PQEP
Prescribing Quality & Efficiency Programme

July 2017

NHS
Lanarkshire

Prescribing Quality & Efficiency Plan 2016–2019

FOREWORD

As a Board we find ourselves facing an unprecedented challenge. Changes in population demographics, an increase in the prevalence of long term conditions and rising public expectations of health services are coupled with funding constraints.

In NHS Lanarkshire we spend over £200m on medicines. This is approximately 14% of our overall budget. This is a significant proportion of our expenditure and so it is important that every pound is spent wisely. According to NHS Scotland Information Services Division figures in 2015/16 NHS Lanarkshire had the highest gross and net ingredient prescribing costs in primary care in Scotland. In April 2016 we established a Prescribing Quality and Efficiency Programme. PQEP helps clinicians make the most cost-effective choices when prescribing medicines or, indeed, not to prescribe if the risk/benefit ratio suggests this is the right option. As a result, we have seen an overall improvement in our position relative to other Boards and no longer sit at the top of that particular table.

The Prescribing Quality & Efficiency Programme has provided us with an opportunity to bring some structure and collaboration across the health system to an area of critical importance. New medicines, such as biologic therapies, bring significant benefit to patients. However, to manage their introduction with minimal impact on the Board's overall budget, we need to continually improve the overall quality of our prescribing practice.

I would like to thank you for supporting the aims of the Programme. I would encourage you to think what more you can do in your own professional practice to ensure medicines are prescribed only when required. Also, when they are prescribed, that the most cost-effective options are chosen.

Outlined in this plan are the areas where we believe there is more work to do. I hope that in those areas you will continue to support the work of the PQEP as a priority. I greatly appreciate it.

Dr Iain Wallace
Medical Director, NHS Lanarkshire

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1. Context

NHS Lanarkshire has embarked on a programme of work to improve the quality of prescribing practice by promoting the safe, effective and efficient use of medicines by staff and the public. Medication cost is accountable for a significant proportion of the NHS budget, with evidence showing a steady rise over the years. The need for a programmed approach recognised the complexity, variation and fragmentation of the management of prescribing across organisational boundaries.

Expenditure on prescribing accounts of approximately £206 million of the overall NHS Lanarkshire budget, £141m of that within Primary Care Prescribing, with a further £49 million being spent within the Acute Sector and the remaining £15 million being spent to provide Out of Area treatments. The total spend on medicines constitutes approximately 14% of NHS Board budget and therefore represents a significant investment by NHS Lanarkshire. In terms of volume, NHS Lanarkshire prescribes over 14m items annually within Primary Care across the 105 GP Practices, including non-medical prescribing. There are also managed services such as sexual health services and prisoner healthcare within Primary Care. The remaining 32% of spend is in acute services with a significant proportion relating to high cost low volume drugs.

This is one of a number of challenges facing NHS Lanarkshire and other NHS boards united by a common theme: how to reconcile competing demands and achieve financial sustainability whilst achieving better care, better health and better value (Health and Social Care Delivery Plan, Scottish Government, 2016).

The significance of this spend was recognised in the establishment of a PQEP in 2016/17 chaired by the Board's Medical Director with a membership of key clinical and management leaders with a responsibility and accountability for prescribing practice. The investment in the programme of work was in recognition that we spent more per head of population on medicines than any other health board in Scotland. Even when deprivation was taken into account, we still had some of the highest costs with no obvious additional healthcare benefits to our population. As such we had the highest gross and net ingredient primary care prescribing costs in Scotland in 2015/16.

2. Vision, Purpose & Performance

NHS Lanarkshire's Prescribing Quality & Efficiency Programme (PQEP) core vision and the intent are to improve the overall quality of prescribing in Lanarkshire.

The PQE programme aims will:

- Continue to focus on improving quality and efficiency across the themes of waste, variation and harm.
- Seek to contain the costs of prescribing in Primary Care aligned to the targeted incentive scheme and within budget allocation in Secondary Care

- Continue to develop sustainable governance and improvement infrastructures across the system wide programme to deliver safe, cost effective and person centred prescribing across NHS Lanarkshire.

The objectives for 2017/18 will be to:

- Continue a programme of clinical engagement to ensure prescribing is safe, effective and person centred delivering long term clinical and financial sustainability.
- Work with the Prescribing Management Boards to deliver quality & efficiency in prescribing within budget allocation
- Increase Pharmacy capacity to supplement GP medicines management to contain the costs of prescribing in Primary Care
- Establish a further effort to agree the sustainable governance and improvement infrastructures around prescribing
- Optimise the will of all prescribers to make improvements within the scope of their responsibility
- Engage all clinicians in a bid to raise awareness of how practice can influence prescribing (everyone's responsibility).

