PERTH AND KINROSS INTEGRATION JOINT BOARD

Council Building
2 High Street
Perth
PH1 5PH

31 October 2017

With reference to the meeting of the **Perth and Kinross Integration Joint Board** to be held in **the Council Chamber, 2 High Street, Perth, PH1 5PH** on **Friday 3 November 2017** at **11.00am,** I now enclose papers relative to **Item 8.5** on the agenda.

If you have any queries, please contact Scott Hendry on 01738 475126 or e-mail committee@pkc.gov.uk.

Robert Packham
Chief Officer

Voting Members
Councillor C Reid, Perth and Kinross Council (Vice-Chair)
Councillor C Ahern, Perth and Kinross Council
Councillor X McDade, Perth and Kinross Council
Councillor E Drysdale, Perth and Kinross Council
L Dunion, Tayside NHS Board (Chair)
S Hay, Tayside NHS Board
J Golden, Tayside NHS Board
S Tunstall-James, Tayside NHS Board

Professional Advisers
J Pepper, Chief Social Work Officer, Perth and Kinross Council
R Packham, Chief Officer, Perth and Kinross Integration Joint Board
J Smith, Chief Financial Officer
Dr N McLeod, Independent Contractor
J Foulis, NHS Tayside
Dr N Prentice, NHS Tayside

Additional Members
Dr D Walker, NHS Tayside
Dr A Noble, External Advisor to Board

Stakeholder Members
F Fraser, Staff Representative, Perth and Kinross Council
A Drummond, Staff Representative, NHS Tayside
H MacKinnon, PKAVS (Third Sector Interface)
B Campbell, Carer Public Partner

PERTH AND KINROSS INTEGRATION JOINT BOARD

3 NOVEMBER 2017

AGENDA

8.5 GP Engagement and Prescribing Update – Report by Clinical Director (copy herewith G/17/181) ***(Pages 1-4)***

Perth & Kinross Integration Joint Board

3 November 2017

GP Engagement and Prescribing Update

Report by Clinical Director, Perth and Kinross Health and Social Care Partnership

PURPOSE OF REPORT
The purpose of this report is to provide an update to the Integration Joint Board on the ongoing work taking place and the progress so far to support new GP capacity in identified priority areas.

1. RECOMMENDATION(S)

It is recommended that the Board:

- Note the ongoing work and progress to date including the areas of GP engagement, GP prescribing variances and GP prescribing budgets.

2. SITUATION/BACKGROUND / MAIN ISSUES

2.1 GP ENGAGEMENT FUNDING

At the IJB meeting on 24 March 2017 the board approved £312k per annum funding for an initial period of 3 years to support new GP capacity to work with the P&K Health & Social Care Partnership in the priority areas of quality, safe & cost-effective prescribing; enhanced community support; optimising patient care pathways; locality working and; reducing unplanned admissions.

2.1.1 PRACTICE ENGAGEMENT

We are in the process of having face-to-face discussions with every GP practice in P&K around how to work best with these key professionals in partnership to share and engage in the priories both for the IJB and the practices themselves. These have been largely, although not universally, positive to date. Because of clinical commitments of all those involved in the process progressing these has been slower then desirable. It was however felt important that GP's themselves had the opportunity to shape, and have some ownership of, how the financial support should be utilised in their practice or locality. It is emerging that this is likely to look different in the various areas across P&K.

2.1.2 ACTUAL / ANTICIPATED EXPENDITURE TO DATE (IN 2017/18):

a) Career Start GP (covering 5 practices) £22k
b) Perth practice (14037): £4.3k
c) DOAC work (see below for more information): £50.4k (anticipated recurrent annual savings £253k based on switching 1210 of 2017 patients)
d) Estimated further GP sessional uptake in 2017/18: £43k

TOTAL ESTIMATED SPEND (2017/18) = £119.7k (budgeted £156k)

2.1.3 PROGRAM LEADERSHIP / MANAGER

The current leadership capacity within the HSCP to deliver the pace and scale of change required for the stated GP engagement priorities is limited. In developing the capacity required a 2-year 'program manager' post has been advertised and interviews are scheduled for 2 November 2017.

