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**Report To:** Inverclyde Integration Joint Board      **Date:** 10 August 2015

**Report By:** Brian Moore  
Chief Officer Designate  
Inverclyde Health and Social  
Care Partnership (HSCP)      **Report No:** IJB/05/2015/MM

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Lead Clinical Pharmacist      **Contact No:** 01475 506142

**Subject:** Update on Prescribing and Medicines Management 2015

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## **1.0 PURPOSE**

1.1 The purpose of this report is to advise the Integration Joint Board on prescribing and medicines management within Inverclyde Health and Social Care Partnership (HSCP).

## **2.0 SUMMARY**

2.1 Prescribing and medicines management that is safe, clinically effective, cost efficient and acceptable to the patient is essential for health and social care organisations. Prescribing decision-making occurs within a complex environment of guidelines and formularies, clinical autonomy, established practice, new therapies, cost pressures and patient expectation. From a financial management perspective, prescribing is a variable, complex and unpredictable activity. Medicines management encompasses wider aspects of use of medicines including community pharmacy activities and medicines use in care homes and social care settings.

2.2 Within this context, the challenge is delivery of safe, clinically effective and cost efficient prescribing and medicines management despite the volatility and complexities. This is facilitated by development and implementation of initiatives in health and social care across the HSCP, to support cost efficiency on our prescribing budget, while continuing to prioritise safe use of medicines and patient-centred care.

## **3.0 RECOMMENDATIONS**

3.1 The Integration Joint Board is asked to note and endorse this paper on the current situation within our HSCP with respect to: -

- Current issues in prescribing and medicines management
- Prescribing and medicines management support
- Prescribing expenditure position

**Brian Moore**  
Chief Officer Designate  
Inverclyde HSCP

## **4.0 BACKGROUND**

- 4.1 Safe, clinically effective, cost efficient and patient-centred prescribing and medicines management are essential for health and social care organisations. Prescribing decision-making occurs within a complex environment of national and local guidelines and formularies, clinical autonomy, local established practice, new therapies, cost pressures and patient expectation, and from a financial management perspective is a variable, complex, and unpredictable activity. Medicines management encompasses wider aspects of use of medicines including community pharmacy activities and medicines use in care homes and social care settings.
- 4.2 The challenge is delivery of safe, clinically effective prescribing and management of medicines, with patient-centred care and cost minimisation on expenditure, despite the volatility and complexities, by implementation and monitoring of supportive prescribing plans and development of new initiatives.
- 4.3 The HSCP Prescribing Team works with health care and social care professionals across Inverclyde to promote and improve safe, high quality, evidence based, cost effective prescribing and medicines management, and to support management and monitoring of the local prescribing budget. 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, care home activity, as well as social care worker practices and patient/carer education. The contribution of the public and their knowledge of medicines are important to medicine concordance for achieving effective benefits from their medication, reduction in potential for adverse drug reactions that can possibly lead to hospitalisation, and minimisation of medicines waste.
- 4.4 Prescribing plans are developed by analysis of prescribing data, with comparisons to current best practice, and identification of specific drug pressures, and then implemented through discussion and agreement with support for prescribers. This is in the context of Inverclyde HSCP historically having the highest cost and highest volume of medicines prescribed and dispensed per weighted patient of all NHS Greater Glasgow and Clyde (NHSGGC) HSCPs/sectors. Support and advice are also provided to other health and social care professionals, and patient medication review undertaken in community settings and within care homes to improve safety and effectiveness of medicines management and reduction of waste.

## **5.0 PROPOSALS**

### **5.1 Current issues in Prescribing and Medicines Management**

- **Medicines Safety.** Changing clinical guidelines and national drug alerts result in increasing GP workload for medication review with potential therapeutic changes. Communication issues at the primary/secondary care interface and between health and social care can affect accurate medicines reconciliation. Integration of health and social care has resulted in increased input to safe use of medicines in care homes, social care and community settings.
- **Clinically effective medicines.** Effectiveness can be improved by implementing clinical guidelines and a range of prescribing indicators, with medication review for high risk patients e.g. older people, specific long term conditions, or specific combinations of medicines. Patient/carer education and patient-centred use of medicines supports improved clinical outcomes.
- **Cost effectiveness.** Cost minimisation on prescribing budget is supported by

improving formulary compliance, reducing use of unlicensed medicines, identifying and working on specific therapeutic areas of cost and volume pressure, improving repeat prescribing processes and reducing waste in health and social care. Current principal cost pressures are the continuing short supply of commonly prescribed drugs leading to price increases; non drug prescribing increases e.g. gluten free products, Oral Nutritional Supplements, incontinence and stoma appliances; uptake of new medicines; and prescribing volume and cost growth.