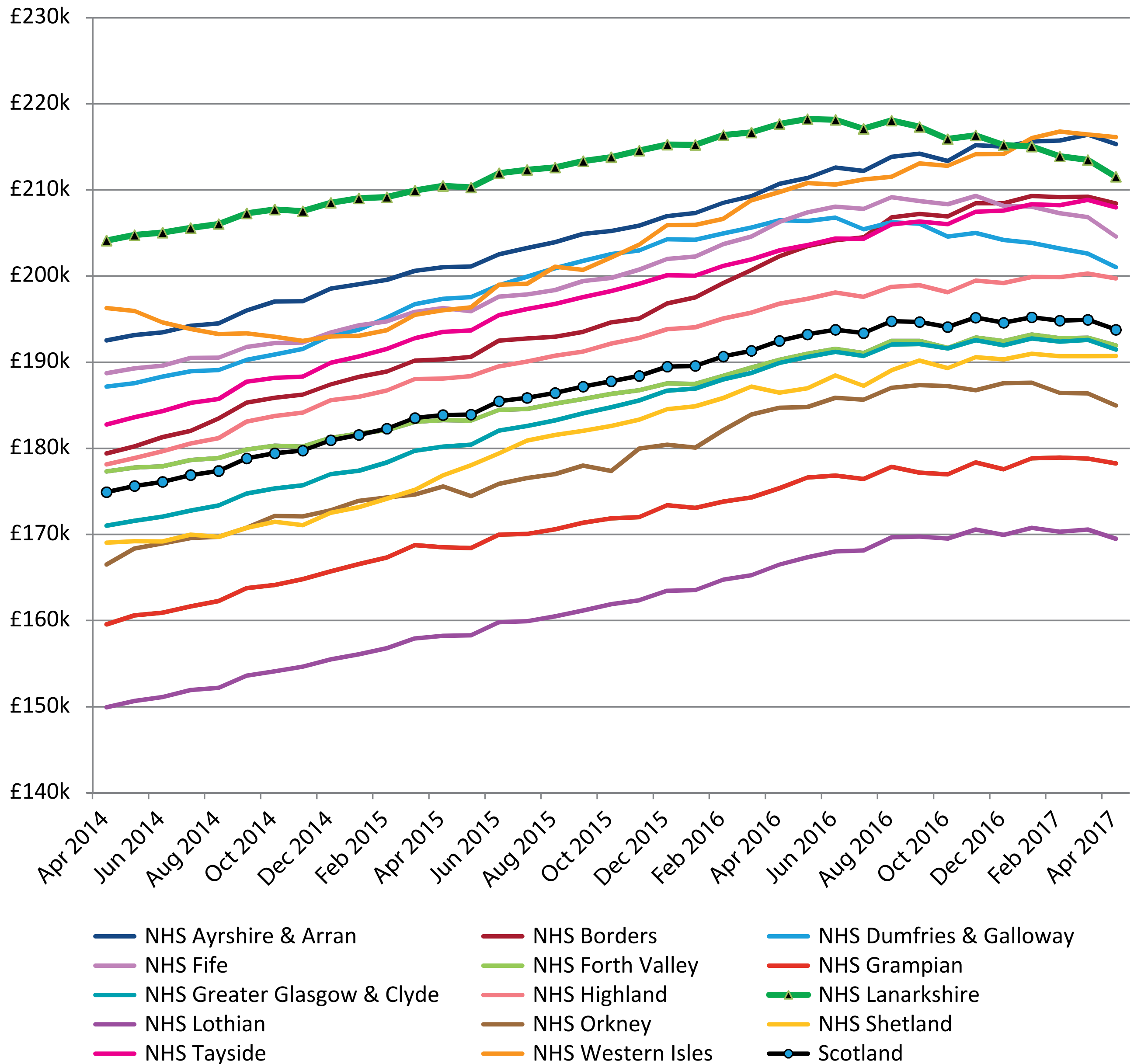
In developing the Plan we have considered current challenges in terms of context, local data, disease burden, clinical evidence and guidelines and new and emergent policy.

Eight key decisions were taken to inform the direction of the programme over its lifetime.

1. To invest time to understand the range and root causes of the challenges faced.
2. Increase the focus on prescribing and level of organisational priority against business need
3. Ensure systems and processes are in place alongside dedicated leadership and improvement resources to direct and manage the programme of work.
4. In recognition of the size and scale of the challenges faced design a programme on a system wide basis to include all prescribers and those who manage and direct prescribing
5. Factor in the GP workforce challenges to devise a realistic and deliverable incentive scheme
6. Engage all prescribers from the outset through the creation of a clinical reference group and a series of clinical engagement meetings.
7. Ensure a robust financial planning process with finance, prescribing management team and medical directors to agree the financial targets in each division.
8. Invest in a communications and engagement strategy and campaign (staff/public).

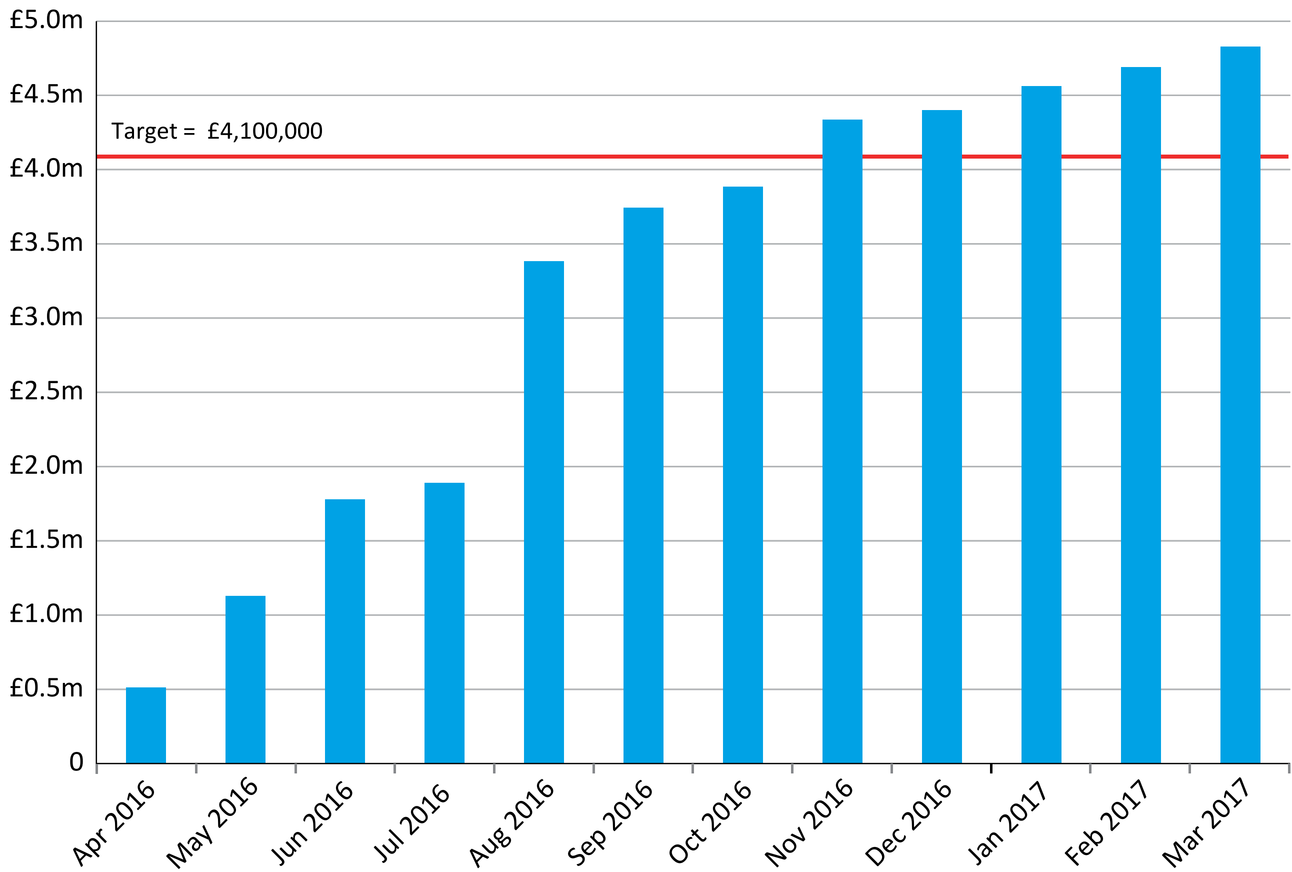
Over the past 12 months significant improvements in the quality of prescribing have been achieved. The programme has been successful in raising the importance of achieving improvements in Prescribing Quality & Efficiency with clinical staff and ensuring that quality of prescribing is recognised as everyone's concern. These are described in detail in the rest of this document.

