

Report To: Community Health & Care
Partnership Sub-Committee

Date: 18th October 2012

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Care Partnership

Report No:
CHCP/53/2012/MM

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Subject: Update on Prescribing

1.0 PURPOSE

- 1.1 To provide an update to the Sub-Committee on the current budget position regarding prescribing within Inverclyde CHCP.
- 1.2 To provide an update to the Sub-Committee on the action plan, progress and ongoing work in relation to prescribing of medicines within our CHCP.

2.0 SUMMARY

- 2.1 Prescribing is a key activity to the operational and financial efficiency, as well as the clinical safety and 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 implement and further develop our local action plan 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 focused 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

- The prescribing budget position
- The prescribing action plan, progress and ongoing work.

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4.0 BACKGROUND

- 4.1 Prescribing is a key activity to the operational and financial efficiency, as well as the clinical safety and 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, changes in the costs of medicines, cost pressures from new therapies, non-formulary prescribing and unlicensed medicines, 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. The management of medicines, however, goes beyond medical practices and includes community pharmacy, dental practices, public health and care home activity, as well as patient concordance and compliance aids, reduction of medicines waste and patient / carer education. The contribution of the public and their knowledge of medicines are vital to medicine concordance and minimising medicines waste.
- 4.5 The CHCP Prescribing Support Team works with healthcare and social care 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, and support effective care homes medicines management and developing community pharmacy services. This is in the context of Inverclyde CHCP having the highest cost per patient of all the NHS Greater Glasgow and Clyde (NHS GGC) CH(C)Ps.

5.0 PROPOSALS

5.1 Prescribing Budget Position

Inverclyde CHCP prescribing budget allocation to GP practices for 2011/2012 was £17,091,000 (GIC). The final position 2011/2012 was £437,000 (2.56%) overspend when adjusted for local phasings and medicines short supply issues. In addition to the GP practice budget there was a further overspend of £10,000 relating to non practice spend.

Inverclyde CHCP prescribing drug budget allocation to GP practices for 2012/2013 is £16,258,000 (GIC). The current year to date position (based on Month 3 figures) is an overspend of £9,000 (0.2% overspend) when adjusted for local phasings and medicines short supply issues. The Board wide position at period 3 is reflecting an underspend, however given the volatile nature of prescribing the projection for the year is cost neutral.

The prescribing budget setting process for 2012/2013 took the following factors into account – previous year's allocation and expenditure, Drug Tariff changes, drug patent loss, new drugs, and cost efficiencies from achievement of 2012/2013 prescribing indicators, medication reviews and improvements to medicines management. Following these adjustments at practice level, an uplift of 5.22% was applied. Prescribing budget allocation letters 2012/2013 were sent to GP practices by the Central Prescribing Team in July 2012 and updates are given in the annual GP practice prescribing reports.

5.2 Prescribing Action Plan and Progress to Date

The CHCP Prescribing Group membership has recently been reviewed and now includes CHCP Director, CHCP Finance Manager, Acting Clinical Director, 3 local GPs, Lead Clinical Pharmacist, Prescribing Support Pharmacist, Central Prescribing Team member, Rehabilitation and Enablement Service Manager, District Nurse and Practice Nurse. The Prescribing Group meets every 2 months.

The Acting Clinical Director and 3 GPs on Prescribing Group discuss prescribing issues regarding clinical effectiveness and cost efficiencies at 6 weekly GP Forum meetings with representatives from all 16 GP practices. There has been increased prescribing data by GP practice on comparative cost per weighted patient provided for these meetings by the Lead Clinical Pharmacist to encourage more peer review.

The Annual Prescribing Reports including comparative data for CHCPs, NHS GGC and practices within Inverclyde CHCP, and other ad hoc prescribing data have been supplied to the CHCP to monitor the prescribing budget and prescribing in relation to other services e.g. mental health initiatives for treatment of depression.

For 2011/2012, 87.5% of Inverclyde GP practices achieved 2 or 3 Rational Prescribing Scheme indicators and 75% achieved 2 or 3 General Medical Services prescribing indicators. 14 practices achieved requirements of the Medicines Management LES.