- Patient-centred care. Patient-centred use of medicines and patient and carer education can improve concordance, reduce adverse drug reactions, improve clinical outcomes and reduce waste.

## 5.2 Prescribing and Medicines Management Support

- The HSCP Medicines Management Group meets 2 monthly and now includes representatives from health and social care. Quarterly Prescribing Reports including comparative data for HSCPs/sectors, NHSGGC and practices within Inverclyde are regularly provided to GP practices and HSCP managers to monitor prescribing patterns and budget. NHSGGC prescribing bulletins on topical issues are widely distributed.
- A programme of annual prescribing feedback visits to GP practices is undertaken by the Lead Clinical Pharmacist. Prescribing Team resource is allocated to all 16 practices across the HSCP, with a higher level of resource to those practices with larger patient list sizes, and practices with increased need for prescribing support. At a GP practice level, the Prescribing Team supports achievement of prescribing indicators and audits; runs medication review clinics for targeted groups of patients; undertakes domiciliary visits; utilises pharmacist independent prescribing skills; and answers medicine enquiries to assist in complex decision-making.
- A programme of annual prescribing feedback visits to GP practices is undertaken by the Lead Clinical Pharmacist. Prescribing Team resource is allocated to all 16 practices across the HSCP, with a higher level of resource to those practices with larger patient list sizes, and practices with increased need for prescribing support. At a GP practice level, the Prescribing Team supports achievement of prescribing indicators and audits; runs medication review clinics for targeted groups of patients; undertakes domiciliary visits; utilises pharmacist independent prescribing skills; and answers medicine enquiries to assist in complex decision-making.
- Other healthcare professionals with prescribing rights are supported to develop skills for safe, clinically effective and cost effective prescribing via the local Non Medical Prescribers' Forum; the development of community pharmacist clinical and prescribing skills is promoted in line with national guidance; and support and advice is provided to other health and social care professionals across the HSCP.
- Medicines Safety. Support is provided by answering enquiries on national drug alerts, clinical guidelines, drug interactions, and on the use of unlicensed medicines. All 16 GP practices are delivering additional GP face to face medication review for patients on significant numbers of medicines or high risk drug combinations under the Polypharmacy Local Enhanced Service (LES) with the aim of reducing adverse drug reactions. The potential number of additional reviews under the 2015/16 LES is 1236. This LES also promotes additional focus on accurate medicines reconciliation on hospital discharge. 15 GP practices are also undertaking improvements to their repeat prescribing systems via the Repeat Prescribing LES. With integration of health and social care, increased input to the safe use of medicines in care homes, social care and community settings, has led to the development of an HSCP Adult Medication Support Policy.

- Clinically effective medicines. Implementing national and NHSGGC evidence based clinical guidelines and formularies, and use of a range of prescribing indicators support improvements to clinical effectiveness of medicines and clinical outcomes. One example of a prescribing indicator focuses on the use of antibiotics. Antibiotics can be very useful and clinically effective, however the consequences of antibiotic overuse include the increasing emergence of resistant strains of bacteria such as MRSA, extended-spectrum beta-lactamase *E. coli* and the increase in incidence of *C. difficile* infection. International comparisons have shown that resistance rates are strongly related to antibiotic use in primary care. Prescribing indicators promote an audit of antibiotic prescribing, and encourage prescribers to undertake a facilitated education session and adhere to NHSGGC guideline recommendations for the safe and effective management of infections. Work in this area has shown some reduction in prescribing (**Appendix 1**). Various prescribing indicator baseline figures and quarterly updates are provided to practices and HSCP.
- Cost effectiveness. All 16 GP practices are using ScriptSwitch® IT Prescribing Decision Support to increase the use of NHSGGC preferred list Drug Formulary preparations and 15 practices are undertaking the Repeat Prescribing LES to improve processes and reduce waste. Compliance with NHSGGC Wound Dressings Formulary is promoted via feedback to community nurses. Overall Formulary compliance is continuing to increase (**Appendix 2**). Prescribing cost and volume growth are significant pressures. Inverclyde HSCP prescribing volume has historically been higher than NHSGGC average (**Appendix 3**). However, in recent years, the volume growth has been lower than NHSGGC average (**Appendix 4**). Horizon scanning identifies specific drug pressures, including monitoring uptake of new medicines e.g. new oral anticoagulants; the continued problem of supply issues for frequently prescribed generic drugs leading to increased prices and short supply, with resultant changes to drug therapy; as well as identifying prescribing growth in particular therapeutic areas e.g. respiratory, diabetes and pain management, leading to liaison with NHSGGC specialists to develop best practice prescribing management initiatives.
- Patient-centred care. Prescribing, dispensing and administering medicines and formulations that are acceptable to patients support patient-centred care. This is important to improve concordance, safe and effective use of medicines, reduce adverse drug reactions, improve clinical outcomes and reduce waste. The Prescribing Team inputs to patient-centred use of medicines and patient/carer education by undertaking patient medication review clinics and domiciliary visits and by developing and delivering training for care home staff and home care workers.