Graph 1 – Annualised Gross Ingredient Costs per 1,000 patients

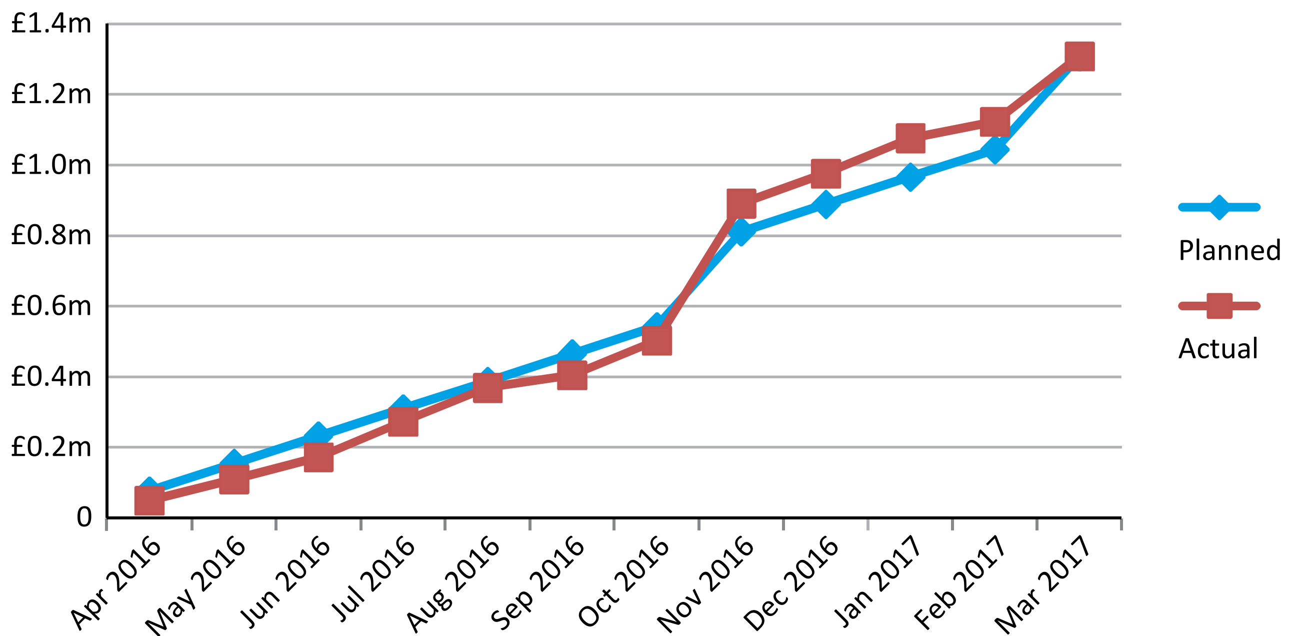


Graph 1, above, is the Gross Ingredient Cost per 1000 patients compared with all other Health Boards in Scotland and the Scottish average. The graph covers the period from January 2014 to January 2017. Although the gap between NHS Lanarkshire and the Scottish average was closing slowly between 2014 and mid 2016, the effect of the PQEP in 2016/17 has been to markedly accelerate the narrowing of the gap. More recently it has actually achieved a reduction in cost.

Graph 2 – Primary Care: Prescribing Progress 2016/17



Graph 3 – Acute Division: Pharmacy Savings Trajectory 2016/17



Graph 3, above, is the savings plan for acute services. Through the introduction of biosimilars in rheumatology and gastroenterology major efficiencies have been achieved whilst maintaining quality of care. PQE plans have also been developed on each of the sites by the chiefs of medicine, heads of pharmacy and senior nurse in conjunction with all specialties.

The graph represents the target trajectory over time matched by the interventions undertaken in the acute division. The sharp incline in October 2016 is in response to an increase in the target set for acute services.

The change delivered across the programme has a number of drivers. These include raising organisational priority of prescribing quality amongst all prescribers, an on-going focus at hospital and locality level on quality interventions, and the enhancement of whole system working. All drivers are supported by the resourced programme management approach and structure provided by the Prescribing Quality & Efficiency Programme.

3. Prescribing Quality & Efficiency Programme Deliverables

The Plan for 2017–2020 will include the following areas.

- **Quality –** Continue the focus on improving the quality of prescribing in Lanarkshire through primary care and hospital sites. The plans will be directed by prescribing data where greatest quality gains can be made.
- **Reducing Waste/Variation/Harm –** Applying a range of quality improvement methodologies and tools/techniques to identify and tackle waste, variation and harm where this exists.
- **Health Economics –** The principles of Health Economics will be utilised to identify the most appropriate form of economic analysis to increase our understanding of the cost drivers for prescribing. It will also identify appropriate actions to manage these. This work will take an action learning research approach to support a spread of robust, evidenced based planning.

The PQEP's Strategic Plan for 2017–2020 will include the following areas.

