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<b>Report To:</b>	<b>Inverclyde Community Health &amp; Care Partnership Sub-Committee</b>	<b>Date:</b>	<b>12 January 2012</b>
<b>Report By:</b>	<b>Corporate Director Inverclyde Community Health &amp; Care Partnership</b>	<b>Report No:</b>	<b>CHCP/01/2012</b>
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<b>Subject:</b>	<b>Prescribing</b>		

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## **1.0 PURPOSE**

- 1.1 Provide background to the Committee on the historic and current situation regarding prescribing within Inverclyde CHCP.
- 1.2 Provide information to the Committee on the prescribing budget setting process and prescribing management strategy.
- 1.3 Provide an update to the Committee on the current position, cost pressures and ongoing work in relation to prescribing of medicines within our CHCP.

## **2.0 SUMMARY**

- 2.1 Prescribing is an area of activity, key to the operational and financial efficiency, and clinical effectiveness of healthcare organisations. Decision-making occurs within a complicated environment of Health Board and national guidelines and formularies, clinical autonomy, local established practice, new therapies, changes in the costs of medicines, cost pressures and patient expectation.
- 2.2 Within this context, the challenge for our CHCP is to make sure that our prescribing best addresses the needs of our patients and occurs within available resources.
- 2.3 Our aims are to continue to influence prescribing to consistently improve the safe, clinical and cost effectiveness of prescribing across the CHCP, and to achieve cost minimisation on our prescribing budget, while continuing to be focussed on patient need.

## **3.0 RECOMMENDATION**

- 3.1 The Committee is asked to:

Note this paper on the current situation regarding prescribing issues within our CHCP with respect to

- Prescribing Budget;
- Prescribing Management Strategy;
- Rational Prescribing Indicators and GMS Med 10 and GMS QP Indicators; and
- Current position and ongoing work.

**Robert Murphy**  
**Corporate Director Inverclyde Community Health & Care Partnership**

## 4.0 BACKGROUND

- 4.1 Prescribing is an area of activity, key to the operational and financial efficiency, and clinical effectiveness of healthcare organisations.
- 4.2 There are many complexities in understanding clinical and cost effectiveness of prescribing, and decision-making occurs within a changeable, complicated environment of Health Board and national guidelines/formularies, clinical autonomy, local established practice, new therapies, changes in the costs of medicines, cost pressures and patient expectation.
- 4.3 Within this context, the challenge for our CHCP is to make sure that our prescribing best addresses the needs of our patients and occurs within available resources.
- 4.4 Most prescribing in Inverclyde occurs within the 16 GP practices, although other healthcare professionals are increasingly taking on non medical prescribing roles. However the context of medicines management goes beyond the area of prescribing and includes community pharmacy services, public health and health improvement activity, patient concordance and compliance aids, reduction of medicines waste and patient / carer education.
- 4.5 Our Prescribing Support Team works with healthcare professionals across Inverclyde CHCP to support management and monitoring of the prescribing budget, promote and improve high quality, evidence based, cost effective prescribing, improve risk management of medicines, repeat prescribing systems and patient safety, improve care homes medicines management and support developing community pharmacy services.
- 4.6 Drug budget management concerns, clinical governance of medicine related issues and the expansion of non-medical prescribers and their role in prescribing all merit consideration.

## 5.0 PROPOSALS

### 5.1 Prescribing Budget

- Inverclyde drug budget allocation for 2010/2011 was £16,642,686 (Gross Ingredient Cost) (GIC) and expenditure was £17,428,820 (GIC) 4.72% overspent.
- Inverclyde CHCP drug budget allocation to GP practices for 2011/2012 is £17,091,123 (GIC). The position at month 7 was £335,000 overspend with a forecast of £454,000 overspend in the current year.
- Prescribing budgets are allocated from NHSGGC to the individual CHCPs/Sectors, based on the GP practice level budget setting process as detailed below -

#### *Present Expenditure*

The starting point for the 2011/2012 prescribing budget setting process is the prescribing expenditure in 10/11. The following adjustments are then made to obtain practice accountable prescribing for:

- expensive drugs which have been defined as any individual drug costing more than £500 per script where the drug is Scottish Medicines Consortium (SMC) approved and prescribing appropriate to formulary advice
- drugs coded as 'dummy' in PRISMS (Prescribing Information System for Scotland)
- drugs that have been on short supply – monitoring of this national problem is undertaken monthly
- any identified misallocation of prescribing expenditure to a different practice or to the health board.

#### *National Adjustments*

National reductions which are attributed to downward movements in drug prices within the Scottish Drug Tariff and the effect of Pharmaceutical Price Regulation Scheme (PPRS) were removed. The

NHSGGC allocation from the Scottish government reflects any price changes of drug prices within the Scottish Drug Tariff. This accounts overall for 2.2% of the expenditure.

Further modifications may be required if significant national adjustments are made to the Drug Tariff.

#### *Local Prescribing Efficiency Plans*

The potential savings which are used to adjust the prescribing budget downwards are calculated from the NHSGGC savings plan of £7.9 million (GIC). This includes the

- Published local Rational Prescribing Indicators (RPI)
- GMS Med 10 indicators
- GMS QP indicators
- Prescribing indicator work undertaken by the prescribing support teams
- Agreed shift of prescribing from primary care for Making the Most of your Medicines (MmyM) and Homecare Services e.g. erythropoietin/darbopoetin
- Review of care home prescribing
- Practice Medicine Management Local Enhanced Service (LES).

Adjustments are made with individual practices using current prescribing. The top three potential savings from each of GMS QP, GMS Med 10 and RPI are included. Adjustments for the Practice Medicine Management LES savings and care home prescribing use the expected prescribing spend calculated from the National Resource Allocation Committee (NRAC) formula.

#### *Contingency adjustment*

Practices continue to be able to apply for contingency funding in exceptional circumstances for other individual drugs where the potential cost is over £5,000 per annum e.g. exceptional high doses of opioids.

#### *List Size adjustment*

This takes into account a change in practice population and the overall GGC increase in population and adjusted for, in the baseline expenditure.

#### *Prescribing Uplift*

The prescribing uplift this year of 5.9% is added to the baseline allocation once all other adjustments are complete.

## **5.2 Prescribing Management Strategy**

The prescribing management strategy across the CHCP includes:-

- A programme of prescribing visits and prescribing support to GPs, non medical prescribers and other healthcare professionals to promote and improve the safe, clinical and cost effectiveness of prescribing across the CHCP.
- Prescribing visits by the GP Prescribing Lead and Lead Clinical Pharmacist and provision of Prescribing Team resource is targeted to support GP practices to undertake safe, high quality, cost effective prescribing and to deliver potential savings on their drug budget to achieve cost minimisation.
- Prescribing Team support consisting of 0.2 WTE GP Prescribing Lead, 0.7 WTE Lead Clinical Pharmacist, 3.8 WTE Prescribing Support Pharmacists and 3.0 WTE Prescribing Support Technicians.
- Prescribing Team support allocated to all 16 practices across the CHCP, but a higher level of resource is provided to those practices with a higher level of potential savings on their prescribing budget.
- Supporting GP practice achievement of Prescribing Indicators i.e. Rational Prescribing Indicators, GMS Med 10 and GMS QP.
- Switches to more cost effective formulations where clinically appropriate.

