

Prioritisation

This document describes an approach to determining the order in which tasks are addressed by the subgroups of the Area Prescribing Group (APG) and is intended to support the APG subgroups prioritise their work.

Priorities align with the strategic objectives, resource availability, and stakeholder needs of the NHS Cheshire and Merseyside healthcare system. Flexibility and responsiveness are encouraged to reassess and adjust priorities in response to changing circumstances.

General principles

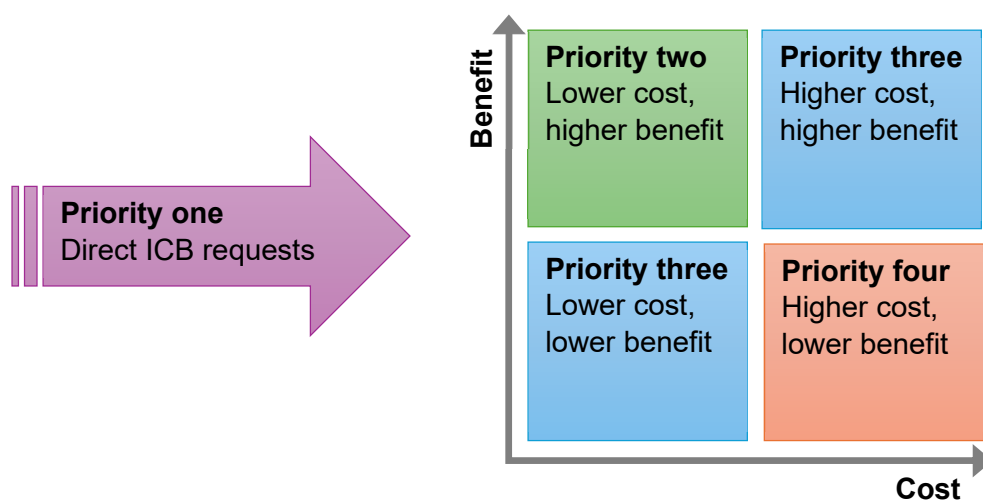
Ensure fairness and openness at every stage to produce an efficient, equitable, and transparent process that enhances subgroup productivity and decision-making.

- Streamline workflows to optimise subgroup activity.
- Address biases and disparities by providing equal opportunities and access to stakeholders.
- Openly share information, decisions, and criteria to allow stakeholders to understand and trust the process.

Determining priority

The process is not prescriptive. Subgroups have the autonomy to estimate the relative value of each task in the context of the ICB priorities and medicines optimisation (MO) opportunities (below). Tasks requested directly by the ICB are given the highest priority. All other tasks are weighed against each other in terms of their cost and benefit.

- Cost can be financial, resource or effort.
- Benefit can be any off the ICB priorities or MO opportunities (below) and includes consideration of the size of the population affected.
- Tasks are assigned greater value the more benefits they meet.
- Increasing costs would reduce the relative value of a task.
- Priority four tasks should be approached with caution during recovery.



Sources of activity

New tasks may arise from:

- ICB requests
- Horizon scanning.
- Safety alerts.
- New drugs.
- New national guidance.
- Service needs.
- Formal applications.
- New use for existing drugs.
- RAG changes.
- Requests from other subgroups.

The proposed task should be evidence-based and referenced.

ICB priorities

- Improving medicines-related patient safety.
- Delivering value to the system.
- Improving patient outcomes.
- Supporting equity of access.
- Supporting NHS recovery through increasing capacity.
- Reducing health inequalities.
- Improving sustainability.

MO opportunities

- Delivery of QIPP savings.
- Reduction in unwarranted clinical variation.
- Reduction in medicines wastage.
- Cost avoidance in managing growth on spend.
- Support safe and optimised prescribing.
- Improved patient outcomes.
- Addressing problematic polypharmacy.
- Addressing low priority prescribing
- Improving uptake of the most clinically and cost-effective medicines.
- Using best value biologic medicines in line with NHS England commissioning recommendations.