A programme of prescribing visits to GP practices by the Lead Clinical Pharmacist has been undertaken. Each GP practice was visited between June and September 2012 and their annual GP practice prescribing report discussed during 1-1.5 hour long meetings. The report includes current prescribing advice on NHS GGC preferred formulary choices, prescribing indicators 2012/2013, guidance for use of medicines in various therapeutic areas, and prescribing data that compares the practice position with other practices within Inverclyde, the CHCP average and NHS GGC average figures.

8 prescribing indicators from a list of 64 potential indicators for GP practices to work on to improve clinical and cost effectiveness of prescribing have been agreed with each of the 16 GP practices for 2012/2013 after discussions between GPs and the Prescribing Support Team. Prescribing indicator baseline figures Oct – Dec 2011 were provided to practices and quarterly updates will be sent to practices by the Central Prescribing Team.

A CHCP Prescribing Bulletin on priority prescribing indicators across the CHCP, prescribing budget information and other topical prescribing issues has been developed by the Prescribing Support Team and is distributed to all GP practices in the CHCP.

All 16 GP practices have agreed to use ScriptSwitch IT Prescribing Decision Support system to increase the use of NHS GGC preferred list Drug Formulary preparations and more cost effective formulations where clinically appropriate. Inverclyde ScriptSwitch pilot started on 1st September 2012.

13 of the 16 GP practices are undertaking repeat prescribing review including improvements of the repeat prescribing systems in practices via the Medicines Management LES 2012/13 to reduce waste and improve governance. Quarterly updates will be sent to practices by the Central Prescribing Team.

Prescribing Support Team resource has been allocated to all 16 practices across the CHCP, but a higher level of resource is provided to those practices with larger patient list sizes and with a higher level of potential efficiencies on their prescribing budget.

At a GP practice level, the Prescribing Support Team works to support GP practice achievement of prescribing indicators, therapeutic switches to more cost effective formulations where clinically appropriate, increasing the use of NHS GGC preferred

list Drug Formulary preparations, and identifying and targeting activity in areas of overspending, including non formulary, unlicensed and high volume prescribing. 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 has been provided to GPs to assist in complex decision-making.

The Prescribing Support Team have also been undertaking patient focused medication review (including domiciliary visits) in targeted groups of patients i.e. elderly patients, Care Home residents, patients with Long Term Conditions e.g. Chronic Obstructive Pulmonary Disease as well as reviewing, advising on and improving medicines management in Care Homes and at the primary/secondary care interface

Audits on antimicrobial prescribing and antipsychotic prescribing for Care Home patients, quinolone prescribing and the use of non formulary catheter trays have been undertaken recently by the Prescribing Support Team.

Compliance with NHS GGC Wound Dressings Formulary has been promoted by education, support and prescribing feedback to community nurses. A new NHS GGC Urinary Catheter Formulary has recently been distributed to GP practices, Community Nurses and Care Homes

The Prescribing Support Team is supporting the range of healthcare professionals with prescribing rights (including Health Visitors, District Nurses, Practice Nurses, Podiatrists Dentists and Pharmacists) to develop skills for clinically effective and cost effective prescribing, and working with community pharmacists to support development of community pharmacy services

5.3 Prescribing Data and Ongoing Work

There has been some success in achieving cost efficiencies in prescribing over the last few years in line with prescribing indicator targets and cost minimisation strategies, while ensuring that prescribing is evidence based, addressed to meeting patient need, but with patient safety as paramount importance.

Appendix 1 shows the annualised cost per weighted patient for the Health Boards across Scotland over the last few years. It should be noted that NHS GGC has shown a reduction in cost per weighted patient in comparison to other Boards and is now has the lowest annualised cost per weighted patient of all Health Board areas in Scotland.

Appendix 2 shows the annualised cost per weighted patient for the CHCP/Sectors across NHS GGC over the last few years. It should be noted that Inverclyde CHCP has the highest annualised cost per weighted patient of the CHCP/Sectors across NHS GGC.

