Borders NHS Board

PRESCRIBING SHORTLIFE WORKING GROUP

Aim

To inform the Board of the current outcomes from the Prescribing Shortlife Working Group.

Background

The shortlife working group chaired by Stephen Mather, Non Exec. evaluated the original list of possible prescribing efficiency proposals gathered from interaction with clinical services in NHS Borders that had been previously presented to the Board Strategy and Performance meeting.

The proposals were reviewed based upon the following criteria:

- Level of likely financial saving
- Reputational risk to NHS Borders
- Likelihood of significant opposition
- Patient safety implications

This resulted in a number of proposals being eliminated leaving the remaining list as per attached.

Summary

The short life group has identified those proposals for limiting prescribing that may decrease spend whilst maintaining or improving patient safety. Some of these schemes need small scale trials to demonstrate the realistic impact of the proposal, further monitoring before change is made or more development of the proposal. In view of this it is suggested that the working group reports back to the Board in October 2015 with the results of the tests of change and scoping exercises

Recommendation

The Board is asked to **note** the update.

Policy/Strategy Implications	As detailed within the paper.
Consultation	As detailed within the paper.
Consultation with Professional Committees	As detailed within the paper.
Risk Assessment	As detailed within the paper.

Compliance with Board Policy requirements on Equality and Diversity	As detailed within the paper.
Resource/Staffing Implications	As detailed within the paper.

Approved by

Name	Designation	Name	Designation
Dr Stephen Mather	Non Executive		

Author(s)

Name	Designation	Name	Designation
Vince Summers	Pharmacist		

	Item	Proposal	Action	Lead
1	Cardiovascular	Potential Cost Saving: £70k from minimising prescribing of most expensive statin drugs .	Include in paper from Dr Mordue on cardiac prevention going to Strategy meeting	A Mordue
2	Analgesic Prescribing	Potential Cost Saving £120k. Review and reduce prescribing of lignocaine patches (restrict to formulary), oxycodone (prescribe only second line to morphine) and pregabalin (prescribe only second line to gabapentin).	Guidance to be agreed with pain teams and other prescribers	A Wilson/L Leitch
3	Smoking Cessation	Potential Cost Saving £100k. Move to provision of 1st month of nicotine replacement therapy only, for individuals to purchase if continue	Change voucher system, possibly use Scriptswitch reminder	Public Health/Pharmacy
4	Ezetimibe	Potential Cost Saving £60k. To cease/minimise prescribing	Include in paper from Dr Mordue on cardiac prevention going to Strategy meeting	A Mordue/ A Mackenzie
5	Orlistat	Potential Cost Saving £15k. Restrict prescribing of orlistat – only for GP to prescribe after dietetic review and advice.	Agree process for restricted prescribing	Dietetics/Prescribing Support
6	Rationalisation	Potential Cost Saving – unknown but savings likely as result of improved patient safety and outcomes. To move to model of review of medication once 5 or more medicines are prescribed for a patient. Also review when starting new medicine for others that may be stopped	Work up proposal. Move to brief message document with background evidence. Develop trial of approach with a pioneer GP practice	Patient safety issue – E Rodger and L Jones. J Kirk
7	Osteoporosis	Potential Cost Saving £100k Rationalisation of treatment pathway, reducing use of high cost interventions e.g. denusomab.	Work ongoing, move to full implementation of agreed guidelines	A Pearson/A Wilson

8	Gluten Free	Potential Cost Saving – not defined. Minimise cost of provision of gluten free products by restricting choice.	Currently reviewing spend under new system of supply via community pharmacies – await 6 months data to show impact. Work in progress to develop further guidance	A Mackenzie
9	Tissue Viability	Potential Cost Saving – possible percentage of £650k spend. Scheme to ensure compliance with formulary and appropriate use.	Current pilot of alternate supply system to GP prescribing underway in single area	C Sinclair
10	OTC Medicines	Potential Cost Saving – limited (total spend of £670k on drugs available OTC – many of which prescribed for appropriate conditions). To decrease prescribing of medicines easily purchased OTC	To minimise prescribing by use of media , Scriptswitch (where possible) etc. Review of Minor Ailment Scheme formulary	J Kirk/A Wilson
11	Biologic Agents	Potential Cost Saving £50k. Review of prescribing of biologic against guidance and formulary to ensure safe and cost effective prescribing	Identify resource to audit prescribing of biologic agents	S Macdonald/ V Summers
12	Homeopathy	Potential Cost Saving £1.25k . Any requests to go through ECR process	NHS Borders provide clear statement that it does not support homeopathy.	S Mather
13	Formulary Options	Potential Cost Saving – none identified. To continue restricting Borders Joint Formulary to most cost effective options and limit to 1st and 2nd line.	Ongoing work of formulary review	L Leitch
14	Medicine Waste	Potential Cost Saving – no identified saving estimated. Programme to reduce wastage in various ways including review of repeat system and public information	Wastage programme in development	A Wilson/J Kirk
15	Nutritional Sip Foods	Potential Cost Saving. To ensure prescribing is reviewed in patients and dietetic advice received where appropriate	To be progressed when dietetic input available in near future	A Mackenzie
16	Blood Glucose	Potential Cost Saving – unknown	Work ongoing to address usage	L Ker

	Testing Strips	percentage of £500k	levels by patients, standardised device choice already in place	
17	Secondary Care Budgeting Responsibility	Potential Cost Saving – no direct saving. To increase level of knowledge and responsibility for drug spend in hospital prescribers		V Summers/Clinical Pharmacists
18	IV Bolus	Potential Cost Saving – not estimated. Move to IV bolus as preferred route of administration for NHS Borders, decreases disposables usage and increases patient contact time	Proposal to be developed.	C Sinclair/ V Summers