- Increasing the use of NHS GGC preferred list Drug Formulary preparations.
- Identifying and targeting activity in areas of overspending, including high volume prescribing.
- Reviewing, advising and improving all aspects of medicines management in care homes.
- Improving medicines management at the primary/secondary care interface.
- Drug budget monitoring and advice on the use of new and/or expensive drugs, non formulary prescribing, unlicensed medicines and medicines that have not been approved for use in NHS Scotland by the Scottish Medicine Consortium.
- Patient focussed medication review in targeted groups of patients i.e. elderly patients, Care Home residents, patients with Long Term Conditions e.g. Chronic Obstructive Pulmonary Disease.
- Repeat prescribing review including improvements of the repeat prescribing systems in practices via the Medicines Management LES to reduce waste and improve governance.
- Supporting compliance with NHSGGC Wound Dressings Formulary by education, support and prescribing feedback to community nurses.
- Supporting the range of healthcare professionals with prescribing rights (including Health Visitors, District Nurses, Practice Nurses, Podiatrists and Pharmacists) to develop prescribing skills, by providing education and support, via the Non Medical Prescribers Forum, promoting formulary adherence and monitoring of prescribing habits to encourage safe, effective, high quality, cost effective use of medicines by all prescribers.
- Providing education to practice nursing and reception staff via Protected Learning Time.
- Working with local community pharmacists to support development of community pharmacy services and the community pharmacy contract including public health initiatives e.g. Smoke Free, and role out of the Minor Ailments Service and Chronic Medication Service as community pharmacists are important partners in improving patient access to pharmaceutical care and delivering quality services to patients.
- Developing bids and supporting new initiatives to improve clinical and cost effectiveness of prescribing and medicines management across the CHCP e.g. Reshaping Care for Older People (Change Fund), MacMillan Palliative Care Pharmacy Facilitator Project, Primary/Secondary Care Interface Project on Communication of Medication Changes, Community Pharmacy Compliance Aid Project.

### **5.3 Rational Prescribing Indicators and General Medical Services Prescribing Targets (QOF QP and GMS Med 10, Med 6) 2011/2012**

- Three 'Rational Prescribing Indicators', 3 GMS (General Medical Contract Med 10) and 3 GMS (General Medical Contract Quality and Productivity) prescribing targets for 2011/2012 have been set for each GP practice from a wide range of NHSGGC prescribing indicators.
- Practices receive funding or GMS points to support work undertaken to enable them to achieve the targets. This framework of GMS contract points and NHSGGC funding support for achievement of successful changes in prescribing has been in place for a number of years.
- The baseline quarter for 2011/2012 is January to March 2011, and prescribing data will be examined for achievement of targets during the January to March 2012 quarter.
- It has been estimated that if all indicator prescribing targets for 2011/2012 were achieved in all Inverclyde CHCP practices, potential total savings of £1,327,956 would be possible (£663,978 for 50% achievement).

- Our priority is how best to achieve prescribing efficiency savings in line with the indicator targets and in this context it should be stressed that changes in prescribing habits require perseverance over time. For changes to be achieved successfully, they need co-operation from both patients and prescribers. Patient safety is of paramount importance and patients need to understand why changes are occurring.

#### 5.4 Current position and ongoing work

- There has been some considerable success in achieving changes in prescribing over the last few years in line with the prescribing indicator targets and cost minimisation strategies.
- Appendix 1 shows the cost per weighted patient for the Health Boards across Scotland over the last few years. It should be noted that NHSGGC has shown a reduction in cost per weighted patient in comparison to other Boards.
- Appendix 2 shows the cost per weighted patient for the CHCP/Sectors across NHSGGC over the last few years. It should be noted that CHCP/Sectors including Inverclyde CHCP have shown a reduction in cost per weighted patient.
- Appendix 3 shows the cost per weighted patient for the GP practices across Inverclyde CHCP over the last few years.
- Examples of Inverclyde CHCP changes in prescribing to improve compliance with NHSGGC Drug Formulary preferred list and subsequent improvements in cost effectiveness are shown in the choice of statins to reduce cardiovascular risk and in the use of preferred wound management dressings. These are shown in Appendices 4, 5 and 6. It should be noted that costs for cardiovascular medicines within the CHCP have reduced from £11.96 per patient in 09/10 to £9.55 per patient in 11/12.
- An example of Inverclyde CHCP changes in prescribing to improve safety of prescribing after a process of audit is shown in the prescribing of 2.5mg methotrexate tablets in Appendix 7. It should also be noted that another improvement in the quality of prescribing has been seen in the reduction in volume of antidepressant prescribing during the last year across the CHCP following a targeted intervention supporting GP medication review of patients who have been taking antidepressants for over 2 years.
- Ongoing work on prescribing to achieve cost minimisation continues to focus on promoting NHSGGC Formulary preferred list choices, on reduction of waste during the processes of repeat prescribing, and in the areas of increasing prescribing generally i.e. in treatment of diabetes and respiratory conditions. Additionally, we are also focussing locally on identifying, examining and reviewing areas of high volume of prescribing e.g. analgesia, proton pump inhibitors for indigestion, and antibiotics. These are shown in Appendices 8, 9 and 10.
- Cost pressures from new therapies, generic drug shortages, medicines that have not been approved by Scottish Medicines Consortium and from Non Formulary and unlicensed medicines requests are significant. The CHCP Prescribing Team will continue to give guidance and support to GP practices and other healthcare professionals on the managed introduction of new drugs and other pressures. This can be particularly challenging across the primary/secondary care interface.
- Inverclyde drug budget allocation for 2010/2011 was £16,642,686 (Gross Ingredient Cost) (GIC) and expenditure was £17,428,820 (GIC) 4.72% overspent. It should be noted that the CHCP prescribing budget expenditure has reduced from £18,819,973 (GIC) in 2004/2005 to £17,428,820 (GIC) in 2010/2011.
- Inverclyde CHCP drug budget allocation to GP practices for 2011/2012 is £17,091,123 (GIC). On the adjusted NHSGGC expenditure figures, the position at month 7 was £335,000 overspend with a forecast of £454,000 overspend in the current year.
- It has been estimated that if all indicator prescribing targets for 2011/2012 were achieved in all Inverclyde CHCP practices, potential total savings of £1,327,956 would be possible (£663,978 for

50% achievement). Two large GP practices have potential savings of over £200,000 per annum each estimated for 100% achievement and more prescribing support is being allocated to those practices this year. However, it should be stressed that changes in prescribing habits require perseverance over time. For changes to be achieved successfully, they need co-operation from both patients and prescribers, and patient safety is of paramount importance.