### 5.3 Prescribing Expenditure Position

- Inverclyde prescribing drug budget allocation for 2014/2015 is £16,194,320. Prescribing expenditure for 2014/2015 is £16,262,187. This is £67,868, 0.42% overspent on budget allocation. The NHSGGC position is £743,148, 0.34% within prescribing budget allocation.
- The prescribing budget setting process takes the following factors into account at individual GP practice level – previous year's expenditure, Drug Tariff changes, drug patent loss, short supply, horizon scanning adjustments for new drugs, cost efficiencies from achievement of prescribing indicators, medication reviews and improvements to medicines management via NHSGGC Prescribing LES's and a movement towards the National Resource Allocation Calculation (NRAC) formula.
- The prescribing budget setting process takes the following factors into account at individual GP practice level – previous year's expenditure, Drug Tariff changes, drug patent loss, short supply, horizon scanning adjustments for new drugs, cost

efficiencies from achievement of prescribing indicators, medication reviews and improvements to medicines management via NHSGGC Prescribing LES's and a movement towards the National Resource Allocation Calculation (NRAC) formula.

- At March 2015, the annualised NHSGGC cost per weighted patient is £167, lowest of the Scottish Health Boards. The Scottish average is £186 and the Inverclyde average is £175, second highest of the HSCPs/sectors in NHSGGC. It should be noted that patients of Glasgow Nursing Home Medical Practice are not included in individual HSCPs/sectors figures for 2014/2015, although they are included in the overall NHSGGC average figure of £167 (**Appendix 5**). Some variation is seen in cost per weighted patient between individual GP practices within Inverclyde HSCP. (**Appendix 6**).

## 6.0 IMPLICATIONS

### FINANCE

#### 6.1 Financial implications:

One of Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A	Prescribing	2014/15	2014/15 Inverclyde prescribing expenditure is £16,262,187 (GIC), therefore £67,868, 0.42% overspent on budget allocation	N/A	2014/15 NHSGGC prescribing expenditure is £743,148, 0.34% within prescribing budget allocation

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
N/A					

### LEGAL

#### 6.2 There are no legal issues within this report.

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

### HUMAN RESOURCES

#### 6.3 There are no human resources issues within this report.

## **EQUALITIES**

6.4 There are no equality issues within this report.

Medicines are prescribed according to patient need.

Has an Equality Impact Assessment been carried out?

YES (see attached appendix)

NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

## **REPOPULATION**

6.5 There are no repopulation issues within this report.

## **7.0 CONSULTATION**

7.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with the Lead Clinical Pharmacist.