- **Governance –** We will further refine the governance arrangements and supports to deliver the PQE programme thus putting in place infrastructure fully fit for purpose to sustain the Board's approach to prescribing quality beyond the period of the improvement programme. The PQEP Board will continue to work with all relevant committees to set out a clear and coherent understanding of the purpose, roles and responsibilities of NHS Lanarkshire's various committees and groups responsible for medicines and prescribing.
- **Pathways –** New pathways of care will be developed which maximise the contribution of all professions to improve prescribing. This work will include non-medical prescribers, clinical pharmacists in general practice and community pharmacists. We will ensure that the principles and objectives of the PQE programme are recognised and embedded within them, underpinned by a suitable governance framework.

- **Communication –** A communication campaign to continue to raise the profile of the PQEP aims will keep the staff in the organisation engaged and open to generating innovative approaches to prescribing quality. We will develop our key messages to raise awareness, educate and encourage the public to value medicines and seek to promote behaviour changes resulting in reduced waste.
- **Clinical Engagement –** We will continue our clinical engagement programme through the PQEP clinical reference group. Aiming to identify clinically sound initiatives, schemes and areas for improvement that lead to the removal of waste, harm and unwarranted variation in prescribing practice.
- **Primary Care Incentive Scheme –** Further development of Primary Care Incentive Scheme based on the areas where improvement is most required. The interventions will be outlined in Locality Prescribing Plans and consolidated into the overall Lanarkshire Primary Care QE Plan. The level of incentive provided will be proposed by the Primary Care Medical Directors and Finance and will be based on quality improvement themes and specific targeted drug areas. The incentive scheme will be reported monthly in the form of a primary care dashboard which will be overseen by the Primary Care Prescribing Management Board.
- **Cost Mitigation –** A Primary Care PQE Plan will include a list of cost mitigation schemes to be carried out by the Prescribing Management Team (pharmacists/pharmacy technicians). This work will be carried out within practices to maximise the available pharmacy resources and take cognisance of the limited GP capacity.
- **Acute Division Planning –** An Acute Division PQE plan incorporating hospital site based PQE plans (developed utilising each hospital's data). These will report into site based Medicines Quality & Safety groups and divisionally to the acute Prescribing Management Board. Progress will be monitored in a dashboard format to demonstrate site/specialty performance to the PQEP Executive group and Programme Board.
- **Standardisation –** Aligning of guidance from national approaches to improve the effectiveness of prescribing alongside cross boundary working, collaboration on standardisation of prescribing.
- **Supply –** Work will be undertaken to optimise the supply route for specialist medicines. Options could include hospital prescribing and supply, supply via a medicines homecare service, hospital prescribing with community pharmacy supply or GP prescribing with community pharmacy supply.
- **Quality Improvement –** Application of QI methodologies will help the programme more fully understand how and why medicine harm, variation and waste occur. This will include for example, review of case studies when individual patients are identified as having an excess of medicines supplied without being consumed.
- **Medicines Optimisation –** Finally, the NHS Board will set out a longer term Medicines Optimisation Strategy for Lanarkshire. This will continue the move from medicines management to medicines optimisation, i.e. continuing to shift the focus to improving the overall quality of prescribing. This strategy will look at how we further support cost-effective prescribing and at the same time support patients to make better informed choices in line with the tenets of realistic medicine. This will also reduce waste by improving concordance. The strategy will be owned by the Area Drug and Therapeutics Committee (ADTC) and progress will be reported through the Healthcare Quality Assurance and Improvement Committee.

4. Strategic and System Wide Approach

In year one the PQE programme established joint working as the norm at all levels by consolidating programme infrastructure, raising the priority, increasing the profile and focusing fully on prescribing in Lanarkshire. The system wide approach has demonstrated continued improvement in 2016/17 in the cost-effectiveness and quality of prescribing. The Chief Executive, Medical Director and divisional leads agreed to extend the programme and acknowledged the exceptional work achieved in improving prescribing quality and efficiency across the Board in 2016/17 by a range of teams and individuals.

As of 1st April 2017 North and South Lanarkshire Health and Social Care Partnerships will have devolved responsibility for the budget and performance in relation to the GP prescribing budget, including non-medical prescribing.

Prescribing will retain prominence on the Board's efficiency drive through the system wide approach to improving the quality of prescribing with inclusion of focussed quality improvement initiatives, a primary care incentive scheme and targeted secondary care PQE plans with on-going discussion with regional services to promote the principles of the PQE Programme.

This PQE Plan builds on successful initiatives undertaken in 2016/17 which will determine high quality, evidence based and cost effective prescribing on a system wide basis. Within this programme of work we face the challenge of ensuring clinicians have accurate, relevant and up-to-date information on the benefits, risks and costs of medicines and of ensuring that this information is used to provide high quality care.

Advances in biomedical technology (including new drugs, tests, devices, and procedures) are a dominant force driving longer term increases in spending and many other changes in the health care system.

The future demographic trend of more people with co-morbidities such as those involving the elderly and other major subpopulations suggest potential future increases in multiple drug needs that will require specific attention. All of which may result in increased costs due to different therapies, preventive interventions, and long term pharmacological regimes that are tailored to patients' particular conditions. If so the future health and social care system could be focused mostly on out of hospital care, outpatient diagnosis and as doctors more aggressively treat diseases using drug therapy.

The following list contains the key drivers in prescribing practice:

- Significant increase in the level of spend required
- Rising demand will add to prescribing costs
- High volume and unwarranted variation in prescribing in primary care
- Low volume, high cost medicines and unwarranted variation in secondary care
- Government policy intent of delivering increased access to new medicines
- Shift to non-medical prescribing practice
- Pharmaceutical manufacturers control of the supply chain

To improve prescribing practice in Lanarkshire we will continue to evaluate strategies to change prescribing behaviour, to design quality improvement projects based on proven strategies and to develop collaboration and cooperation among GPs, secondary care clinicians, non medical prescribers and the public.

5. Financial Forecast

Over the coming financial years, NHS Lanarkshire will be expected continue to achieve efficiencies to remain within budget. At approx. £200m, expenditure on medicines represents around 14 per cent of NHS Lanarkshire's overall budget.