- Ongoing work on prescribing issues will continue to include the range of complex guidance to various healthcare professionals to support safe, high quality, clinically and cost effective prescribing across the CHCP.

## 6.0 IMPLICATIONS

6.1 Legal: Prescribing is undertaken within a complex environment of legal framework, national and Health Board guidance, and professional standards.

6.2 Finance:

Cost Centre	Budget Heading	Budget Year	Proposed Spend this Report	Virement From	Other Comments
Prescribing	Central Recharge	2011/12	£1,387,469	N/A	Central Recharge across GGCNHS – projected to budget
	Prescribing Discount	2011/12	(£620,408)	N/A	Projected to budget
	Practice Schedule 4	2011/12	£17,545,123	N/A	Projected Overspend of £454,000 against a budget of £17,091,123 as detailed above

The prescribing budget totals £17,858,184 comprises the 3 elements detailed in the table above. The central recharge and prescribing discount are allocations made at board level and are projected to budget.

The Practice Schedule 4 budget of £17,091,123 is the total budget allocation across all practices within Inverclyde CHCP and is projected to overspend by £454,000 in the current financial year.

6.3 Personnel: Most prescribing in Inverclyde occurs within the 16 GP practices, although other healthcare professionals are increasingly taking on non medical prescribing roles. The CHCP Prescribing Support Team consistently promotes and improves the safe, clinical and cost effectiveness of prescribing across the CHCP.

6.4 Equalities: Medicines are prescribed according to patient need.

## 7.0 CONSULTATION

7.1 Over the last few years we have achieved significant savings by changing our historic prescribing habits, while ensuring that our prescribing is evidence based and addressed to meeting patient need.

7.2 Our aims are to continue to influence prescribing to consistently improve the safe, clinical and cost effectiveness of prescribing across the CHCP, and to achieve cost minimisation on our prescribing budget, while continuing to be focussed on patient need.

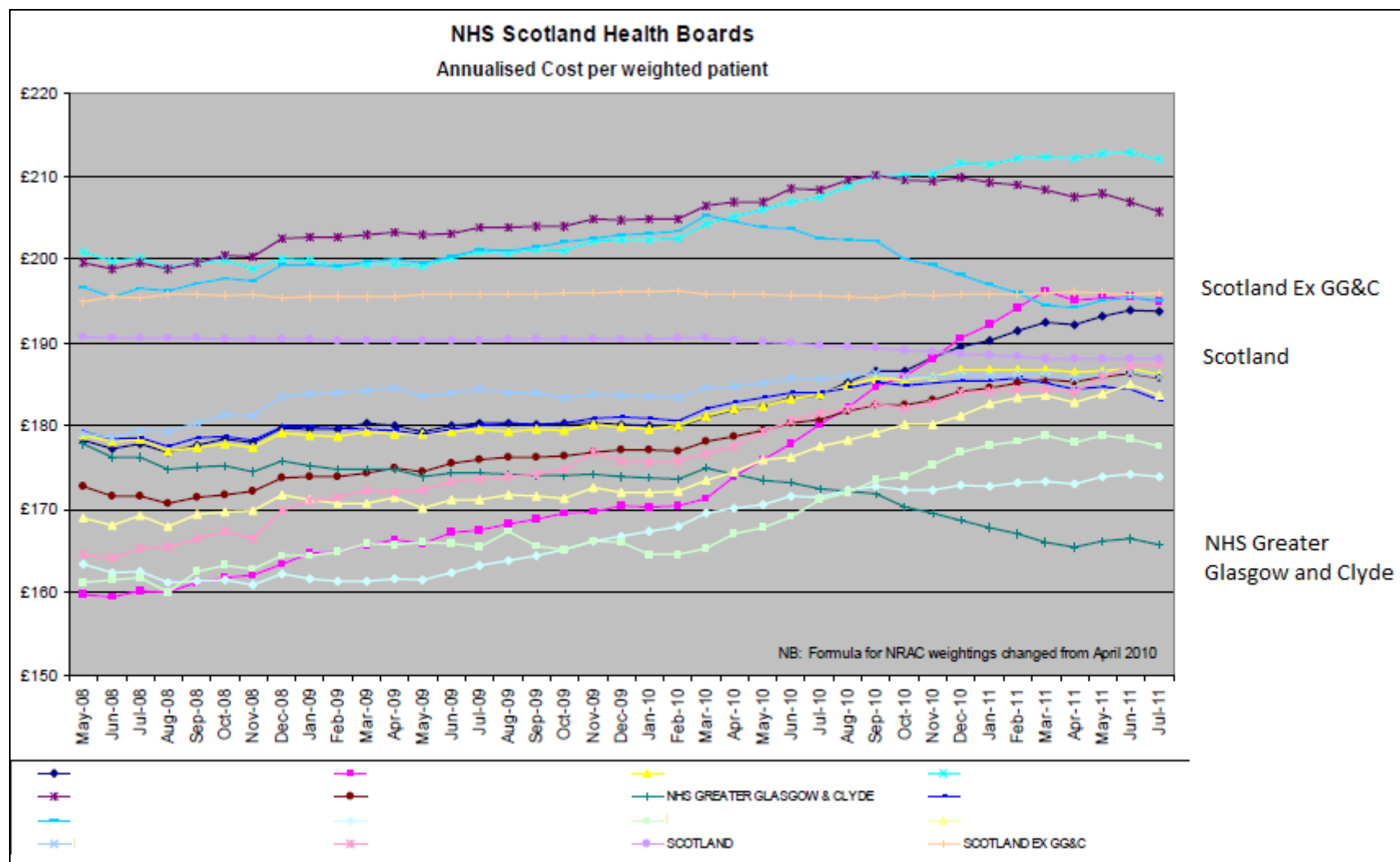
7.3 In order to achieve these aims we must create a cohesive partnership between prescribers, prescribing support, community pharmacy and patients / carers.

7.4 This paper outlines a number of the historic and current issues, and the challenges that we face and we welcome the support, scrutiny and advice of the CHCP Committee in addressing these.