Appendix 3 shows the cost per weighted patient for the Health Boards across Scotland based on 2012/2013 Month 3 data 2012/2013.

Appendix 4 shows the cost per weighted patient for the CHCP/Sectors across NHS GGC based on 2012/2013 Month 3 data 2012/2013. It should be noted that Inverclyde CHCP is the highest cost per weighted patient of the CHCP/Sectors across NHS GGC. However, the Inverclyde Month 3 figure has reduced and is below that of the Scottish average.

Appendix 5 shows the cost per weighted patient for the individual GP practices across Inverclyde CHCP over the last few years. It should be noted that prescribing costs per weighted patient have reduced across the CHCP in line with previous and ongoing cost minimisation strategies. It should also be noted that the CHCP prescribing budget expenditure has reduced from £18,820,000 (GIC) in 2004/2005 to £17,528,000

(GIC) in 2011/2012.

Appendix 6 shows items per 1000 weighted patients for the CHCP/Sectors across NHS GGC over the last few years. It should be noted that Inverclyde CHCP has the highest number of items per 1000 weighted patients of the CHCP/Sectors across NHS GGC.

Ongoing work to achieve cost minimisation continues to focus on promoting NHS GGC Formulary preferred list choices, on reduction of waste during the processes of repeat prescribing, on the managed introduction of new drugs. The Prescribing Support Team will work with local GPs to reduce the use of unlicensed 'specials' medicines and non formulary requests that can be particularly challenging across the primary/secondary care interface. Further focus is planned on the areas of increasing prescribing i.e. in treatment of diabetes and respiratory conditions, elderly and care home patients, and in GP practices with high volume prescribing.

In particular, due to the high number of items per 1000 weighted patients demonstrated within Inverclyde CHCP, the Prescribing Support Team aims to work with GPs to increase focus on identifying, examining and reviewing high volume prescribing of various medicines which can lead to polypharmacy. Polypharmacy has been associated with increased rates of adverse drug reactions and hospital admissions.

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. However, it should be stressed that changes in prescribing habits require perseverance over time, and for changes to be achieved successfully, they need co-operation from both patients and prescribers, with patient safety of paramount importance.

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		2012/13	£16,258,000	N/A	Currently £9,000 (0.2% overspend) at Month 3 against an annual budget of £16,258,000 as detailed above

The Practice Schedule 4 budget of £16,258,000 is the total budget allocation across all GP practices within Inverclyde CHCP and at this point in time is projected on target to budget 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