## **8.0 LIST OF BACKGROUND PAPERS**

8.1 None.

## **9.0 LIST OF APPENDICES**

9.1 Appendix 1:  
NHSGGC HSCPs/Sectors Total Antibiotic Use : Items Antibiotics per 1,000 list size per day

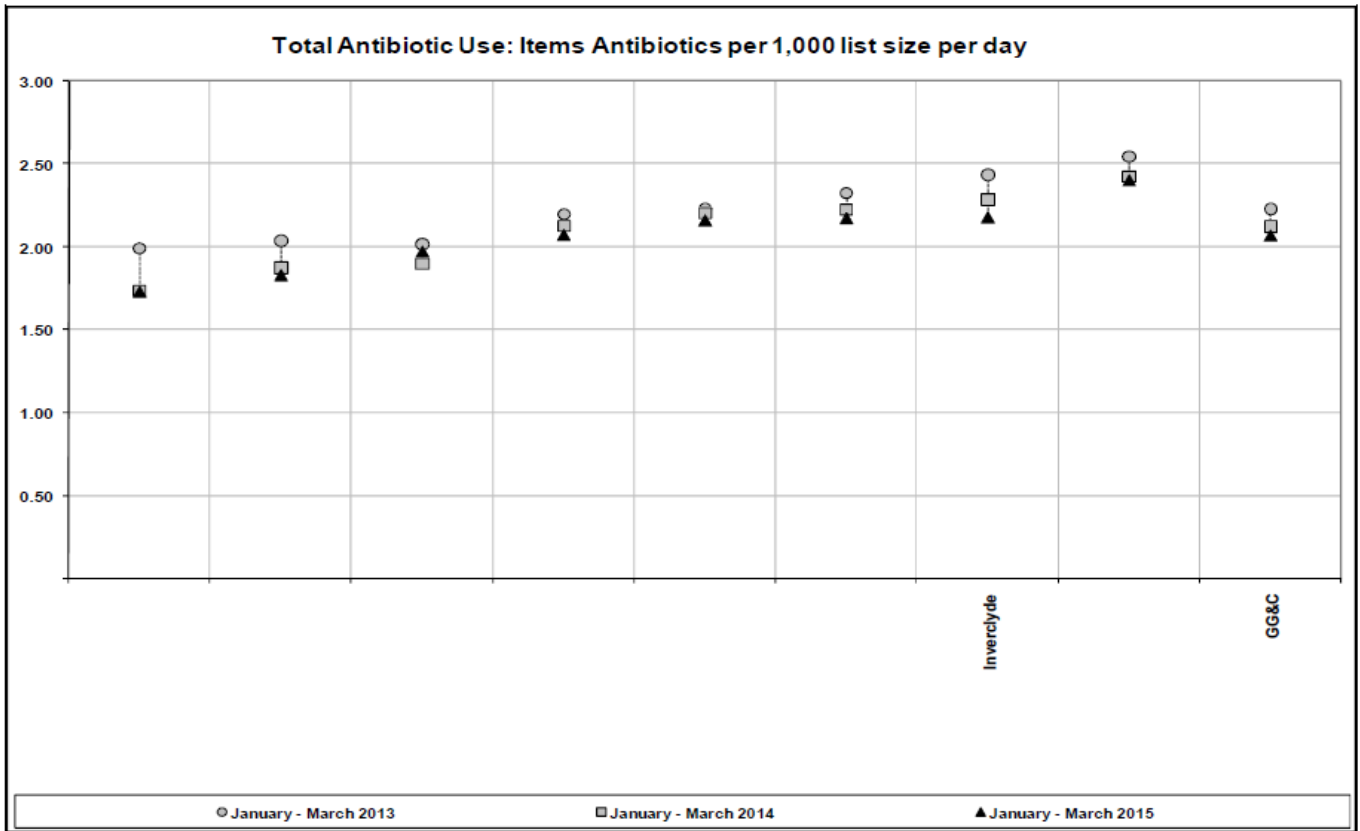
9.2 Appendix 2:  
NHSGGC HSCPs/Sectors Formulary Preferred List Prescribing Percentage