The improvement programme has shown in 2016 that with strong clinical engagement and collective efforts of pharmacists, doctors and nurses we can reverse the trend. We also know that from comparative figures that Lanarkshire spend is more per head of population than most other health board in Scotland. Even if we take into account all the variables, we still have some of the highest costs with no obvious additional healthcare benefits to our population. The PQE Programme will seek to reduce and contain costs through eradication of waste, choice of best value drugs and improving the quality of prescribing across the health system.

5.1 Prescribing expenditure in Primary Care 2016/19

The primary care division, working with the prescribing management team and GP practices is expected to develop schemes/initiatives to reduce the overall spend in Lanarkshire and to close the gap with other Health Boards.

In 2016/17 the plan was to deliver savings of £4m realised jointly by the Locality prescribing team, GP Practice input as well as savings from Scriptswitch. Additional investment had been approved for Locality Pharmacy support at the start of the year as well as additional resource approved in year. Scriptswitch was an agreed investment for the first time in 2016/17.

The actual gross savings achieved in 2016/17 was £4.627m which is £0.627m more than planned and this value is reflected in the final March position.
This has resulted in Lanarkshire reducing the gap in terms of spend with other Health Boards.

The actual gross spend in 2016/17 at £144.804m was £1.321m less than the £146.125m spend in 2015/16.

The planned savings in 2017/18 will again come from a combination of work completed by the locality pharmacists, GP Practice and continued savings through the use of Scriptswitch. The plan around this is expected to generate savings of £3.4m.

2017/18 will also gain from one particular high cost drug (pregablin) coming off patent and it is expected that part year effect of this will generate savings of £1.8m in year.

5.2 The GP Incentive scheme

The GP Incentive scheme is a key initiative promoting improvements in prescribing quality, prescribing processes as well as reducing waste, harm and variation. The prescribing strategy for primary care will identify areas for patient reviews by practices based on significant spend above other Board areas and because the impact of individual changes is high. The main focus in 2017/18 will be on respiratory, diabetes (mainly newer agents) and pain management.

The primary care prescribing management board recognises the cost containment focus of 2016/17 scheme and the desire to progress topic areas identified for quality improvement. The quality improvement areas chosen for the coming year reflect priorities identified from the data and in dialogue with locality prescribing team and clinicians.

The Quality areas are:

- Review of polypharmacy processes
- Review of repeat prescribing processes
- Review of practice approach to prescribing of analgesics.

The plan for 2018/19 will be based on achievement of savings in the previous years and focus on any unachieved areas as well as any new or additional plans. Further detail on this will be worked up nearer the time.

5.3 The acute division expenditure 2016/19

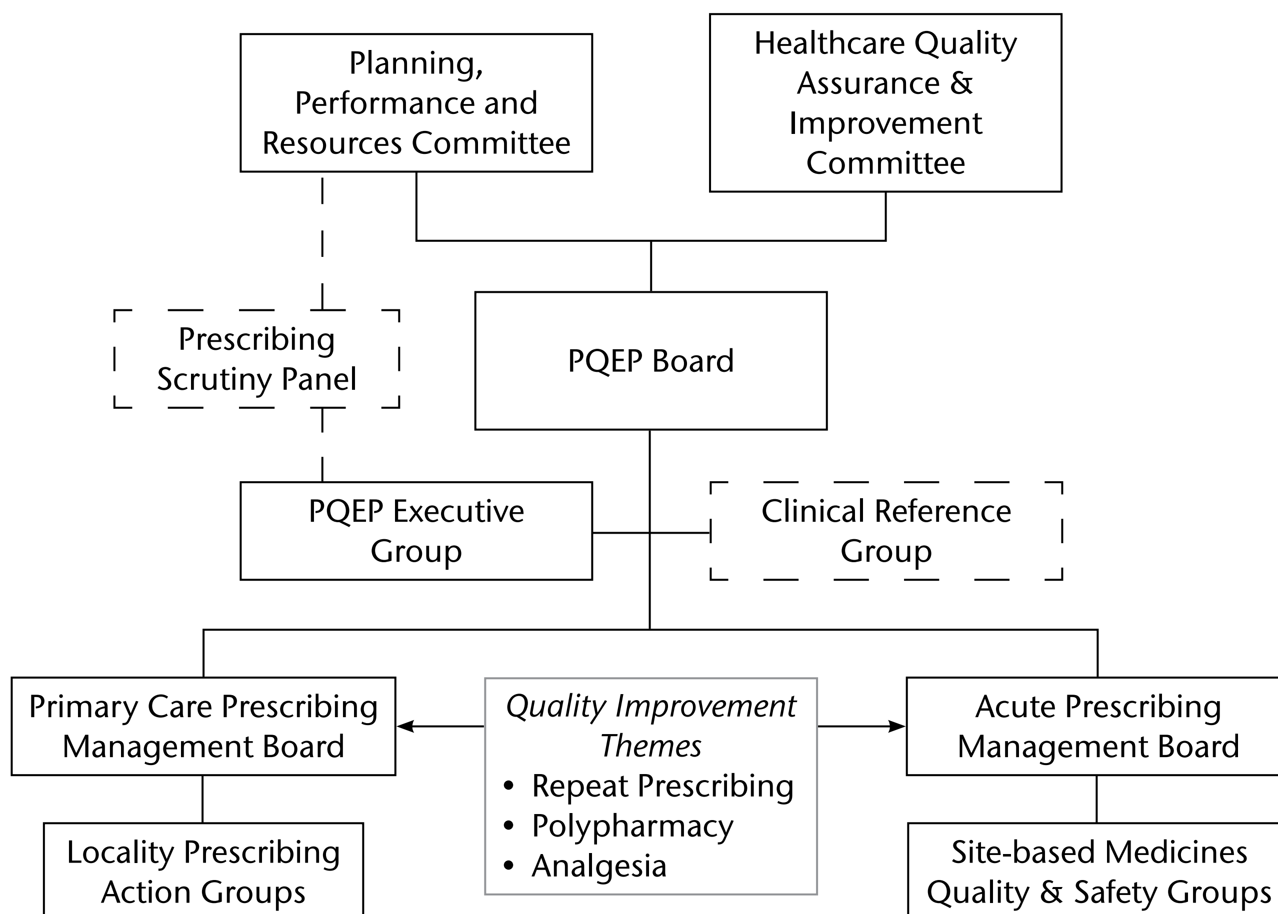
Whilst the acute Division delivered savings of £1.3m during 2016/17 this is against a backdrop of expenditure increasing to £49.5m from £48.5m in 2015/16.This trend of increasing expenditure has been a pattern now for the last number of years as new and more expensive treatments are approved by the SMC. This trend is likely to continue as we go forward into 2017/18 and 2018/19. However as we enter 2017/18 the acute division is proposing a drugs saving of £2.9m in 2017/18.This will largely be driven by switching anti-TNF drugs to their Biosimilar and other drugs coming off patent. Each site has a plan which should deliver £0.1m per site in 2017/18.The intention is to have a trajectory for the central savings and 1 for each site. Looking forward to 2018/19 we can expect to see more expensive treatments approved by the SMC, hopefully being offset by the move to more Biosimilars.