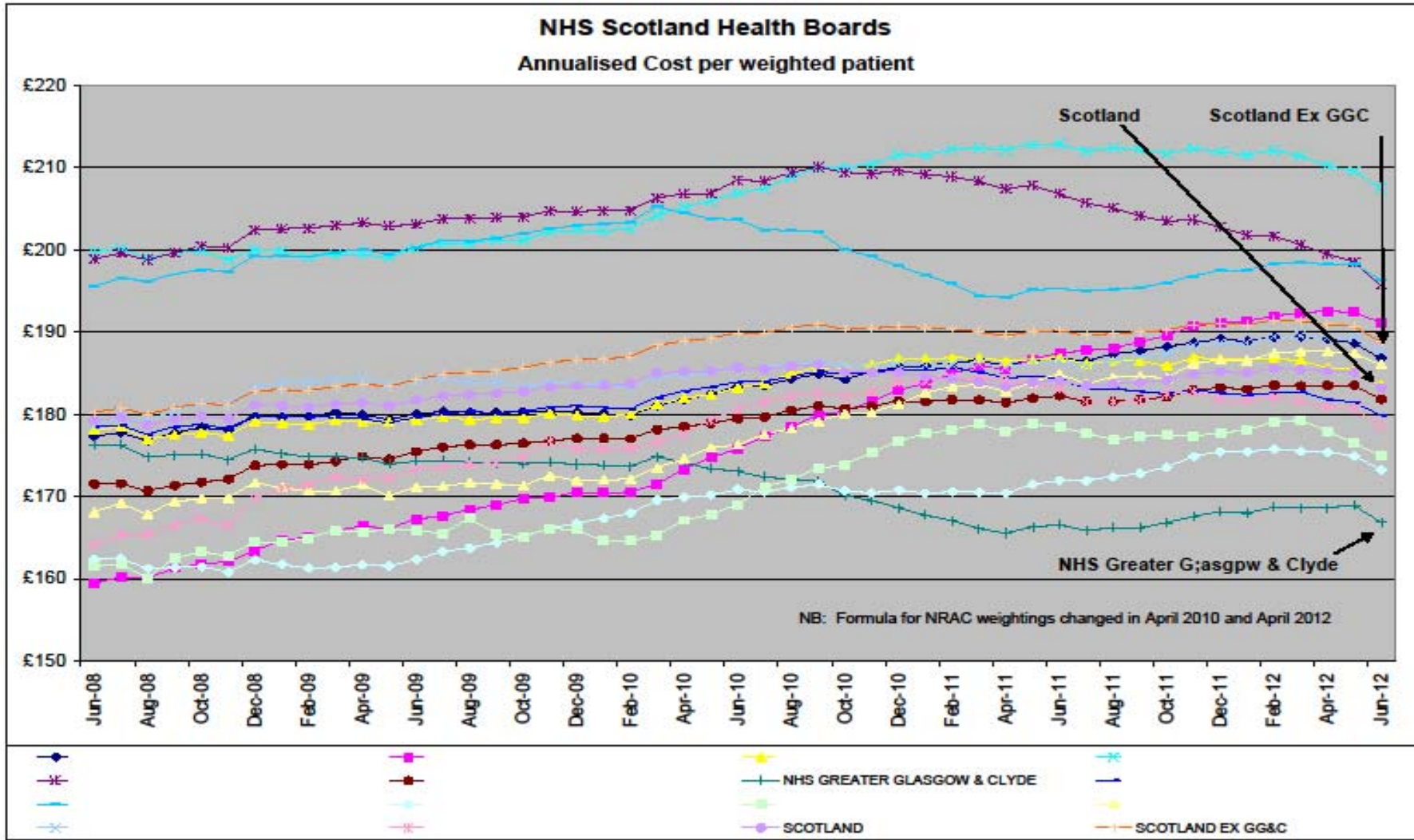
- 7.1 Over the last few years we have achieved cost efficiencies by changing our historic prescribing habits, while ensuring that our prescribing is evidence based and addressed to meeting patient need. Despite this, Inverclyde CHCP continues to have the highest cost per weighted patient and highest number of items per 1000 weighted patients of all CHCPs/Sectors in NHS GGC. However, the financial position has improved and at Month 3 this year is £9,000 (0.2% overspend).
- 7.2 Our aims are to continue to follow the local prescribing action plan to consistently improve the safe, clinical and cost effectiveness of prescribing across the CHCP, to support achievement of cost minimisation on our prescribing budget while continuing to be focused on patient need, and increasingly to examine and support review of high volume prescribing and polypharmacy.
- 7.3 In order to achieve these aims we must create a cohesive partnership between prescribers, prescribing support, community pharmacy and patients / carers. It is important to recognise that prescribers need the support of their patients to achieve the prescribing changes necessary for the prescribing plan to succeed.
- 7.4 This paper outlines the current prescribing budget position, the local prescribing action plan, progress, ongoing work 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