## **8.0 LIST OF BACKGROUND PAPERS**

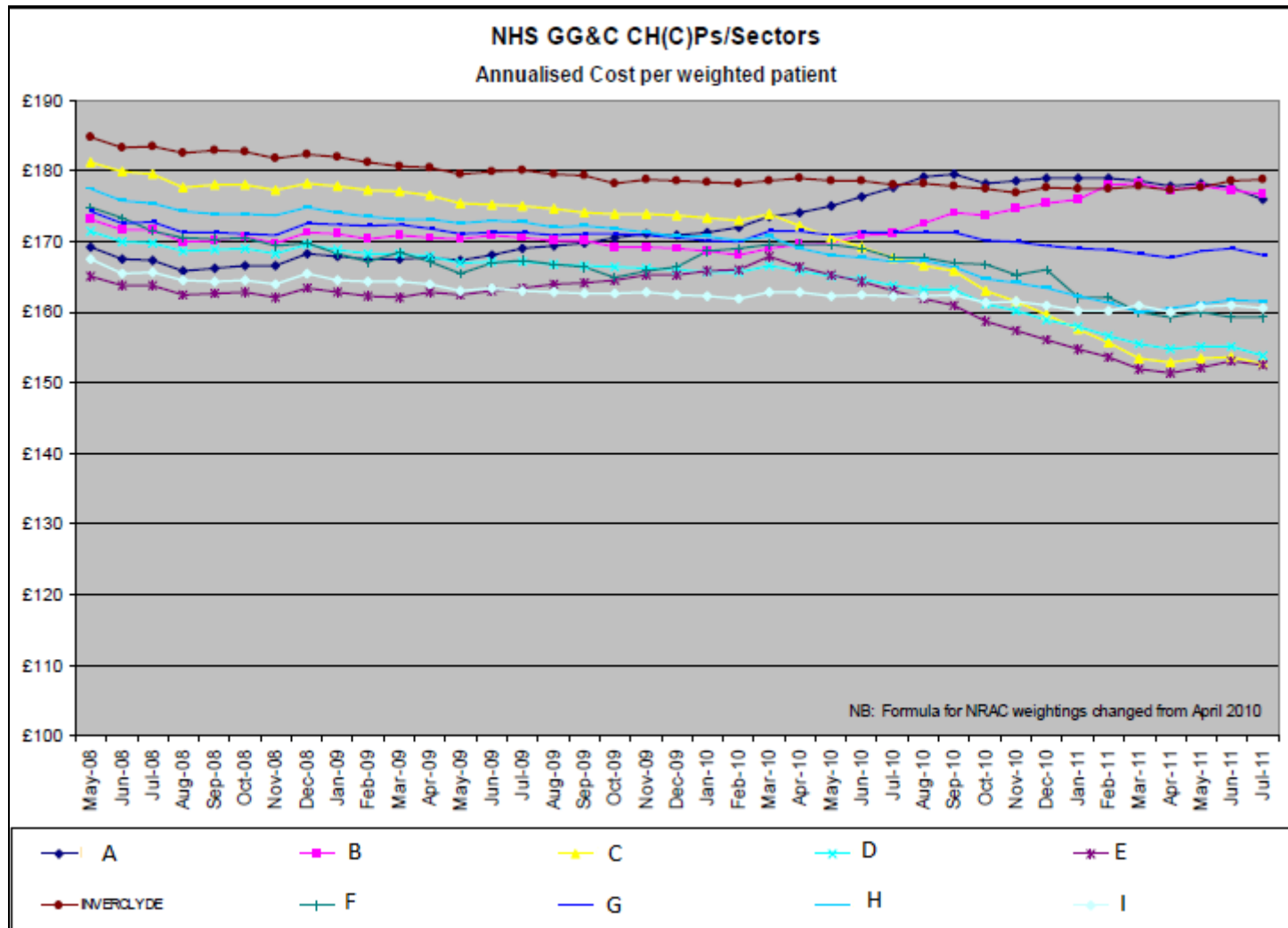
- Appendix 1**      **NHS Scotland Health Boards**  
**Annualised cost per weighted patient per Health Board**
  
- Appendix 2**      **NHS GG&C CH(C)Ps/Sectors**  
**Annualised Cost per weighted patient per CH(C)Ps/Sector**
  
- Appendix 3**      **Inverclyde CH(C)P**  
**Cost per weighted patient per GP practice**
  
- Appendix 4**      **Formulary Preferred List Prescribing in NHS GG&C**  
**Formulary Preferred List Prescribing Percentage per CH(C)Ps/Sector**
  
- Appendix 5**      **Simvastatin as % of all Statins (Oct 200 to Jun 2011) by number of items in**  
**Inverclyde CHCP**
  
- Appendix 6**      **Wound Dressing prescribing in NHS GG&C**  
**Formulary wound dressings as a percentage of all wound dressings per**  
**CH(C)Ps/Sector**
  
- Appendix 7**      **Methotrexate Prescribing in NHS GG&C**  
**Methotrexate 2.5mg tablets as a percentage of all methotrexate tablets**  
**(items) per CH(C)Ps/Sector**
  
- Appendix 8**      **Analgesic Prescribing in NHS GG&C**  
**Analgesic Items per 1000 patients per CH(C)Ps/Sector**
  
- Appendix 9**      **PPI Prescribing in NHS GG&C**  
**PPI DDDs per 1000 patients per CH(C)Ps/Sector**
  
- Appendix 10**     **Antibiotic Prescribing in NHS GG&C**  
**Antibiotics (BNF section 5.1) DDDs per 1000 weighted patients per**  
**CH(C)Ps/Sector**