6. Programme Leadership & Infrastructure

It follows that it is important to have strong leadership clearly focused on improving the quality of prescribing to ensure clinical engagement and quantifiable actions plans.

The senior management investment in prescribing has given a strong focus to support and keep the programme on target. It takes the form of the Chief Executive led scrutiny panel to assist prioritisation and provide direction as necessary to the divisions. The PQE Programme Board and PQE Executive Group have proven important to shared decision making, prioritisation of prescribing topics, providing guidance to clinicians and managing resources whilst providing approval of schemes.

6.1 Programme Organisational Structure



NB: The Clinical reference group has a membership of approximately 70 key informants to the programme. Events are held with this group to scope out areas of work and support improvements in the quality of prescribing across the system.

7. Programme Priorities 2017–2019

Continuous review of the system identified areas where a focussed improvement approach would make a difference.

A. Realistic Medicine – Improving the Quality of Prescribing through effective and efficient prescribing.

The Chief Medical Officer's annual report Realistic Medicine (2015/16), states 'managing risk in healthcare is a universal challenge for doctors and other professionals'. The Report also highlights the increased availability of medicines and treatments as well as public pressure and expectations. These factors combined with greater numbers of people living longer with multiple conditions, can sometimes lead to over-treatment which provides little or no long-term benefit to patients. This work will lead to an informed choice of medicine, which when used appropriately within an agreed pathway can have a positive and life changing benefit for patients and represents good value for the NHS.

B. Single System Prescribing: Managing Prescribing Interfaces – Closer working between Primary and Secondary care

Establish principles and support more effective prescribing in primary and secondary care and at the interface with primary care.

- Establish demonstrable co-ordination of prescribing (medicines reconciliation on admission and discharge) between hospitals and general practice (hospital, practice)
- Establish a robust medicines review process carried out regularly
- Demonstrate that patients' views about medicine-taking is explored and their choice considered at the point of prescribing (GP, practice)
- Establish and demonstrated closer co-operation between the practice and community pharmacy (practice)
- Demonstrate adherence to the preferential drugs that all stakeholders become familiar with (formularies) that are relatively cost-effective to the health care economy (Practice). There are important safety implications as well as ensuring cost-effectiveness and consistency for all Practices to consider. The practice or area should have an agreed formulary.
- Focus on areas where the national therapeutic indicators work or the effective prescribing work has highlighted variations in practice and performance.
- Supporting the introduction and uptake of biosimilar medicines in gastroenterology and rheumatology.

C. Improving the Compliance and Adherence to Medicines

Supporting people to value medicines will be feature of the communications and engagement messages and materials developed by the programme. Reducing further the volume and cost of avoidable waste will require multiple complementary measures aimed at enhancing health and pharmaceutical care quality. By focusing on patients and their experiences, the goal is to help patients to:

- improve their outcomes;
- take their medicines correctly;
- avoid taking unnecessary medicines;
- reduce wastage of medicines; and
- improve medicines safety.

D. Structures and Processes – Governance Structures

- Establish clear and consistent system, structures and mechanisms or apply/reinforce current mechanisms to reduce the prescribing of medicines with poor evidence base and/or limited clinical effectiveness (GP Practice/systems/infrastructure).
- Further develop the delivery mechanisms (Primary Care and Acute Prescribing Boards).
- Develop locality based structures and processes to support data driven improvements.

E. Communication & Engagement Strategy

- The programme must be backed by an on-going, consistent communication materials to support decision making.

- Strong senior management and clinical engagement will be essential to understand the challenges and create the conditions for Prescribing to improve over time.

8. Quality Improvement (QI) Approach

High quality medicines management is essential to ensure the most effective treatment for patients as well as best value for NHS Lanarkshire. If used properly, medicines can be among the most effective and cost-effective forms of treatment; used inappropriately, they not only waste limited health care resources but also may do more harm than good. We understand clinicians are busily engaged in practice and that they must find time to absorb and integrate new information into their practice. For these reasons the appropriate use of medicines, perhaps more than any other aspect of medical practice, requires access to new information and continuing education.

Key to our quality improvement (QI) approach to the programme will be continuing to utilise a range improvement of methods, tools and techniques to ensure we can track what works in an evidenced based way; placing a focus on key metrics by using available data, undertaking, root cause analysis to assess areas for improvement where gains can be made, understanding the challenges/wicked issues and generating ideas to test out and embed changes that will result in sustainable improvements.

We will work within the current and developing infrastructures within Lanarkshire and as we transition work closely with the health and social care partnerships to ensure that the strategies to achieve cost-effective prescribing satisfy the following criteria:

- They are safe for patients;
- They meet the clinical needs of patients; and
- They secure best value for money from NHS resources.

The programme is targeted at person centred, effective and efficient utilisation of medicines. Prescribing is the most common patient-level intervention in the NHS.

The system wide strategic approach will be continued with the on-going drug initiatives. These are quality driven, clinically sound and allow review, stop, or switch initiatives, creating new schemes. These are joined up across the interfaces with secondary and primary care and out of area, where appropriate, to address any duplication or overlap. The PQE programme will focus on improving quality in areas where we can avoid harm, address unwarranted variation or reduce waste. It is acknowledged that by reviewing medication regularly to ensure clinical requirements are unchanged, patient care can be improved and unnecessary waste avoided.