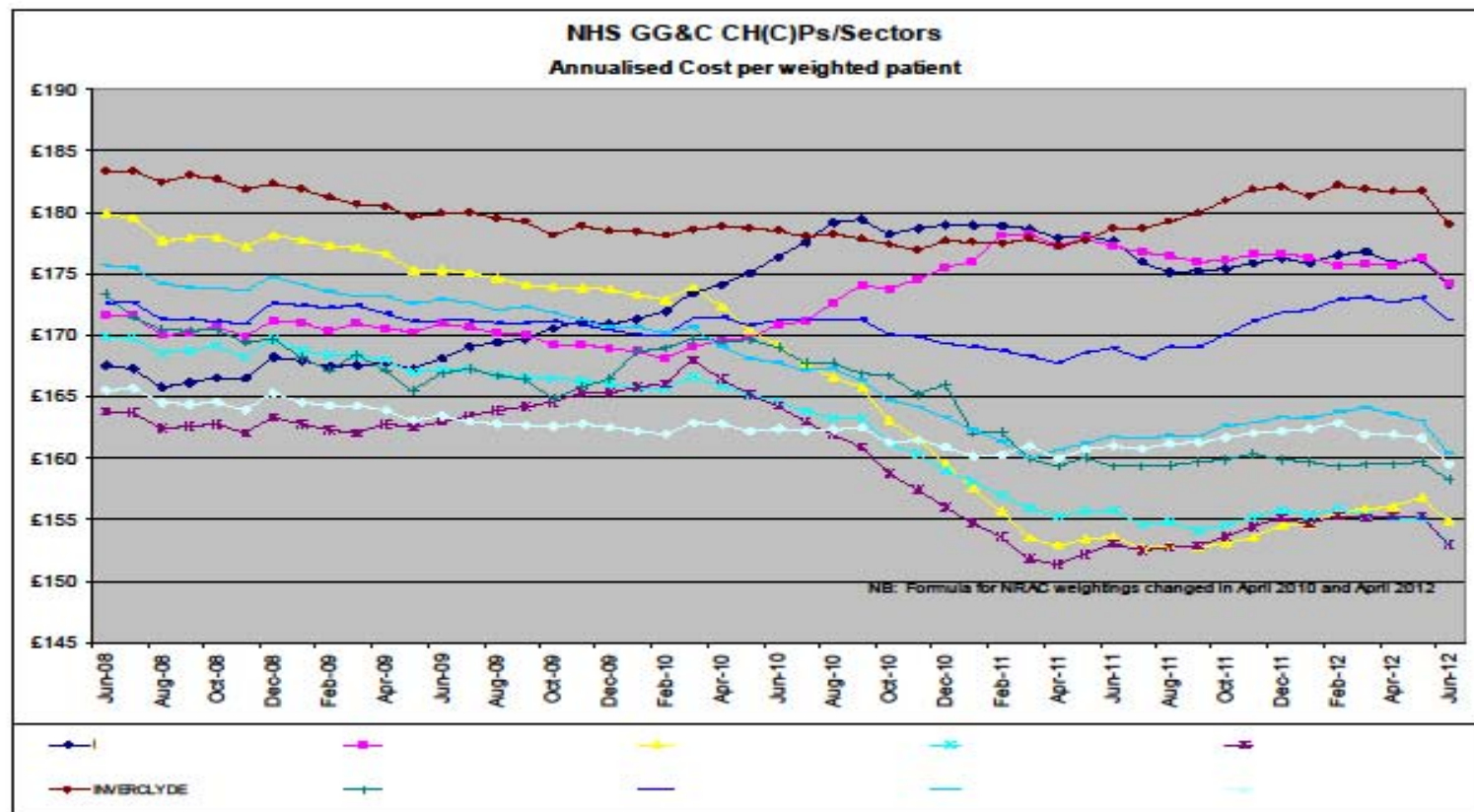
Appendix 1	NHS Scotland Health Boards Annualised cost per weighted patient per Health Board
Appendix 2	NHS GG&C CH(C)Ps/Sectors Annualised cost per weighted patient per CH(C)Ps/Sector
Appendix 3	NHS Scotland Health Boards Cost per weighted patient per Health Board (based on M3 data)
Appendix 4	NHS GG&C CH(C)Ps/Sectors Cost per weighted patient per CH(C)Ps/Sector (based on M3 data)
Appendix 5	Inverclyde CH(C)P Cost per weighted patient per GP practice
Appendix 6	NHS GG&C CH(C)Ps/Sectors Annualised items per 1000 weighted patients per CH(C)Ps/Sector