**Appendix 1 NHS Scotland Health Boards**  
**Annualised cost per weighted patient per Health Board**

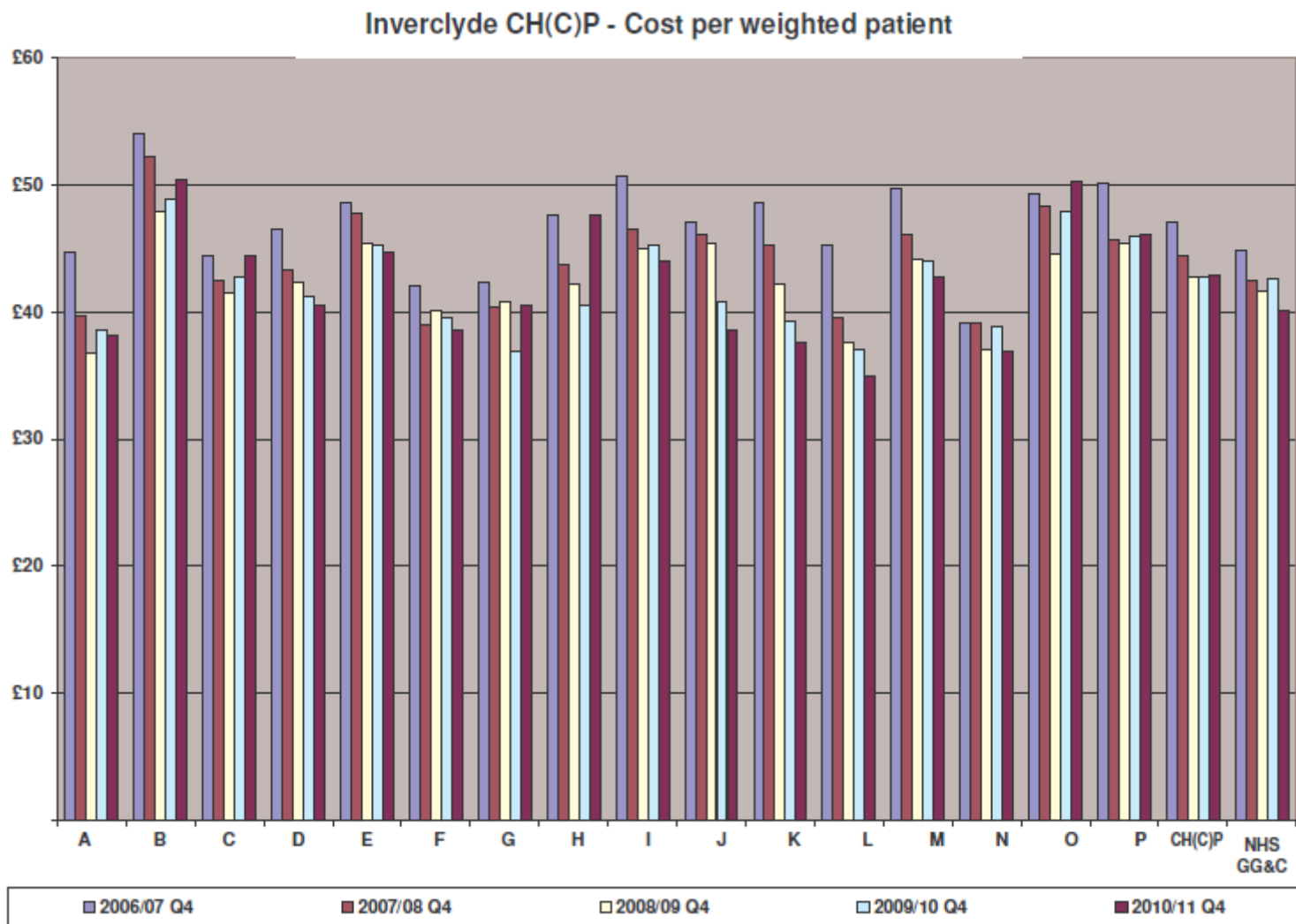




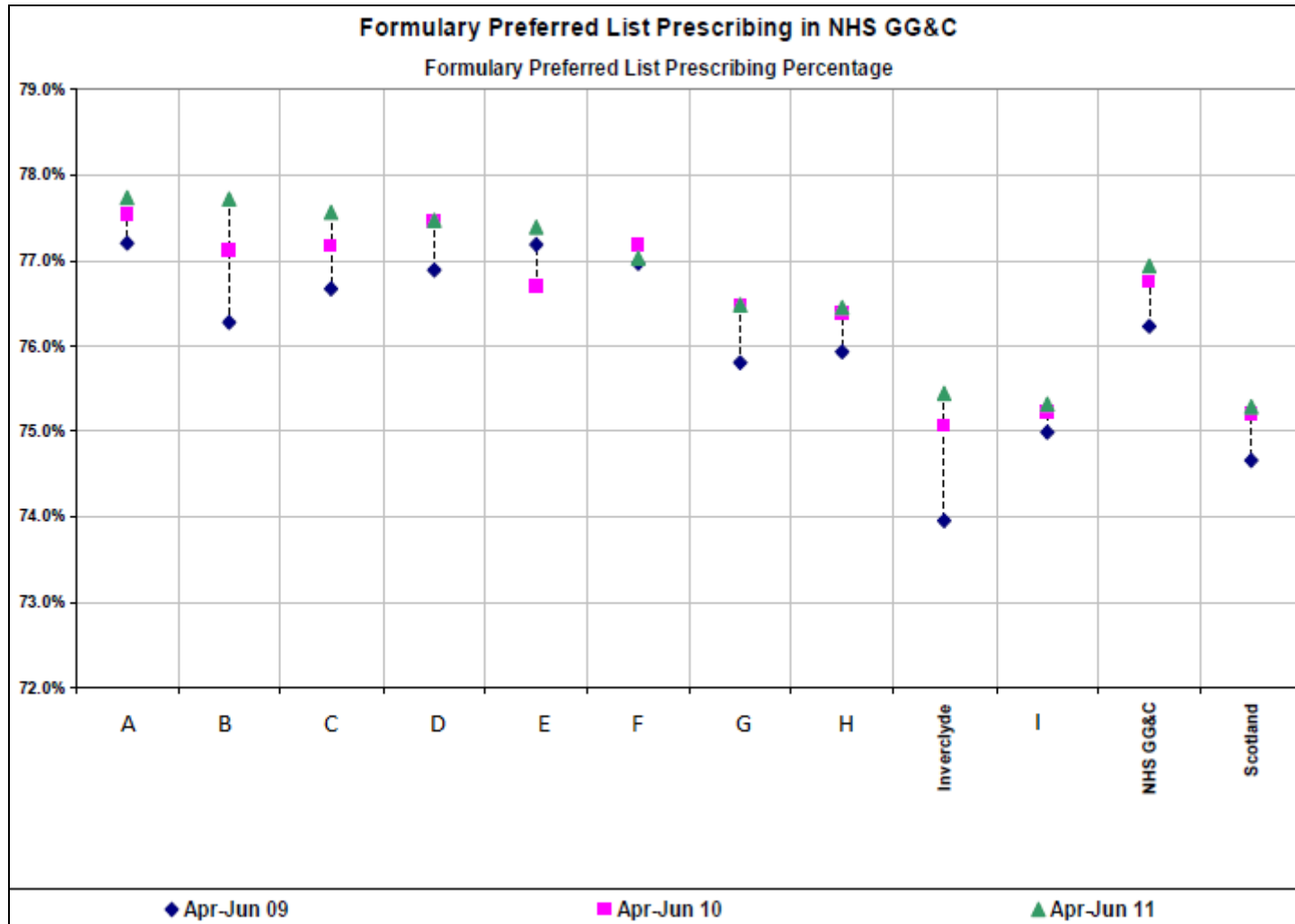
**Appendix 2 NHS GG&C CH(C)Ps/Sectors**  
**Annualised Cost per weighted patient per CH(C)Ps/Sectors**



