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**Report To:** Community Health & Care Partnership Sub-Committee      **Date:** 27<sup>th</sup> February 2014

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CHCP/15/2014/MM

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**Subject:** Update on Prescribing

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## 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 prescribing data, challenges, 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 complex 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 is delivery of optimal clinical and cost effective prescribing to meet patient needs within resources despite the volatility and complexities.
- 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 efficiency on our prescribing budget, while continuing to be focused on patient need.

## 3.0 RECOMMENDATION

- 3.1 The Sub-Committee is asked to:
- 3.2 Note this paper on the current situation regarding prescribing issues within our CHCP with respect to: -
  - Prescribing budget expenditure position and prescribing data analysis
  - Current pressures and potential prescribing issues
  - The prescribing action plan, progress and ongoing work.

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Corporate Director  
Inverclyde Community Health &  
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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 volatile, complicated environment including influences of Health Board and national guidelines and formularies, clinical autonomy, local established practice, patient demographics and disease prevalence, changes in the costs of medicines including increased prices due to short supply issues, cost pressures from new therapies, non-formulary prescribing, drug safety alerts, unlicensed medicines and patient expectation.
- 4.3 Over the last 12 to 24 months, there have been increased supply issues with a number of generic drugs across Scotland, UK and globally. This is largely due to problems identified with manufacturing quality of the drugs, largely originating in non EU countries. The result has been increased prices and short supply necessitating changes to drug therapy on some occasions.
- 4.4 Within this context, the challenge is delivery of optimal safe, clinically effective and cost effective prescribing to meet patient needs within resources despite the high variability and complexities of prescribing.
- 4.5 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, public health and care home activity, as well as social care practices and patient / carer education. The contribution of the public and their knowledge of medicines are vital to medicine concordance for achieving effective benefits from medication use and reduction in adverse drug reactions as well as minimisation of medicines waste.
- 4.6 The CHCP Prescribing Team works with health care and social care professionals across Inverclyde CHCP to support management and monitoring of the prescribing budget, and promote and improve safe, high quality, evidence based, cost effective prescribing and administration of medicines. This is in the context of Inverclyde CHCP historically having the highest cost per weighted patient of all the NHS Greater Glasgow and Clyde (NHS GGC) CH(C)Ps / sectors.

## **5.0 PROPOSALS**

### Prescribing Budget Position

- 5.1
  - Inverclyde CHCP prescribing drug budget allocation to GP practices for 2013/2014 is £15,954,221 (GIC). The current year to date position (based on April to October 2013) is showing an overspend of £109,390 (1.18% overspend). The Board wide projection for the complete year is cost neutral.
  - The prescribing budget setting process for 2013/2014 took the following factors into account – previous year's allocation and expenditure, Drug Tariff changes, drug patent loss, short supply, horizon scanning adjustments for new drugs, and cost efficiencies from achievement of 2013/2014 prescribing indicators, medication reviews and improvements to medicines management via NHS GGC Prescribing Local Enhanced Services (LES). Prescribing budget allocation letters 2013/2014 were sent to GP practices in July 2013. Practice budgets were adjusted in January 2014 to take account of changes in expensive drug expenditure and any known prescribing data misallocations.

- It should be noted that Inverclyde CHCP prescribing budget allocation to GP practices for 2011/2012 was £17,100,000 (GIC). The final expenditure for 2011/2012 was £17,639,000, with the final position £437,000 (2.56%) over budget. Inverclyde CHCP prescribing budget allocation for 2012/2013 was £16,238,000 (GIC). The final expenditure for 2012/2013 was £15,810,000, with the final position 2012/2013 £428,000 (2.64%) under budget. It should also be noted that the CHCP prescribing expenditure has reduced from £18,820,000 (GIC) in 2004/2005 to £15,810,000 (GIC) in 2012/2013.