Taking the aforementioned into consideration alongside clinical reviews, continuous data analysis, reporting and learning three QI themes will be targeted under the umbrella of Realistic Medicines. The strategy is that by concentrating on these areas we reduce harm, unwarranted variation and waste and deliver efficiencies and improved patient outcomes.

Specifically the GP Incentive Scheme QI themes are:

8.1 Analgesics

The decision as to whether opioids are necessary, appropriate, and safe is complex. To our knowledge there have been no studies assessing the effect of quality improvement (QI) initiatives on opioid prescribing practices. An improvement initiative is being developed with the Health Economics Network for Scotland (HENS) and NHS Lanarkshire PQE Programme. It has been proposed that the work concentrates on Chronic Pain, Pain Management and specifically on the topic of Analgesics.

The GP practices and Prescribing Management Team will work on this area under the GP Incentive scheme.

A specific piece of research will be undertaken over the coming year with NHS Lanarkshire working with the Health Economics Network for Scotland (HENS). This will explore Prescribing in Lanarkshire (on a specific topic) to test the use of Health Economics approaches. Understanding current challenges against future demand will provide insight and enable more robust planning.

The aim of this project is to apply a health economic approach to one area of prescribing to:

- Identify cost-effective solutions that promote value and control cost growth
- Build local capability, skills and understanding in health economic approaches so that they can be applied to other strategic challenges faced by the board.

With the support of health economists working with HENS, the most appropriate form of economic analysis to understand the possible cost drivers and identify solutions will be a focus for an action learning set approach. It will have a number of key informants working in the fields of pharmacy, finance, improvement alongside General Practitioners and Acute Clinicians.

8.2 Repeat Prescribing

The volume of repeat prescribing in general practice is a vast amount of work, and also a source of potential risk to patient safety. Improving repeat prescribing systems is to everyone's benefit; it can save time for patients and clinicians, whilst minimising possible harm from medicines and reducing medicine wastage. Medicine waste is a universally accepted problem within the NHS, whilst there are a number of local initiatives attempting to tackle the issue, there has never been a local dedicated project in existence. Through the primary care incentive scheme we will explore current systems and processes to support practices to improve their repeat prescribing systems in order to optimise medicines use, support improved patient outcomes and reduce medicine waste.

8.3 Inappropriate Polypharmacy

A focus on initiatives that provide both improved patient outcomes and a reduction of spend as mutually beneficial goals will see a concentration of polypharmacy monitoring. This will include implementation of the Polypharmacy Guidance (Scotland, 2015), developing standard points to carry out polypharmacy reviews, medicine reviews using

pharmacist led interventions for care home residents, and pharmacist led interventions and managing repeat prescriptions within GP Practices.

8.4 Non medical prescribing

The wound management formulary has been reviewed by clinicians on the basis of clinical effectiveness and value for money. The new formulary will be formally launched in March underpinned by an educational programme for the community nursing teams. The formulary compliance will be monitored at a local level by the nursing team leaders.

9. Delivering Prescribing Quality & Efficiency

Primary care prescribing covers all GP Practices, Healthcare for Prisoners at Shotts Prison, Mental Health inpatient facilities, Sexual Health Services, Non medical Prescribing, nursing, AHP's and set out other areas included.

The enhanced role Health & Social Care will now have in relation to prescribing will necessitate a review of the existing programme structures to ensure these are further developed to reflect local clinical and managerial arrangements.

The plan over the next three years will see the development and implementation of a clear framework and infrastructure for primary care medicines management. Setting out, amongst other things: a medium to long-term vision and objectives for service wide provision; a direction for the integration of prescribing and medicines management services within localities; links to its wider strategic objectives. This approach further strengthens alignment with, and supports the delivery of, national guidelines and policies. It includes quality improvement as well as effective performance monitoring.

9.1 Prescribing Management Team

NHS Lanarkshire Prescribing Management Team develops and produces a prescribing plan each year. It reflects initiatives that will follow the national trends created by new drugs becoming available or new guidance that requires GPs to prescribe differently. Prescribing advisors are in place working within and across GP Practices to support the development and implementation of the annual incentive schemes.

NHS Lanarkshire has recently invested further in the PMT prescribing advisors. This recognises the benefits to be gained through closer working with effective prescribing practice and the ability to inform clinically sound decision making. Also, providing advice to GPs on switching to new medicines where clinical benefit can be achieved for patients.

The Primary Care and Mental Health Transformation Programme (2016–2018) will see the introduction of general practice clinical pharmacist independent prescribers into a substantial number of GP practices across Lanarkshire.

9.2 Locality Prescribing Action Groups (LPAGs)

Health & Social Care Partnerships have welcomed the concept of a locally based prescribing action group (PAG) to take forward this complex agenda.

The PAG's will act to:

- Provide the leadership to drive the NHS Lanarkshire prescribing plan locally through the development of a locality action plan to address cost pressures and ensure that these are linked to the local health planning priorities.
- Promote a locality wide approach to managing medicines and prescribing practice which will improve overall cost effectiveness and quality of prescribing.
- Support and guide prescribers to ensure protocols and guidelines adhered to.
- Monitor data of GP and non-GP prescribing within the locality to ensure required performance measures met, investigating variances and developing action plan to address.
- Identify opportunities within the locality to share learning and best practice.
- Provide reports to PC PMB and locality management team on delivery of the locality prescribing plan.

9.3 Locality Prescribing

Locality Prescribing Advisors fulfil a leading role in managing effective prescribing at a locality level working closely with all GP practices as a member of the multi-disciplinary team. In line with our approach to do more in the community and increase skill mix, the role of pharmacy technicians and administration staff in supporting pharmacists and GPs should not be overlooked. Supporting and developing repeat prescribing systems is one example of where a technician can improve overall efficiency in the practice. Although many pharmacists have experience of working in GP practices and are already working at advanced practitioner level it will take some time to build the necessary capacity, and entry level roles will be required.