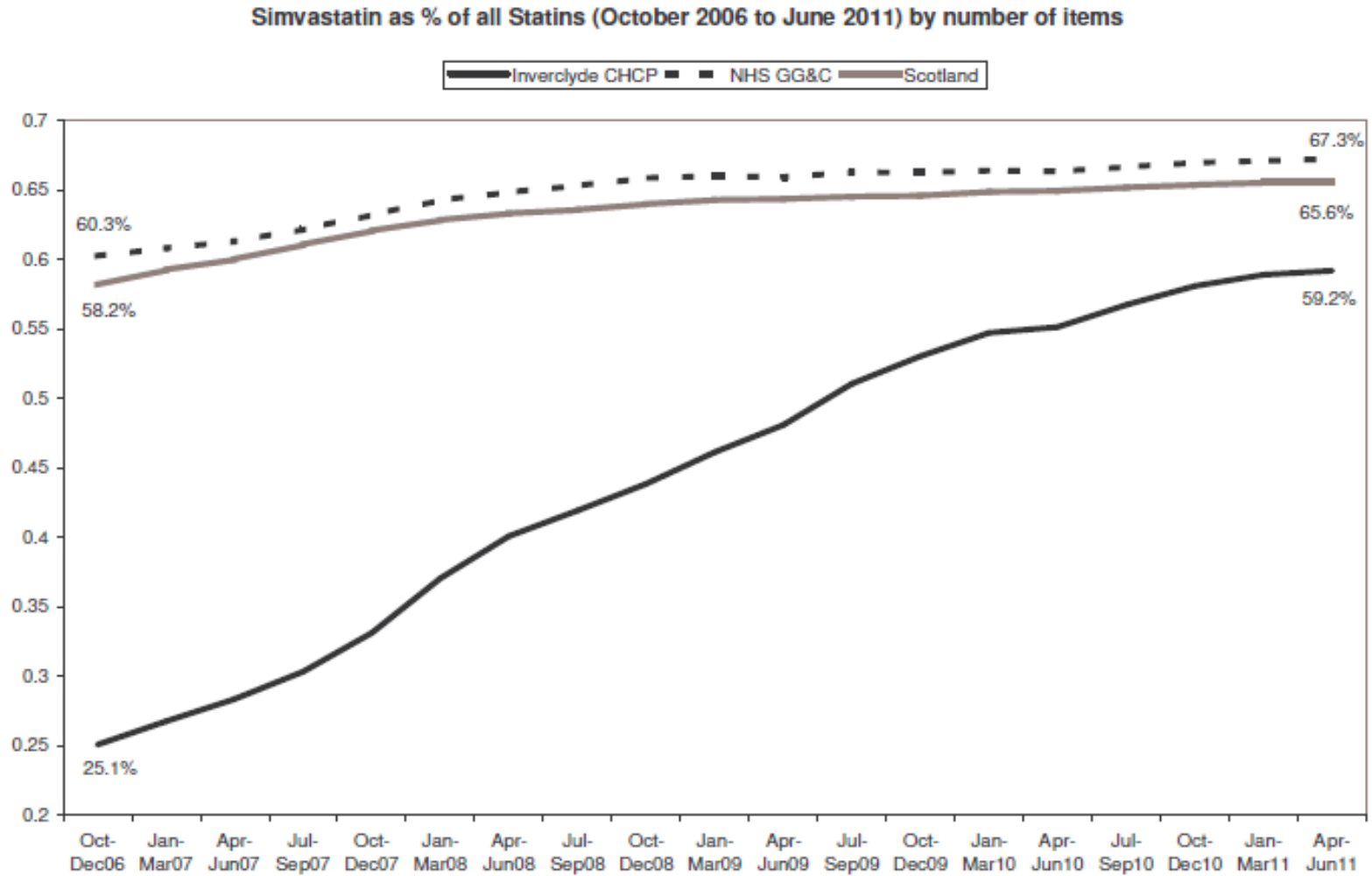
Appendix 3 Inverclyde CH(C)P  
 Cost per weighted patient per GP practice



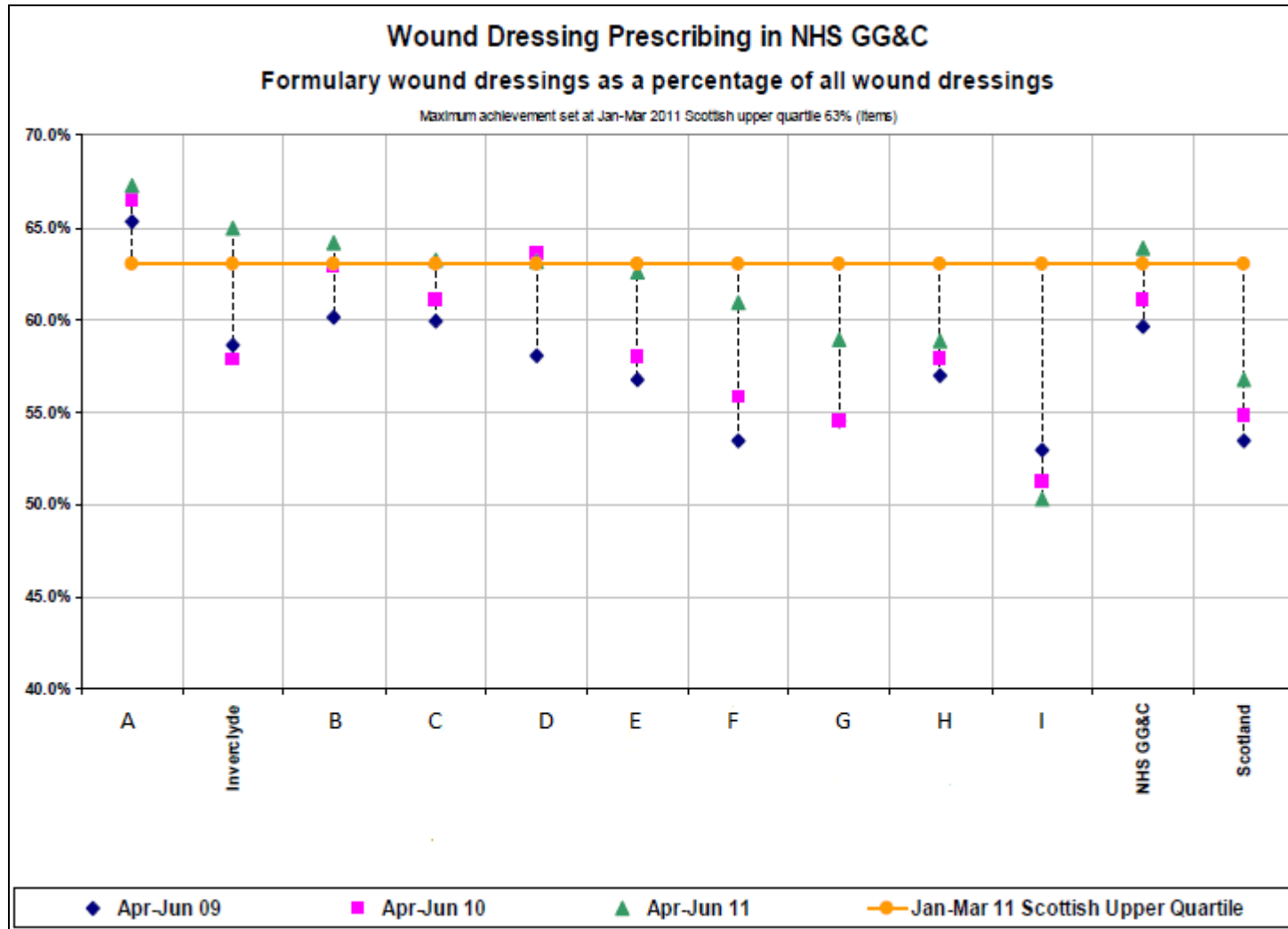
Appendix 4 Formulary Preferred List Prescribing in NHS GG&C  
 Formulary Preferred List Prescribing Percentage per CH(C)Ps/Sector