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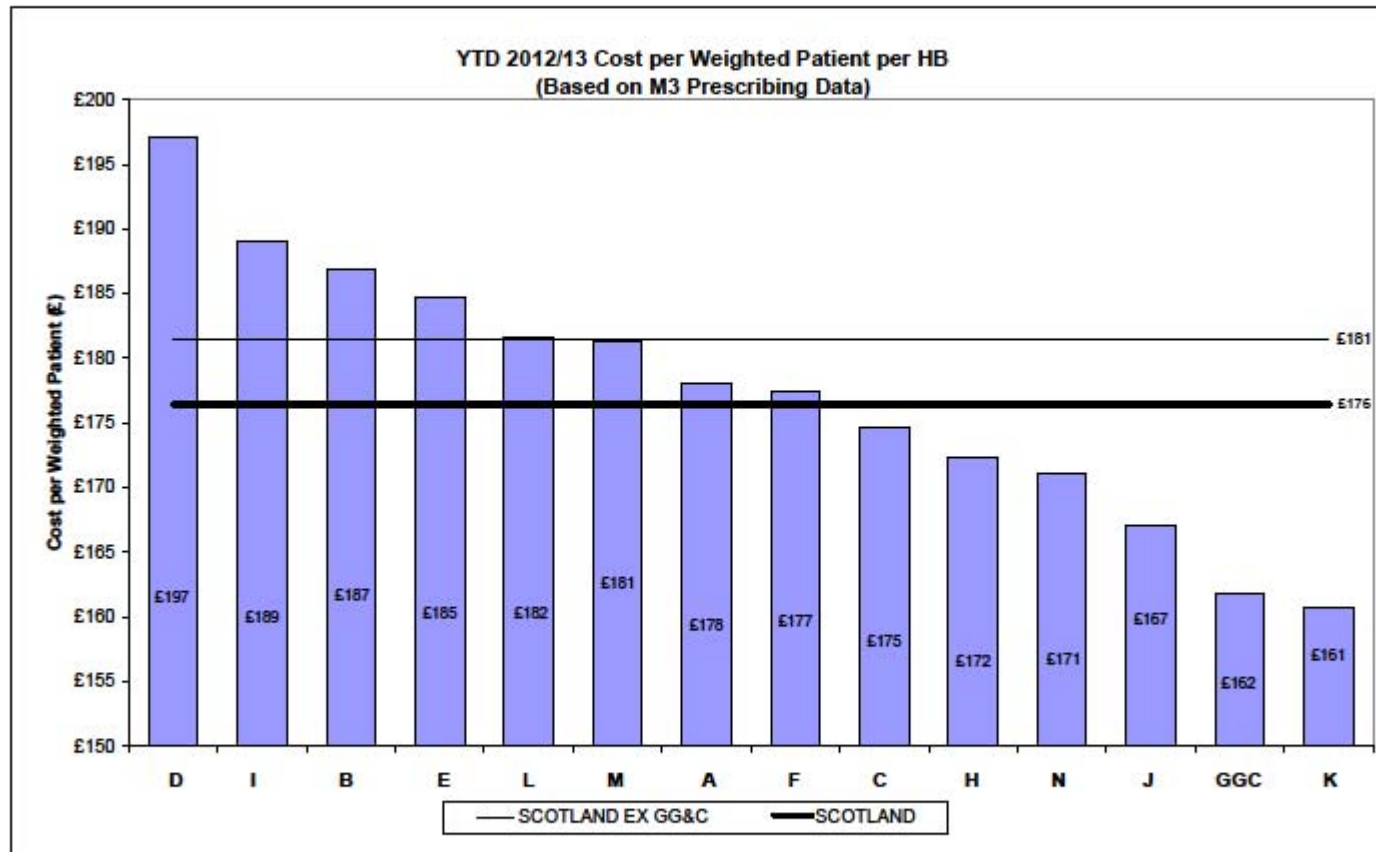
Appendix 1