## Prescribing Data Analysis

- 5.2
- NHS GGC has the lowest annualised cost per weighted patient of all Health Board areas in Scotland. The NHS GGC figure at Month 6 is £158, the Scottish average figure is £175. The annualised cost per weighted patient range across CH(C)Ps / sectors is £167 - £144, with Inverclyde CHCP at £167. It should be noted that patients of Glasgow Nursing Home Medical Practice are not included in individual CH(C)Ps / sector figures, although are included in the overall NHS GGC average figure of £158. (**Appendix 1**).
  - The Inverclyde annualised cost per weighted patient has been reducing with variation across the CH(C)Ps/ sectors slowly reducing. It should be noted that prescribing cost per weighted patient has reduced across the CHCP over a number of years in line with previous and ongoing cost minimisation strategies. (**Appendix 2**) (**Appendix 3**).
  - Variation of the individual GP practice cost per weighted patient within Inverclyde CH(C)P is also reducing. (**Appendix 4**).
  - As well as continuing to improve cost effectiveness, current principal cost pressures are short supply and controlling prescribing volume growth.
  - For 2013/2014, cost pressures in Inverclyde due to short supply (April to October 2013) are estimated at £44,000. Cost and volume trends at drug level are monitored with specific focus on a range of ~70 known short supply or drugs assessed as potentially a cost pressure to assess impact on overall prescribing expenditure. GP practices are advised on potential alternatives to these medicines where appropriate.
  - Prescribing volume growth is a significant cost pressure. Inverclyde CHCP prescribing volume has historically been higher than the NHS GGC average. For 2013/2014, up to October 2013 data, NHS GGC average number of items per 1000 weighted patients per prescribing day was 1.13, the corresponding Inverclyde average being 1.27. However, in recent years, the growth in number of prescription items in Inverclyde has been lower than NHS GGC average. (**Appendix 5**) Prescribing item volume growth in 2012/13 compared to previous year was lower in Inverclyde CHCP (+ 0.09%), compared to NHS GGC (+ 1.91%), and Scotland (+ 2.3%). Additionally, for 2013/2014, up to October 2013 figures, the growth in NHS GGC average number of items dispensed compared to the previous year was 1.81%, the corresponding Inverclyde lower growth figure being 1.40%.
  - Prescribing growth by volume and cost can be analysed by therapeutic drug group and by CH(C)P/ sector. By reviewing this analysis, specific therapeutic areas can be identified for local targeting of prescribing support and medication review.
  - Updates on the various prescribing initiatives, indicators and Prescribing Local Enhanced Services within the CHCP prescribing action plan are provided regularly at CHCP and individual practice level. Practices also receive letters quarterly with their specific updated prescribing indicator data.

## **Prescribing current and potential issues**

5.3

- Continuing to support and improve the safe, clinically effective and cost effective prescribing and management of medicines.
- Prescribing volume growth. Analysis of data to identify and target support for medication review.
- Continuing number of drug shortages and price increases.
- Common low cost drugs increased in price.
- Changing clinical guidelines and MHRA drug alerts resulting in increasing prescribing costs and GP workload for review and therapeutic switch e.g. prescribing of Non Steroidal Anti-Inflammatory Drugs.
- Gluten free prescribing to transfer to community pharmacy from February 2014. Scotland wide pilot from April 2014 to March 2015.
- Unlicensed Specials and Drug tariff costs rising - work on developing resources and medication reviews to support clinical and cost effectiveness, and to minimise cost increase.
- Non drug prescribing increases e.g. incontinence and stoma appliances.
- Horizon scanning of new medicines e.g. new oral anticoagulants.

## **Prescribing Action Plan, Progress and Ongoing Work**

5.4

- The CHCP Prescribing Group meets every 2 months, and prescribing clinical effectiveness and cost effectiveness is a standing item at 6 weekly GP Forum meetings with representatives from all 16 GP practices.
- Quarterly Prescribing Reports including comparative data for CH(C)Ps, NHS GGC and practices within Inverclyde CHCP is regularly provided to GP practices and to the CHCP to monitor the prescribing budget, prescribing patterns and prescribing in relation to other services.
- A programme of annual prescribing feedback visits to GP practices is undertaken by the Lead Clinical Pharmacist.
- Prescribing bulletins on topical prescribing issues are distributed to all GP practices in the CHCP.
- Prescribing 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, outlying practices with increased requirement for prescribing support and those with a higher level of potential efficiencies on their prescribing budget.
- For 2012/2013, 68.75% of Inverclyde GP practices achieved 2 or 3 Rational Prescribing Scheme indicators, 93.75% achieved 2 or 3 General Medical Services prescribing indicators, and 43.75% achieved 2 or 3 National Therapeutic Indicators. The comparative NHS GGC average figures were 67.43%, 70.88% and 43.30% respectively. 14 of the 16 GP practices in Inverclyde completed and achieved the requirements of the Medicines Management LES.