Dr Neil McLeod has been a key enthusiastic clinical lead on prescribing, and wider GP work, in the HSCP since its inception, and for many years prior to that with the CHP. He is however retiring his GP work in December this year that will leave a considerable gap in the already limited clinical and leadership capacity.

Given the scope of the activity required further discussion is required within the HSCP as to how to further develop this necessary capacity within the local HSCP.

2.2 PRESCRIBING REPORTING

Significant work and activity has been going on in recent months in trying to get a handle on the drivers to the prescribing variances across practices through various produced reports.

- The Tayside Prescribing Management Group (PMG) is actively working with ISD to produce a regular Dashboard reflecting variance from the new Tayside Formulary – this is expected to be in place by November 2017.

- P&K has developed, and is now testing, a comprehensive report running monthly on each GP practice clinical systems to identify new prescriptions for high-cost items where a more cost-effective alternative may be available so this can be highlighted at an early stage. We are expecting initial feedback on implementation of this in November 2017.

- As well as a new Prescribing Indicator Report recently issued to all practices, the Scriptswitch program and quarterly Generic utilisation reports in P&K we are also developing practice specific reports which will itemise, in some detail, areas of prescribing variance compared with Scottish weighted averages along with specific recommendations for alternative approaches and highlighting the possible and realistic savings that could be obtained. This is a considerable, time consuming

but important piece of work that we believe will be very useful in identifying potential cost-effectiveness changes.

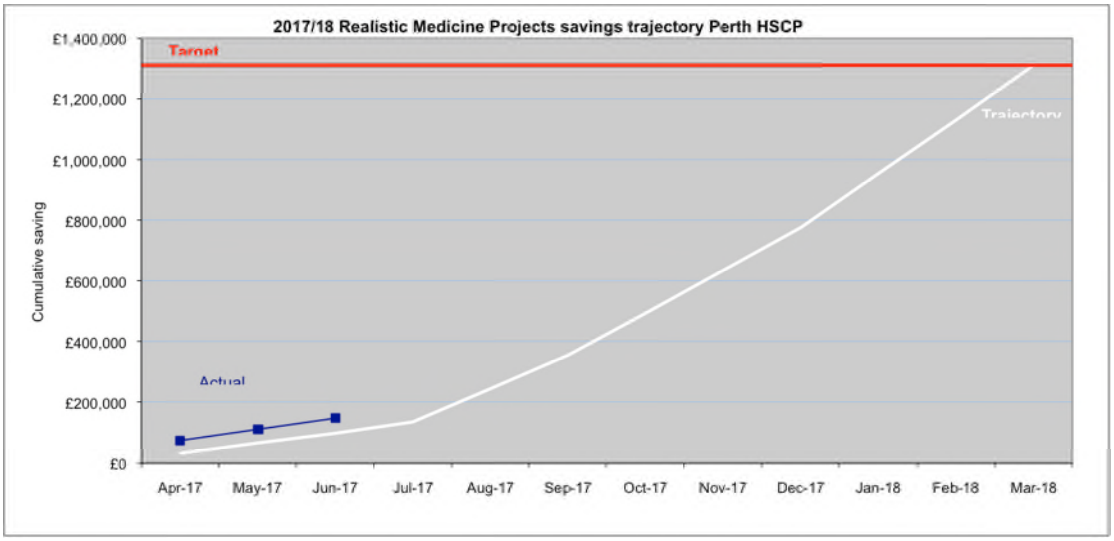
The IJB can be assured that there is considerable urgency in the HSCP leadership to facilitate the changes necessary to deliver any or all possible cost-savings in the prescribing budget. It is recognized that this however is a complex process that will require true and widespread clinician and patient engagement in order to deliver a sustainable model of change.