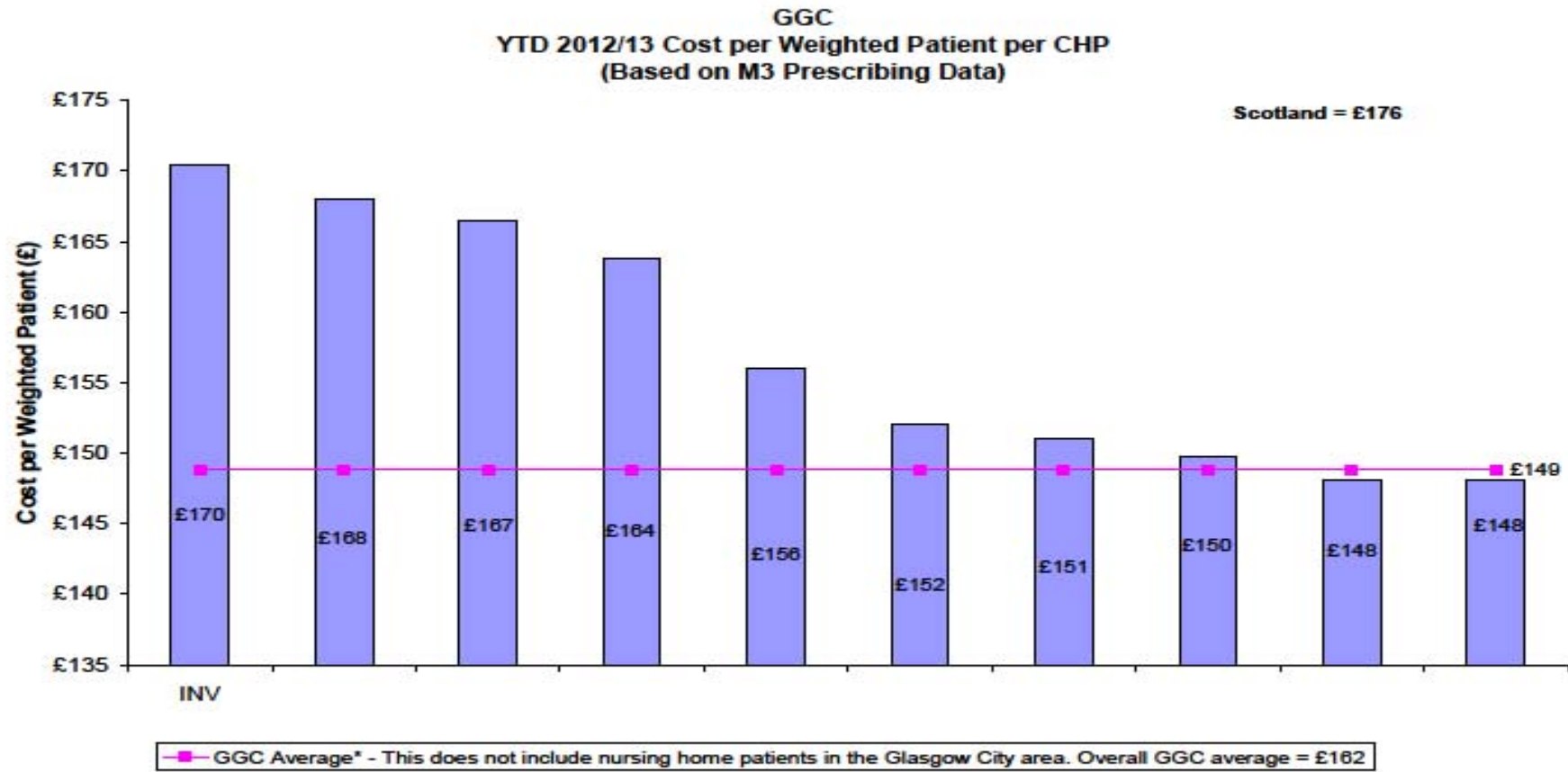
Appendix 2