- **Prescribing Indicators.** For 2013/2014, 4 prescribing topics to improve clinical and cost effectiveness have been agreed with each of the 16 GP practices for 2013/2014 after discussions between GPs and the Prescribing Team. Prescribing indicator baseline figures Oct – Dec 2012 were provided and quarterly updates are provided to practices and CHCP. Work is ongoing and current updates are based on Jul - Sep 2013 figures.
- **ScriptSwitch.** All 16 GP practices are using ScriptSwitch IT Prescribing Decision Support system to increase the use of NHS GGC preferred list Drug Formulary preparations and cost effective formulations where clinically appropriate. November 2013 NHS GGC CH(C)P/sector average offer rate ranged from 5.1% to 5.6% with average acceptance rates 24.9% to 31.3%. Comparative Inverclyde figures are 5.2% and 28.4%.
- **Medicines Management LES.** 14 of the 16 GP practices are undertaking improvements to their repeat prescribing systems via the Medicines Management LES 2013/14 to improve Formulary compliance, reduce medication waste and improve prescribing governance. Inverclyde Formulary Preferred List prescribing has been increasing over a number of years but at 77.4% is still below NHS GGC average figure of 78.6%.
- **Polypharmacy LES.** All 16 GP practices are undertaking GP face to face medication reviews for patients on higher numbers of medicines and undertaking medicines reconciliation for patients on discharge from hospital via the Polypharmacy LES 2013/2014. At the January 2014 submission, Inverclyde had completed 65.3% of the targeted number of polypharmacy reviews for 2013/2014 compared to the lower overall NHS GGC average figure of 53.5%. Prescribing support pharmacists and technicians continue to support GPs in undertaking polypharmacy reviews in addition to delivering face to face reviews.
- At a GP practice level, the Prescribing Team works to support GP practice achievement of the prescribing action plan. In addition, advice on the use of new and/or expensive drugs, non formulary prescribing, unlicensed medicines and other general medicine enquiries is provided to GPs to assist in complex decision-making. Audits on antimicrobial prescribing and antipsychotic prescribing for Care Home patients, quinolone prescribing, and management of gout have been undertaken recently in GP practices.
- The Prescribing Team also undertakes patient focused medication review (including domiciliary visits) in targeted groups of patients i.e. elderly patients, patients on polypharmacy or high risk drug combinations, patients requiring Home Care services, 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.
- Compliance with NHS GGC Wound Dressings Formulary has been promoted and improved by education, support and prescribing feedback to CHCP community nurses.
- Via the local Non Medical Prescribers' Forum, the Prescribing Team is supporting the range of healthcare professionals with prescribing rights (including Health Visitors, District Nurses, Practice Nurses, Podiatrists and Pharmacists) to develop skills for clinically effective and cost effective prescribing, and via the local Pharmacy Locality Group, is working with community pharmacists to support development of community pharmacy services.

- Currently Prescribing Teams are undertaking work to develop prescribing action plans for 2014/2015. Key areas include –
  - Polypharmacy LES
  - Medicine Management LES
  - Community pharmacy LESs
  - National Therapeutic Indicators
  - Non drug therapeutic prescribing
  - Care Homes prescribing and medicine management reviews
  - ScriptSwitch

## 6.0 IMPLICATIONS

### Legal

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

### Finance

6.2	Cost Centre	Budget Heading	Budget Year	Proposed Spend this Report	Virement From	Other Comments
	Prescribing		2013/14	Annual budget allocation £15,954,221 (GIC).	N/A	Currently £109,390 (1.18% overspend) at October 2013 against an annual budget of £15,954,221 (GIC) as detailed above

The Inverclyde CHCP prescribing budget allocation of £15,954,221 (GIC) is projected on target to budget in the current financial year.

### Human Resources

- 6.3 Most prescribing in Inverclyde is undertaken by GPs within the 16 GP practices, although other healthcare professionals are increasingly taking on non medical prescribing roles. The CHCP Prescribing Team promotes and improves the safe, clinical and cost effectiveness of prescribing and medicines management across the CHCP by working with patients, carers, and health care and social care staff.