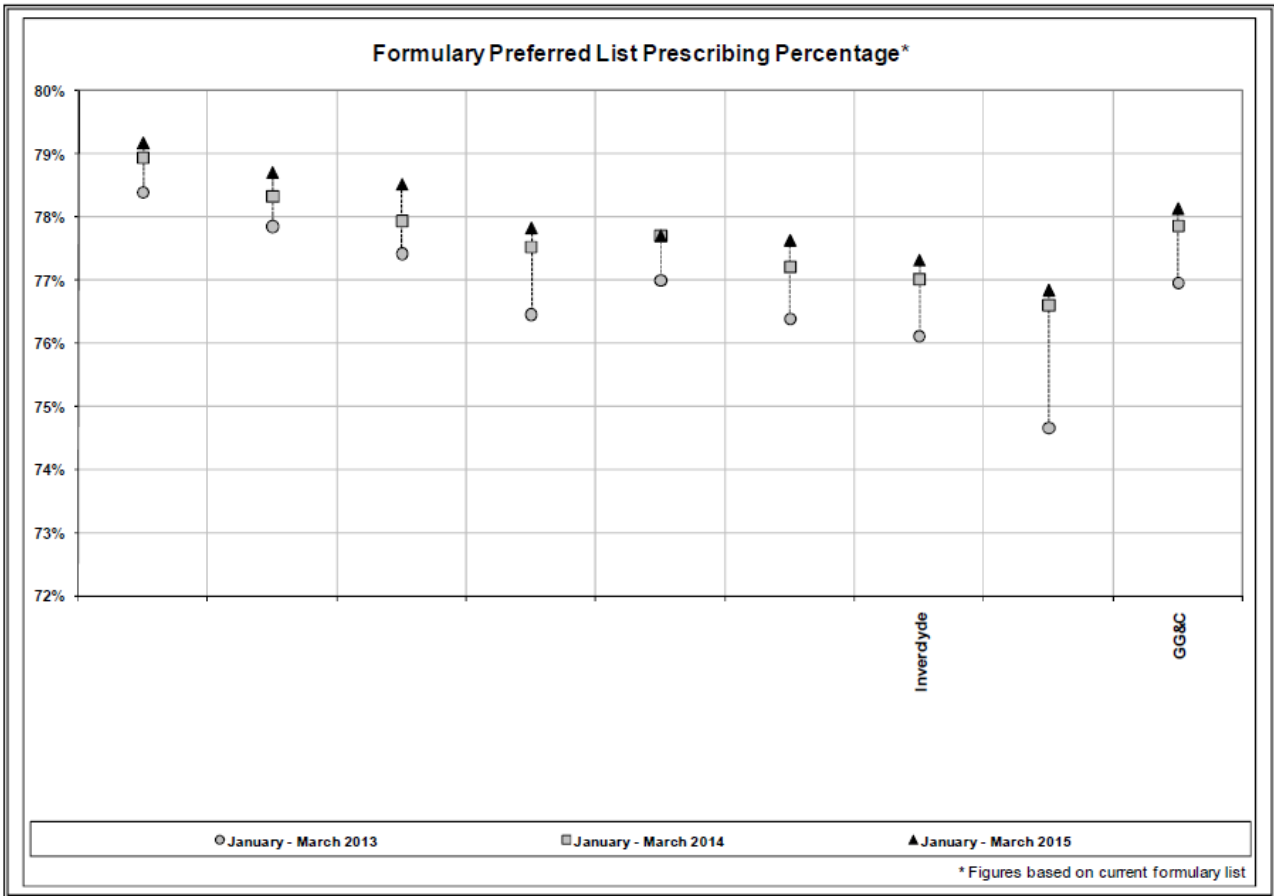
9.3 Appendix 3:  
NHSGGC HSCPs/Sectors Annualised items per 1000 weighted list size

9.4 Appendix 4:  