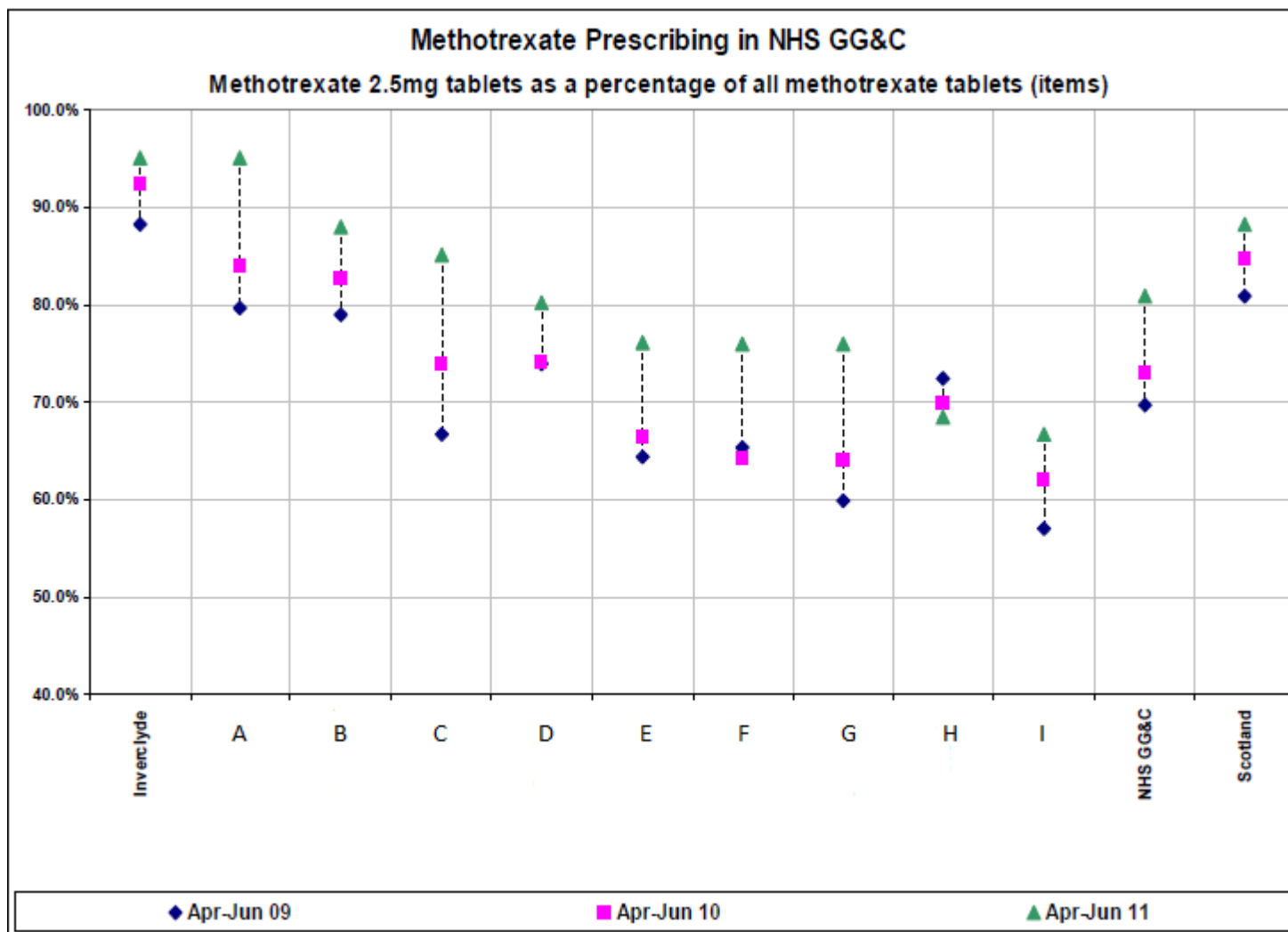
Appendix 5 Simvastatin as % of all Statins (Oct 200 to Jun 2011) by number of items in Inverclyde CHCP