2.3 PRESCRIBING BUDGET

The most recent available figures from the first quarter of the year provided by PMG show P&K to be on target to deliver the predicted prescribing savings for 2017/18. This is above trajectory although there is a significant step up in the level of savings required in future months.

2017/18 Realistic Medicine		
Month	Trajectory	Actual
Apr-17	£32,666	£75,377
May-17	£66,332	£111,870
Jun-17	£99,000	£148,839
Jul-17	£134,777	
Aug-17	£244,554	
Sep-17	£356,333	
Oct-17	£496,110	
Nov-17	£636,887	
Dec-17	£777,166	
Jan-18	£955,443	
Feb-18	£1,131,720	
Mar-18	£1,312,000	
Target	£1,312,000	

CUMULATIVE POSITION AT JUNE 2017	Initiative savings	
	Perth HSCP	TAYSIDE TOTAL
Off Patent 2017/18 (4 Meds)	£0.00	£0.00
Price changes Jan 2017 (3 Meds)	£38,887.91	£136,732.66
Meds Price Rebates (PCRS)	£60,190.83	£167,565.79
ONS	£15,268.00	£45,518.00
Lidocaine	£19,324.00	£54,354.00
Inhaled Medicines Class	£27,692.00	£50,609.00
Pregabalin	-£16,277.00	-£15,125.00
Rosuvastatin	£3,753.00	£15,737.00
Cumulative savings to June'17	**£148,838.74**	**£455,391.46**



There are many active targeted pieces of prescribing efficiency work going on to try and reduce this gap including those around:

- Inpatient formulary compliance
- Outpatient formulary compliance
- Tiotropium
- High Dose Inhaled Corticosteroids
- Melatonin
- Improving Repeat Prescribing Systems Tayside Wide

- Chronic Pain including Pregabalin, Lidocaine etc
- Woundcare and Continence
- Polypharmacy /medication reviews
- Technical Prescribing Efficiencies
- Improve and deliver consistency in medicines management processes to support waste minimisation within Care Homes
- Emollients
- Oral Nutritional Supplements
- Stoma products

2.4 DIRECT ORAL ANTICOAGULATION (DOAC) WORK

It is worth mentioning a new piece of Tayside-wide work that is being actively led by P&K. The IJB have previously been presented with information on the use of a group of drugs (anticoagulants) used to prevent strokes in patients with a heart rhythm disturbance know as atrial fibrillation (AF). Tayside (and in particular P&K) have traditionally been much higher prescribers of these. A recent national rebate agreement with Scottish Government for a little-used DOAC (edoxaban) offers very considerable potential, and previously unbudgeted, cost savings.

We have led and actively engaged with our secondary care colleagues and are targeting a switch program of around 2,000 patients in P&K commencing November 2017. This has the realistic potential to deliver in P&K around £253k whole-year savings per annum on a recurrent basis. The specialist clinical group, which we have brought together, agrees that the program as targeted offers clinical non-inferiority but significant cost-benefits.

The more promptly we can deliver this in P&K then clearly the more benefit we will be able to see in the 2017/18 budget. It is proposed that the costs of this are incorporated into the GP engagement program.

2.5 VISIT TO NHS LANARKSHIRE

Lastly, it is worth perhaps mentioning the Lanarkshire experience. The Clinical Director and Chief Finance Officer of the HSCP recently undertook a fact-finding meeting with senior members of the NHS Lanarkshire team who have very effectively managed to reverse the trend which saw them as an outlier in primary care prescribing over the last few years.

There were a number of learning points that were taken from this meeting not least of which was the need for a comprehensive program of clinician engagement and the clear acceptance that a medium to longer term focus was as important as short term gains in achieving a change in culture in prescribing and engaging meaningfully with the clinical community.

Author(s)

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