prescribing Management Quality Assurance Group and Clinical Care and Professional Governance meeting.

Angus PMQAG recognises the financial risks associated with the approach of promoting social prescribing and other alternatives such as nature prescribing, to medication and the overall financial risk regarding prescribing. This acknowledges that the benefits are 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 alternatives to medicine prescribing are in progress and will feature in the new strategic plan with new appointments in place who are already undertaking initial work on this development.

The focus on 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.

| | |
|---|---|
| **Risk Description** | Prescribing Management |
| **Risk Category** | Operational, Governance, Political |

| | |
|---|---|
| **Inherent Risk Level** | Likelihood 5 x Impact 5 = Risk Scoring 25 (which is a Very High Risk Level) |
| **Mitigating Actions** | - Ensure links made across whole system linking savings in prescribing to funding for evidence based alternatives e.g social prescribing, access to evidence based exercises<br>- Resumption of operational and stakeholder PMG meetings alternate months to ensure a suite of measures are available for practices to engage in<br>- Pharmacy teams continue to maximise technical switch opportunities with several projects in progress including switches for antacid treatments and vaginal oestrogens<br>- Promote a QI approach to prescribing management focus on clinical improvements will offer greatest return on investment<br>- Extend work on pharmacotherapy to support the additional elements of prescribing management as set out in the nGMS contract |
| **Residual Risk Level** | Likelihood 4 x Impact 4 = Risk Scoring 3 (which is a High Level) |
| **Planned Risk Level** | Likelihood 3 x Impact 3 = Risk Scoring 3 (which is a Medium Risk Level) |
| **Approval recommendation** | Given the medium level of planned risk, this risk is deemed to be manageable. |

## 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.

| **Decision Required to Angus Council, NHS Tayside or Both** | **Decision to:** | |
|---|---|---|
| | No Direction Required | X |
| | Angus Council | |
| | NHS Tayside | |
| | Angus Council and NHS Tayside | |

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