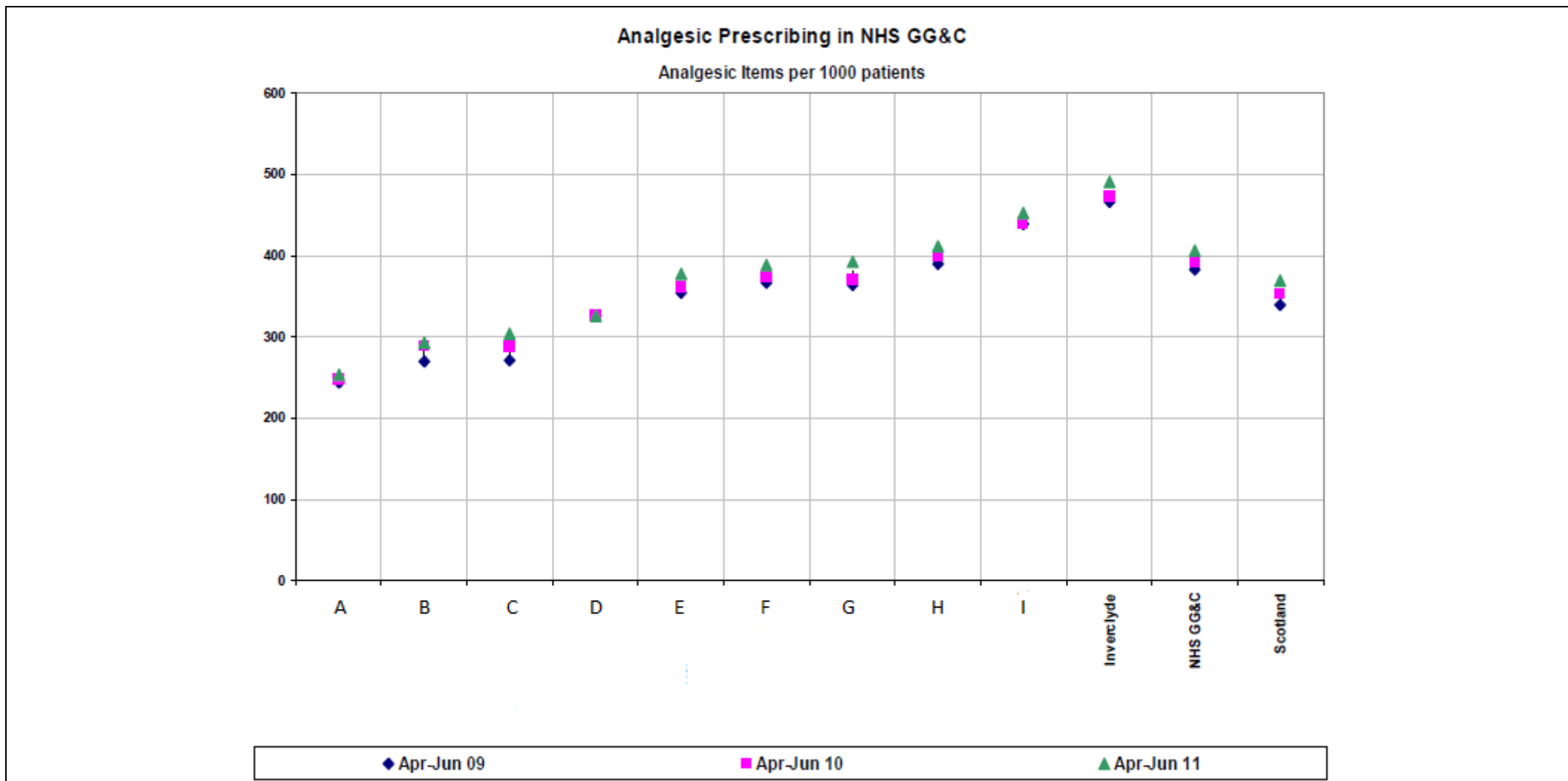
Appendix 6 Wound Dressing prescribing in NHS GG&C  
 Formulary wound dressings as a percentage of all wound dressings per CH(C)Ps/Sector



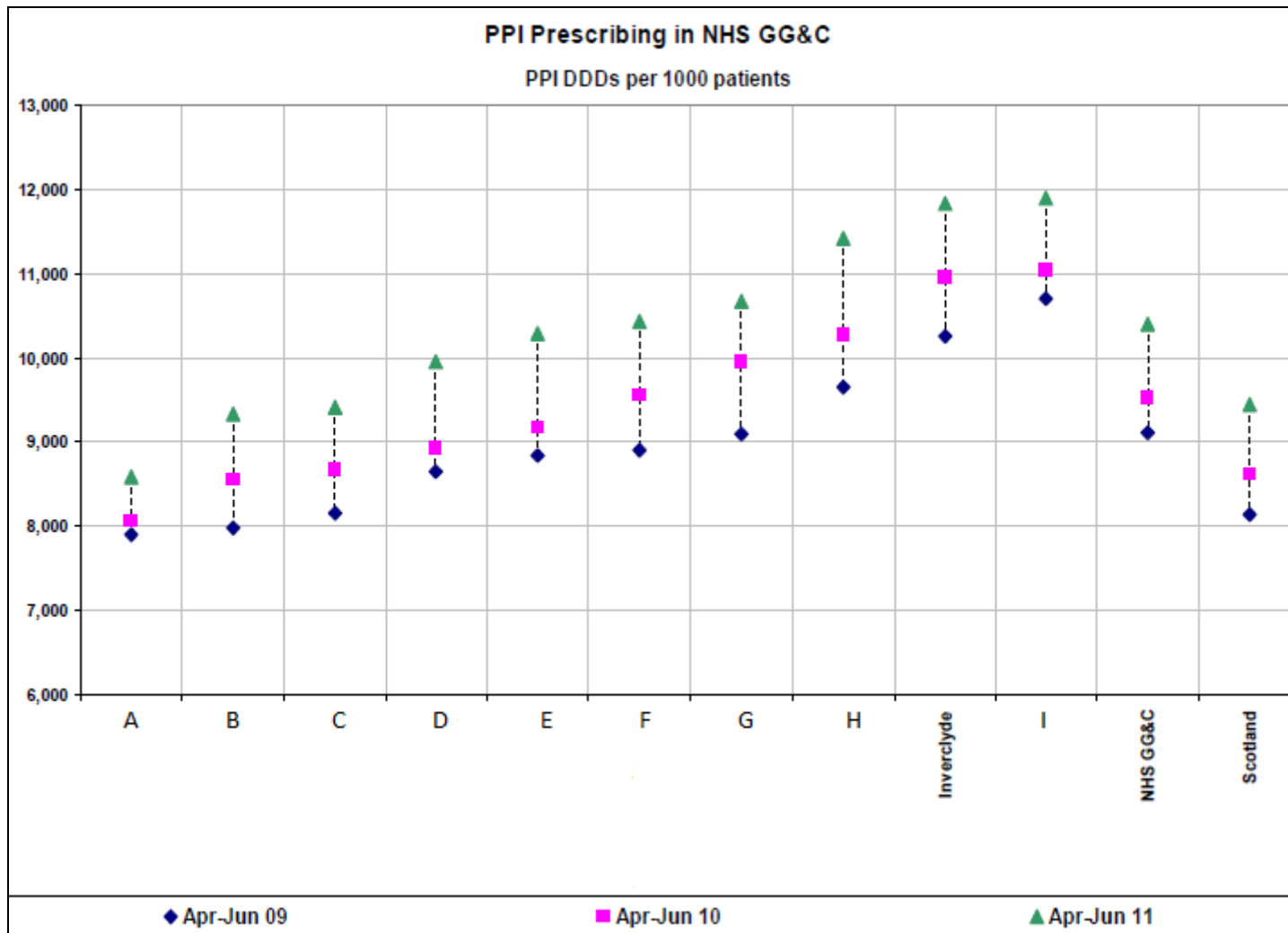
**Appendix 7 Methotrexate Prescribing in NHS GG&C**  
**Methotrexate 2.5mg tablets as a percentage of all methotrexate tablets (items) per CH(C)Ps/Sector**



**Appendix 8 Analgesic Prescribing in NHS GG&C**  
**Analgesic Items per 1000 patients per CH(C)Ps/Sector**



**Appendix 9 PPI Prescribing in NHS GG&C**  
**PPI DDDs per 1000 patients per CH(C)Ps/Sector**





Appendix 10 Antibiotic Prescribing in NHS GG&C  
 Antibiotics (BNF section 5.1) DDDs per 1000 weighted patients per CH(C)Ps/Sector