NHSGGC HSCPs/Sectors Items dispensed Growth (%)

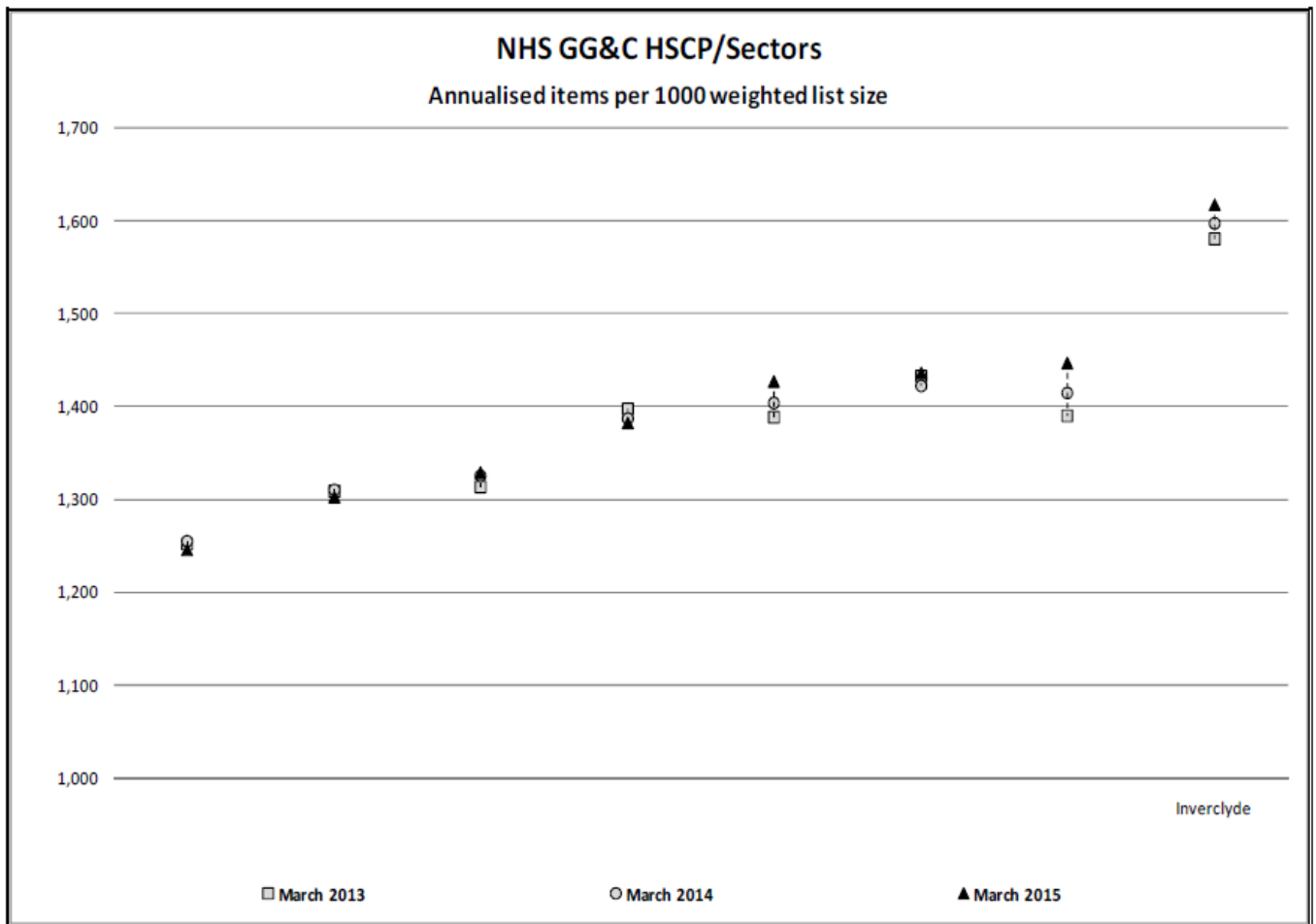
9.5 Appendix 5:  
NHSGGC HSCPs/Sectors Annualised cost per weighted list size