### Equalities

- 6.4 Medicines are prescribed according to patient need.

### Repopulation

- 6.5 Nil

## 7.0 CONSULTATION

- 7.1 Over the last few years we have achieved cost efficiencies and reduced prescribing growth by changing historic prescribing habits, while supporting safe, evidence based prescribing that is addressed to meeting patient need. However, Inverclyde CHCP continues to have the highest cost per weighted patient and highest volume prescribing of all CHCPs/sectors in NHS GGC and is currently over budget allocation.

- 7.2 Our aims are to continue to follow and develop the local prescribing action plan to consistently improve the safe, clinical and cost effectiveness of prescribing and management of medicines 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, prescribing growth, with medication review for targeted patients.
- 7.3 This paper outlines the current prescribing budget position and data analysis, current prescribing issues, 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 Sub-Committee.

## **8.0 LIST OF BACKGROUND PAPERS**

### 8.1 Appendix 1:

- NHS GG&C CH(C)Ps/Sectors YTD 2013/14 Cost per Weighted Patient per CH(C)Ps/Sector (annualised) (based on M6 Prescribing Data)

### 8.2 Appendix 2:

- NHS GG&C CH(C)Ps/Sectors Annualised cost per weighted patient per CH(C)Ps/Sector

### 8.3 Appendix 3:

- NHS GG&C CH(C)Ps/Sectors Cost per weighted patient per month

### 8.4 Appendix 4:

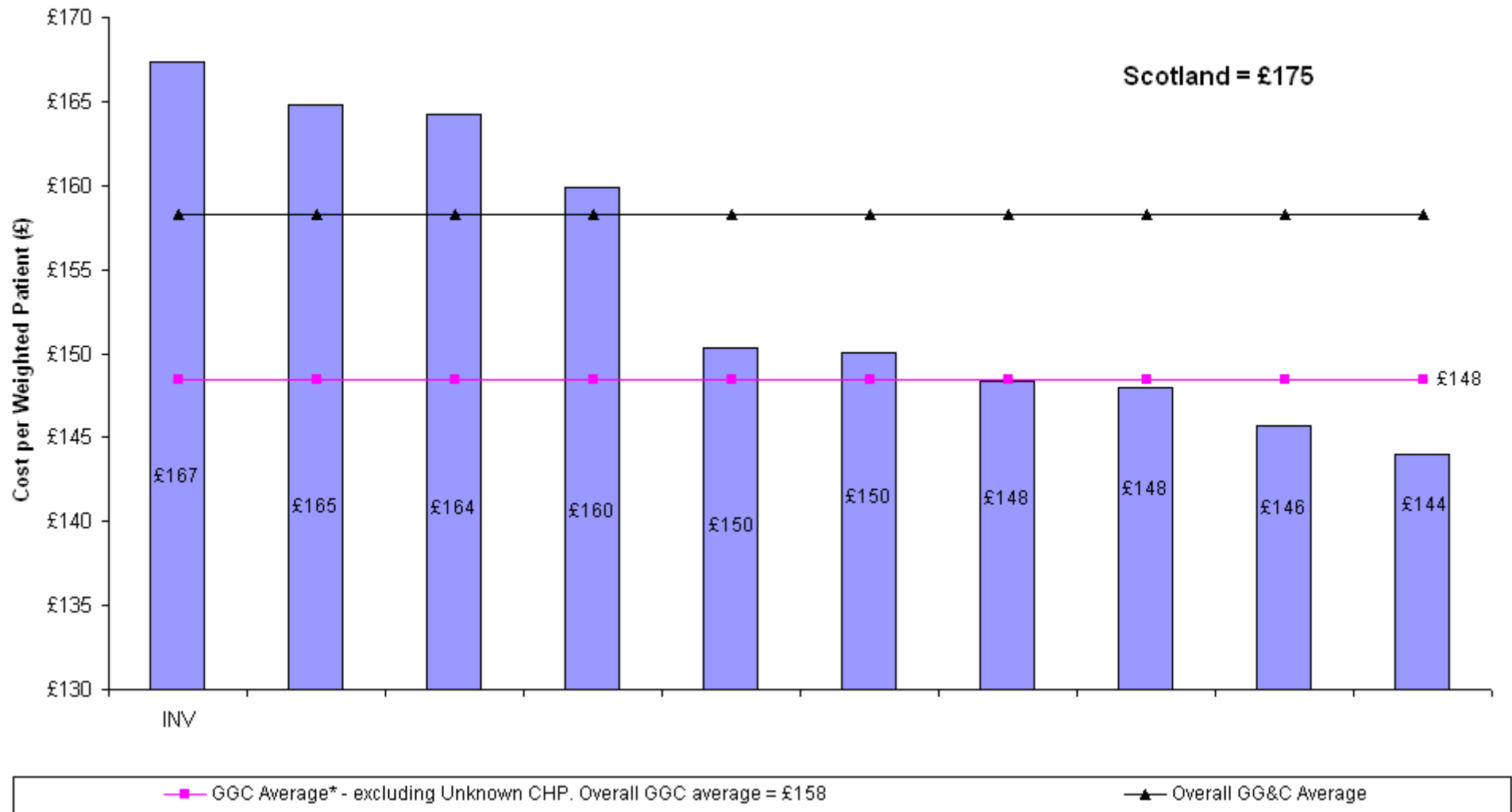
- Inverclyde CH(C)P Cost per weighted patient per quarter per GP practice – Q2 2013/14