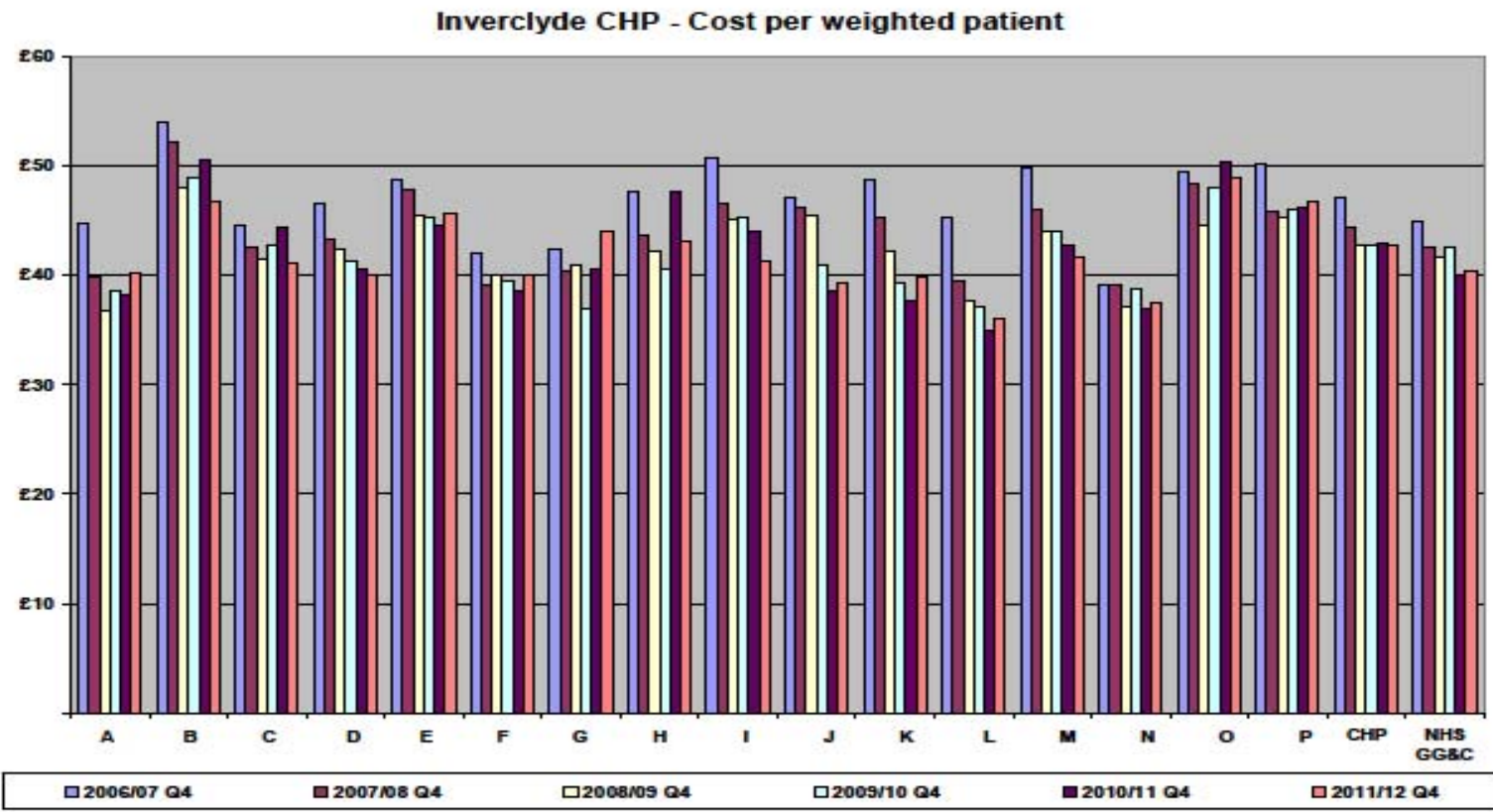
Appendix 3



Appendix 4



Appendix 5



Appendix 6