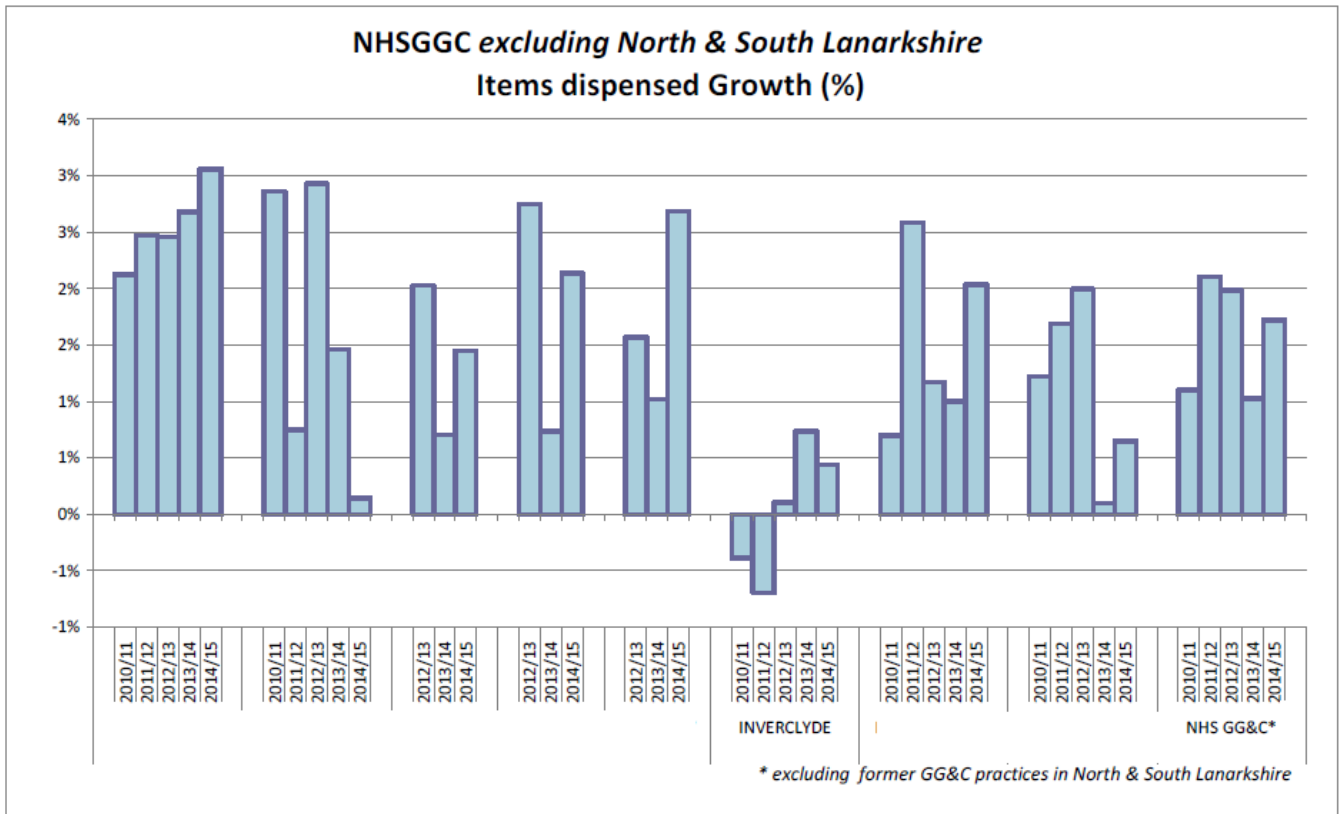
9.6 Appendix 6:  
GP Practices in Inverclyde HSCP Cost per weighted patient per quarter (Jan - Mar 2015)