### 8.5 Appendix 5

- NHS GG&C CH(C)Ps/Sectors Items (Dispensed) Growth

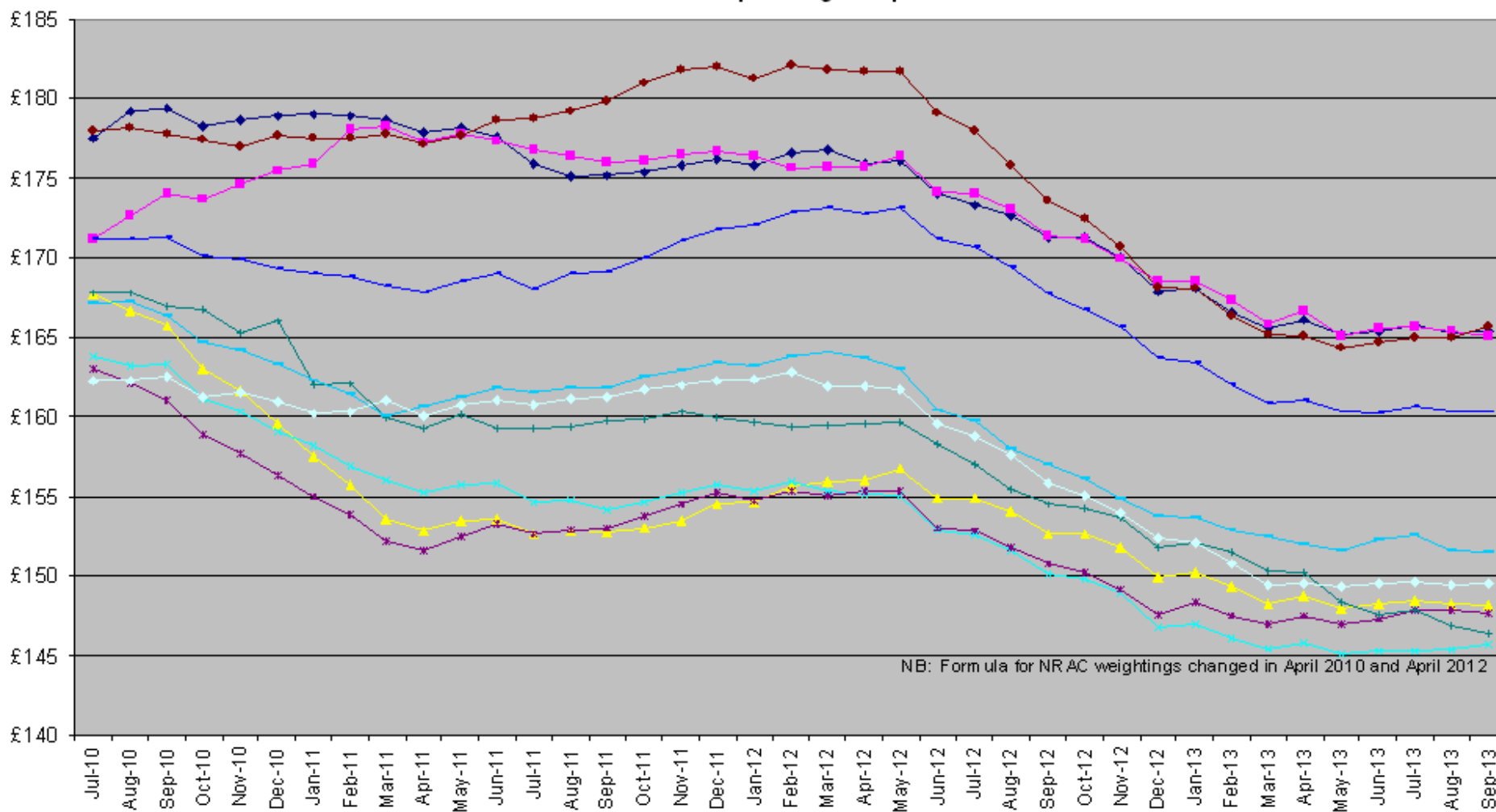
Appendix 1

**GGC**  
**YTD 2013/14 Cost per Weighted Patient per CHP (Annualised)**  
 (Based on M6 Prescribing Data)



