

Title/Subject: Introduction to Primary Care Prescribing
Meeting: Integration Joint Board
Date: 7 October 2016
Submitted By: Medical Director
Action: For Noting

1. INTRODUCTION

- 1.1 The purpose of this report is to brief the Integration Joint Board on the management of primary care prescribing within Falkirk Health and Social Care Partnership (HSCP).

2. RECOMMENDATION

The Integration Joint Board is asked to note:

- 2.1. The content of the report
- 2.2. Current challenges and activity in relation to prescribing management across primary care;
- 2.3. Forth Valley Health Board Medicines Governance Structure;
- 2.4. Central Pharmacy and Prescribing Support Team;
- 2.5. Total expenditure of £7.731m has been incurred on primary care prescribing within Falkirk IJB during the first 3 months of the financial year.

3. BACKGROUND

- 3.1 Safe, cost effective and patient centred prescribing is essential for patients and health and social care organisations. Medicines are a significant component of modern healthcare provision both in terms of treatment options and outcomes and associated resources.
- 3.2. Locally and nationally, the challenge is to deliver both safe and cost effective use of medicines with patients at the centre of delivery. The aim is to get the best value from medicines, both in terms of patient benefit and expenditure. This is achieved by developing good working relationships with GP practices, implementing prescribing support plans and supporting the delivery and development of prescribing support initiatives.

4. MANAGING PRESCRIBING

4.1. Current challenges in prescribing management across primary care

The process which clinicians undertake when making prescribing decisions is complex and is influenced by a number of factors including:

- national and local guidelines
- local health board formularies (agreed list of medicines routinely used within the health board)
- personal experience
- clinical autonomy
- local established practice
- new medicines
- cost pressures
- patient expectation

In terms of financial management, prescribing is variable, complex and to an extent an unpredictable cost.

The challenge is to deliver safe, patient centred and cost effective use of medicines:

- Safety: Changing clinical guidelines and new information on medicines safety result in ongoing GP workload for medication review. Communication challenges at the primary/secondary care interface and between health and social care are an area of potential risk and are therefore a focus for improving medication safety.
- Patient-centred care: Patient and carer education about the use of medicines can help improve understanding, compliance, reduce side effects, improve clinical outcomes and prevent medicines waste.
- Cost effective: 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 cost pressures include the continuing short supply of commonly prescribed drugs leading to national price increases, an ageing population, increased prevalence of long term conditions, the introduction of new medicines and new clinical guidelines.

4.2. Supporting Prescribing Management

- Safety and Patient Centred Care - 26 GP practices across Falkirk HSCP are delivering additional GP face to face polypharmacy (medication) reviews for patients on significant numbers of medicines or high risk drug combinations under the Whole System Working (WSW) Polypharmacy

Local Enhanced Service (LES) with the aim of reducing adverse drug reactions and polypharmacy.

- **Cost effectiveness** - Prescribing Support Plans are developed by analysis of prescribing data by a small group of staff within the Central Pharmacy and Prescribing Support Team. Comparisons are made to current best practice across Scotland, with identification of specific drug pressures, potential areas for improved safer use of medicines and the identification of prescribing efficiencies which are implemented by the Primary Care Pharmacy staff with the agreement and support from GP practices.

Significant work has been undertaken to support a reduction in medicine cost per patient. In 2011 NHS Forth Valley had the highest cost per patient for medicines prescribed across NHS Scotland. Forth Valley now are the 4th lowest cost per patient across NHS Scotland. FV is unique in Scotland with this achievement. See **Appendix 1**.

In September 2016, all GP practices have been invited to sign up to a Rational Prescribing Initiative (RPI). The RPI will encourage practices to review and improve prescribing across two specific areas, medicines used for pain and medicines used for respiratory conditions. The RPI also encourages GP practices to utilise ScriptSwitch®, which is an IT Prescribing Decision Support tool to support the cost effective use of medicines.