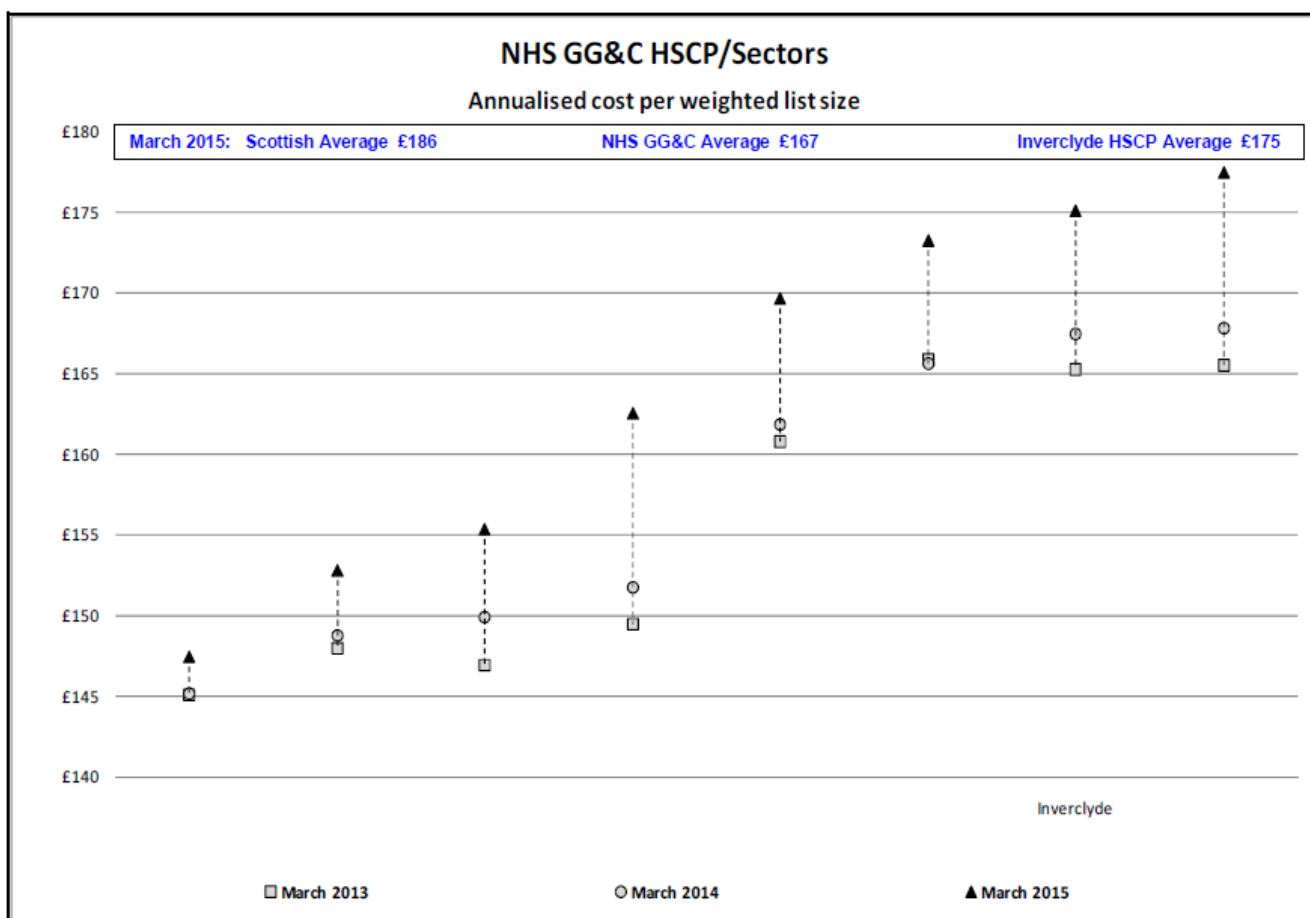




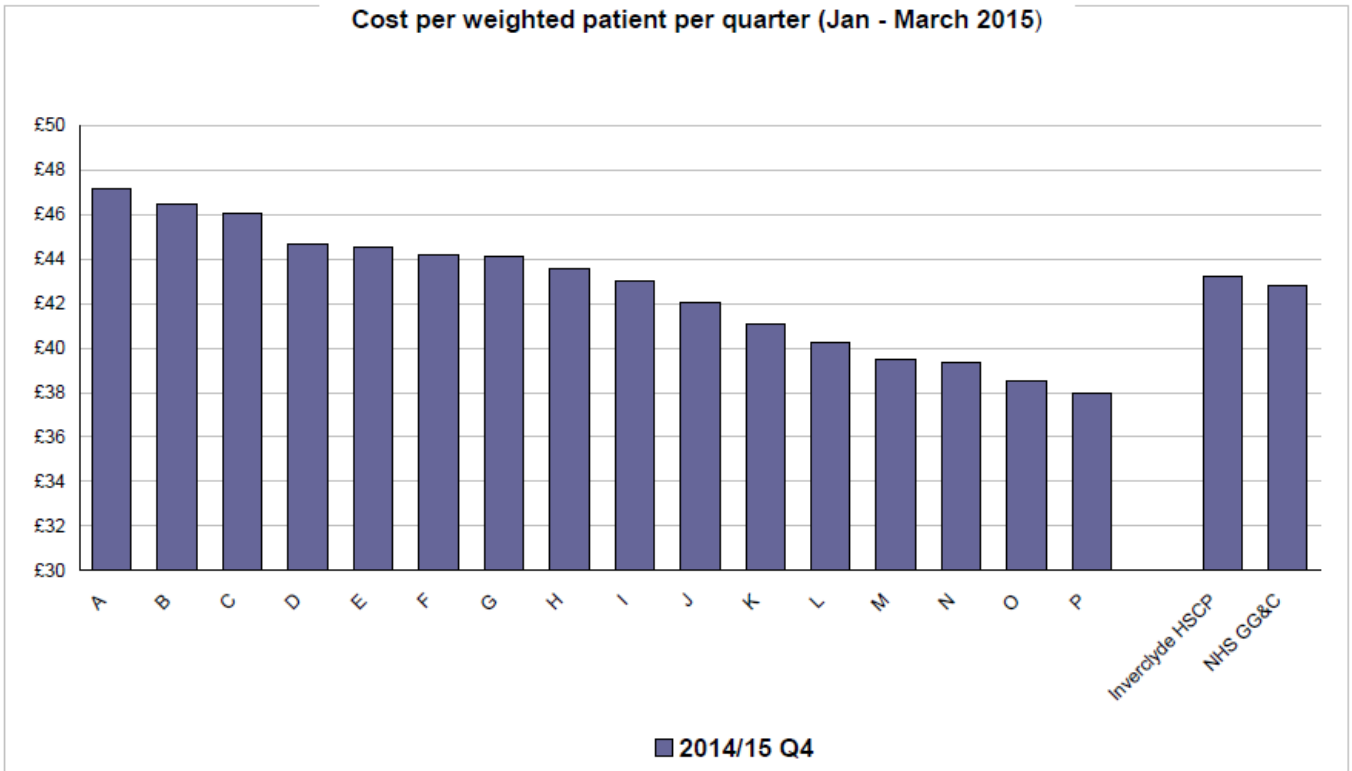




NHS GG&C HSCP/Sectors



**Inverclyde HSCP  
GP Practices in Inverclyde HSCP**



Practice	2014/15 Q4
A	£47.18
B	£46.43
C	£46.03
D	£44.68
E	£44.50
F	£44.21
G	£44.14
H	£43.55
I	£43.02
J	£42.05
K	£41.09
L	£40.27
M	£39.51
N	£39.31
O	£38.50
P	£37.93
Inverclyde HSCP	£43.19
NHS GG&C	£42.82