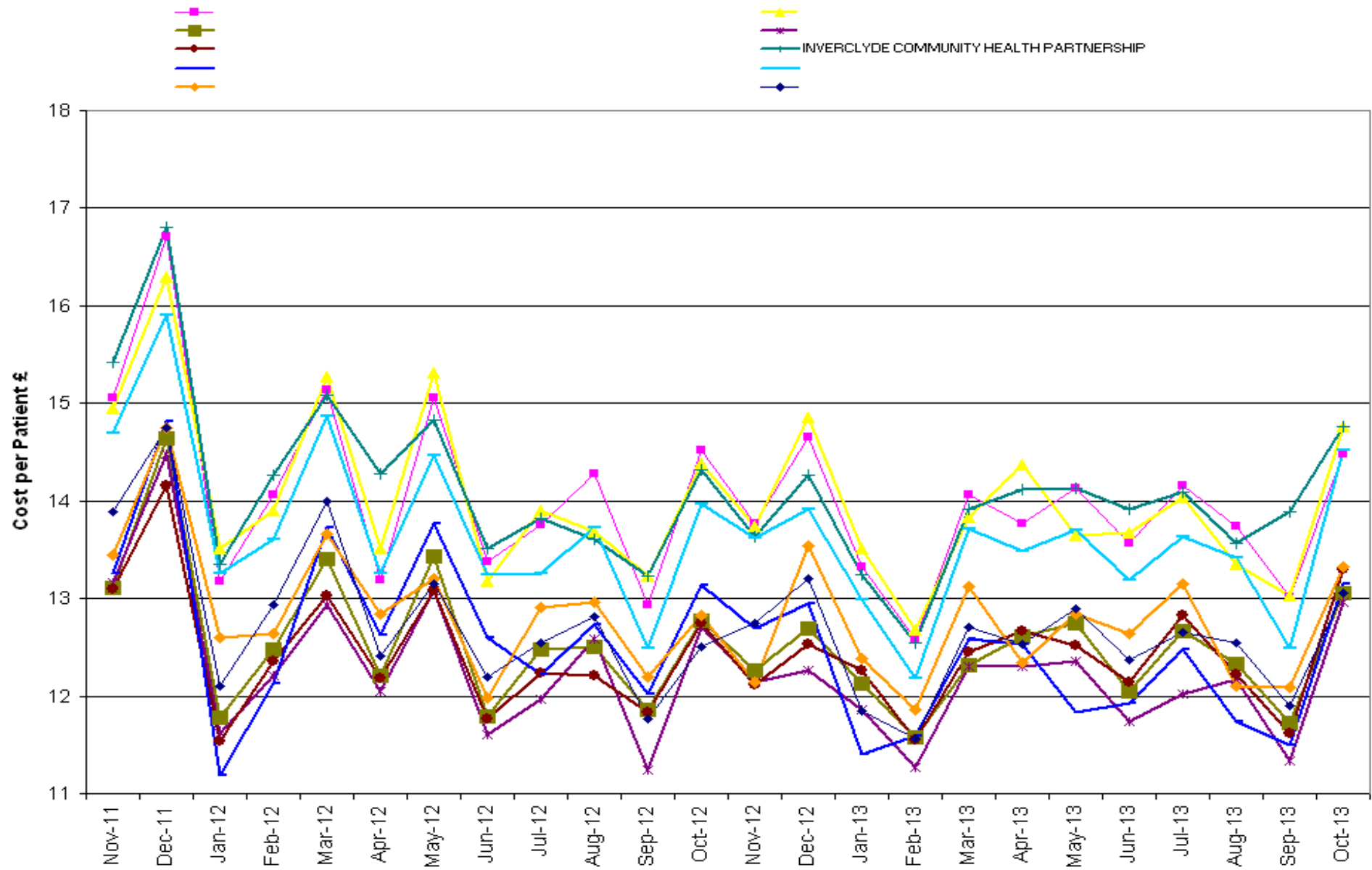


### NHS GG&C CH(C)Ps/Sectors Annualised Cost per weighted patient



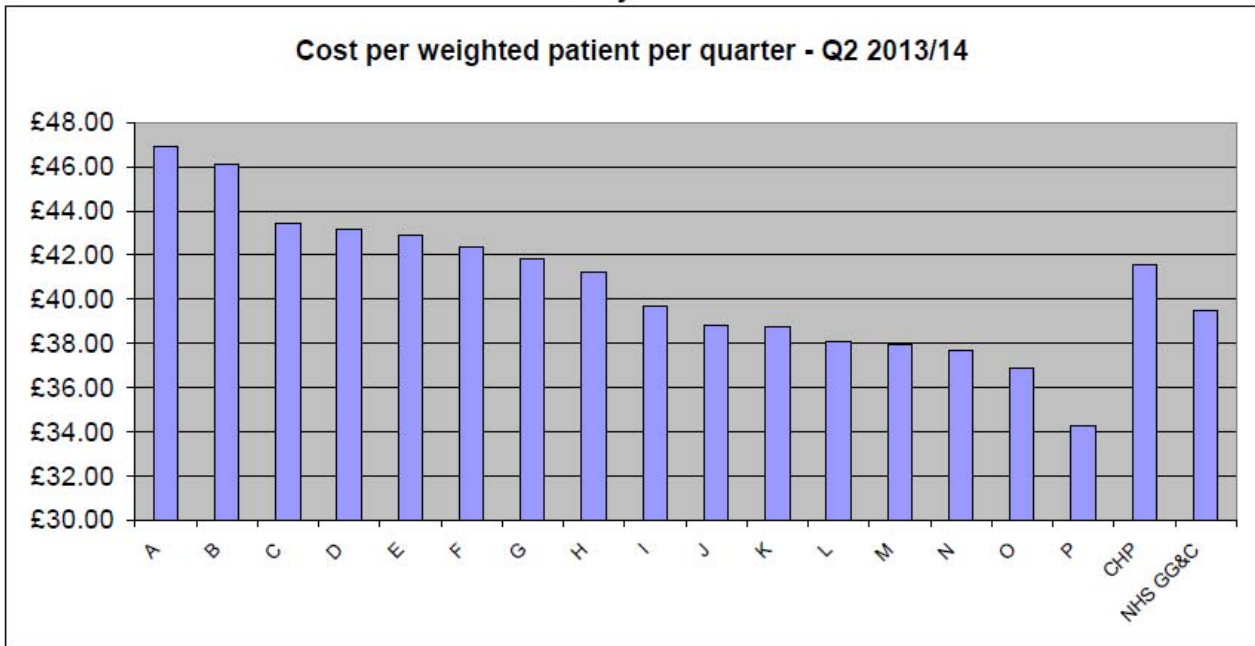
Appendix 3

NHS GGC Cost / Weighted Patient / Month



## Appendix 4

### Inverclyde CHP



	2013/14 Q2
A	£46.89
B	£46.08
C	£43.43
D	£43.15
E	£42.93
F	£42.38
G	£41.83
H	£41.25
I	£39.67
J	£38.84
K	£38.76
L	£38.07
M	£37.94
N	£37.72
O	£36.88
P	£34.27
CHP	£41.54
NHS GG&C	£39.46

Appendix 5

NHS Greater Glasgow & Clyde  
Items (Dispensed) Growth