9.4 GP Clinical Pharmacists

It is strongly believed that patient care can be improved through greater synergy between GPs and pharmacists. The year 2017/18 will see the development of a new role for clinical pharmacists within GP practice. Lanarkshire has recruited and deployed a number of General Practice Clinical Pharmacists (GPCP) who will work as part of the multi-disciplinary team to improve access to the right person first time. We believe that all GP practices would benefit from more Pharmacy/Prescribing input. Patients should have access to the expertise of a pharmacist, helping patients to make the best use of their medicines, including minimising avoidable harm and reducing unplanned hospital admissions as a result.

10. Prescribing Quality & Efficiency in Acute Hospitals

The Acute Prescribing Management Board meets monthly chaired by the division medical director to discuss medicines utilisation, practice and spend across the hospitals.

10.1 Hospital Medicines Quality & Safety Groups

Improving the Quality of Prescribing in acute hospitals will be further developed through the clinical and pharmacy led infrastructure working with all relevant prescribers on hospital sites. These site based groups will provide PQE Plans per site drilled down to specialty level delivering an essential focus to identify, develop and implement changes

that will be embedded if they result in sustainable improvements to optimising medicines and improving the quality of prescribing.

11. Working at the Interface of Secondary and Primary Care

It is recognised that whilst GP (primary care) prescribing is where the majority of prescribing costs fall, the influences on that prescribing are complex (e.g. secondary care influence – recommendations and initiations) and a whole system/Lanarkshire wide approach and action plan continues to be our focus in order to effect sustainable change. The prescribing management boards led by the Divisional Medical Directors, Chiefs of Medicine and lead pharmacists will work together to identify key areas requiring a whole system approach.

12. Communication and Engagement Strategy

Clinical Engagement is crucial to building the will to make simple and also complex changes that result in improvements. Through a well defined communications and engagement plan we will continue to engage all prescribers in developing and delivering clinically sound and sustainable prescribing that is intelligence driven, bottom up and top down, across Lanarkshire. The engagement and ownership of primary and secondary care clinicians combined with communication messages and materials for the public is a critical success factor.

Our approach will continue to take on board the evidence and experience gained throughout the last year.

- We will continue locality and site based meetings and engage staff to capture feedback and support requirements.
- Consistent communication materials and messages will continue to be an important component of our strategies.
- Small-group discussion can be the most effective educational strategy with brief one-to-one education by specially trained pharmacists or peers, if targeted correctly can make a difference in prescribing practice and costs.

Although both face-to-face education and feedback with recommendations are costly to provide, analysis suggests that both strategies can be very cost-effective and may reduce costs while improving the quality of care.

13. Conclusions

In conclusion, the drivers for change, the vision and implementation plan set out in this document reaffirms the contribution we can all make to improve the quality of prescribing in Lanarkshire. Importantly, the PQE Plan recognises that all prescribers must be mobilised to deliver the aims of the programme. Prescribing clinicians, non medical prescribers and management at all levels play an essential role in ensuring prescribing is a key component of safe and effective healthcare.

Appendix 1

Prescribing Quality & Efficiency Programme Board Membership

Programme Name:	Prescribing Quality and Efficiency Programme
PQE Programme reports to:	Prescribing Scrutiny Panel and thence to Corporate Management Team

Name	Job Title	Programme Role
Dr Iain Wallace	Medical Director (NHS Lanarkshire)	Chair and Owner of Programme on behalf of the organisation
Heather Knox	Director of Acute Services	Sponsor for Acute Division
Dr Jane Burns	Divisional Medical Director	Clinical Lead Acute Division
Craig Cunningham	Head of Commissioning and Planning	South Lanarkshire Health & Social Care
Dr Chris Mackintosh	Medical Director, South Health & Social Care	Prescribing Lead for Primary Care and Chair of PC PMB
Dr Alistair Cook	Medical Director, North Health & Social Care	Representative of Chief Accountable Officer North
Christine Gilmour	Chief Pharmacist	Professional Leadership (Pharmacy, Prescribing Governance)
Lesley Anne Smith	Director of Quality	Improvement Executive Lead, Programme design and resources
Anne Armstrong	Nurse Director	HSCPs Nurse Lead
Ann Auld	Lead Pharmacist Prescribing Management	Co-Lead for Prescribing Strategy in Primary Care
Derek Yuille	Finance Acute Division	Managing the acute efficiency plans for PQEP
Fiona Porter	Finance Primary Care Division	Lead on GP Incentive scheme and PC savings scheme
Donald Wilson	General Manager IM&T	eHealth, Prescribing IM&T infrastructure
George Lindsay	Chief Pharmacist Primary Care	Management Lead for Community Pharmacy Improvements
Kate Bell	Head of Service Change & Transformation	Programme Director
Carol McGhee	Risk Management	Corporate Risk
Amanda Minns	Knowledge Management Services	Supporting an evidenced Based Prescribing approach
Lena Collins	PQE Programme Manager	Management and Leadership support to Primary Care
Craig McKay	Communications Department	Communications & Engagement Plan

Appendix 2

Prescribing QE Executive Planning Group

Name	Job Title	Programme Role
Dr Iain Wallace	Medical Director, NHS Lanarkshire	Executive Lead
Kate Bell	Head of Service Change & Transformation, NHS Lanarkshire	Programme Director
Alistair Cook	Medical Director, North Lanarkshire Health & Social Care	Executive Sponsor Health & Social Care Partnership North
Craig Cunningham	Head of Health, South Lanarkshire Health & Social Care	Executive Sponsor(s) Health & Social Care Partnership South
Dr Chris Mackintosh	Medical Director, South Lanarkshire Health & Social Care	
Dr Jane Burns	Medical Director, Acute Division	Executive Sponsor Acute Hospitals
Lesley Anne Smith	Director of Quality	Executive Lead Quality Improvement
Laura Ace	Director of Finance	Executive Lead Finance
Christine Gilmour	Chief Pharmacist	Pharmacy/Prescribing Lead

For further information on the PQE Plan contact:

Kate Bell, Head of Service Change and Transformation – kate.bell@lanarkshire.scot.nhs.uk
Tel: 01698 858266/68

For new ideas and initiatives please email the dedicated inbox:
QEPrescribing@lanarkshire.scot.nhs.uk