4.3. Forth Valley Medicines Governance Structure: (Appendix 2)

In support of safe and cost effective prescribing we have the following:

- **Primary Care Prescribing Group:** The group is chaired by the GP Clinical Lead for Falkirk HSCP and members are multidisciplinary and meet quarterly. The remit of group is to promote the safe and cost effective use of medicines across Primary Care. The group will review Medicines Safety Alerts from the Medical Health Care Regulatory Authority (MHRA) and provide and review prescribing advice relevant to primary care. The group also monitors prescribing patterns, prescribing cost per patient and the prescribing budget across primary care.
- **Medicines Resource Utilisation Group:** The group is chaired by NHS Forth Valley Medical Director and members include senior acute clinicians, acute senior management, senior finance, GP Clinical Leads, senior pharmacy and now includes the Chief Operating Officers from Falkirk and Stirling & Clacks Health and Social Care Partnerships. On behalf of the Health board, the group are tasked with the planning and monitoring of new and existing medicines associated with high cost and/or high service impact which have substantive clinical benefit and/or national support.
- **Area Drug and Therapeutics Committee (and sub groups):** The group and sub groups are chaired by a senior clinician. Members of each group will be multidisciplinary from both primary and secondary care. The group

(and sub groups) provides advice and guidance relating to the use of medicines across NHS Forth Valley board area (primary and secondary care).

4.4. Central Pharmacy and Prescribing Support Team

- The Central Pharmacy and Prescribing Support Team's role is to advise and support prescribing in primary care. In addition the team supports the medicines governance agenda, patient safety, effective prescribing and prescribing efficiency savings across NHS Forth Valley.
- Pharmacist and pharmacy technicians work in GP practices to ensure that primary care priorities are delivered which includes:
 - Supporting practices with GP sustainability challenges
 - Supporting practices with delivering medication reviews
 - Supporting practices with cost effective prescribing work e.g. Rational Prescribing Initiative (RPI)
 - Supporting practices with minimising medicines waste.

5. PRESCRIBING EXPENDITURE POSITION

- 5.1.** The total annual Pharmaceutical Services budget for Falkirk IJB is £34.407m. This is comprised of £28.241m in respect of the cost of drugs prescribed by GPs and other Primary Care Clinicians and £6.166m in respect of fees and other remuneration paid to Community Pharmacists as part of the national Community Pharmacy contract and locally commissioned pharmaceutical services. As this paper focuses on Primary Care Prescribing, as opposed to Community Pharmacy contractual issues, the commentary below reflects drugs expenditure only.
- 5.2.** The cost of all primary care prescriptions is processed by the Practitioner Services Division (PSD) of NHS National Services Scotland. The time taken to collect, scan and price all prescriptions across Scotland results in a 2 month delay in the receipt of actual prescribing cost data. Therefore, at this stage in the financial year the most up to date prescribing data available reflects the 3 month period from April to June.
- 5.3.** Total drugs expenditure incurred during April to June equates to £7.731m (up £0.348m or 4.7% on the same period last year). This equates to an overspend of £0.671m against the available budget for the period (note that this issue will be considered further as part of the IJB financial budget and recovery plan report). Key growth areas include anti diabetic and antithyroid drugs (specifically pioglitazone and liothyronine), analgesics (relating to lidocaine) and endocrine (relating to hydrocortisone 10mg tablets) and drugs used to treat various central nervous system conditions (pregabalin, trazodone and trimipramine).

6. CONCLUSIONS

The Integration Joint Board is asked to note:

- Current challenges in prescribing management across primary care
- Forth Valley Health Board Medicines Governance Structure
- Central Pharmacy and Prescribing Support Team
- The prescribing financial position as at 30 June 2016.

Resource Implications

Financial Implications:

Pharmaceutical services represent c50% of the universal element of the Falkirk IJB budget and is therefore an area of potential financial risk. Given that only 3 months of prescribing data is available it is too early to make any firm predictions in terms of the potential forecast outturn at this stage. The position will be kept under review as actual prescribing data becomes available during the course of the year. This will continue to be reported to the Board in the IJB Financial Budget and Recovery Plan report.

Impact on IJB Outcomes and Priorities

Locally, our challenge is to support the safe and cost effective use of medicines with patients at the centre of the activities.

Legal & Risk Implications

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

Consultation

No consultation is required for the purposes of this report.

Equalities Assessment

There are no equality issues within this report. Medicines are prescribed according to individual patient clinical need. There has been no Equality Impact Assessment carried out as this report does not introduce new policy or a change to an existing policy or service.

Approved for Submission by: **Tracey Gillies, Medical Director**

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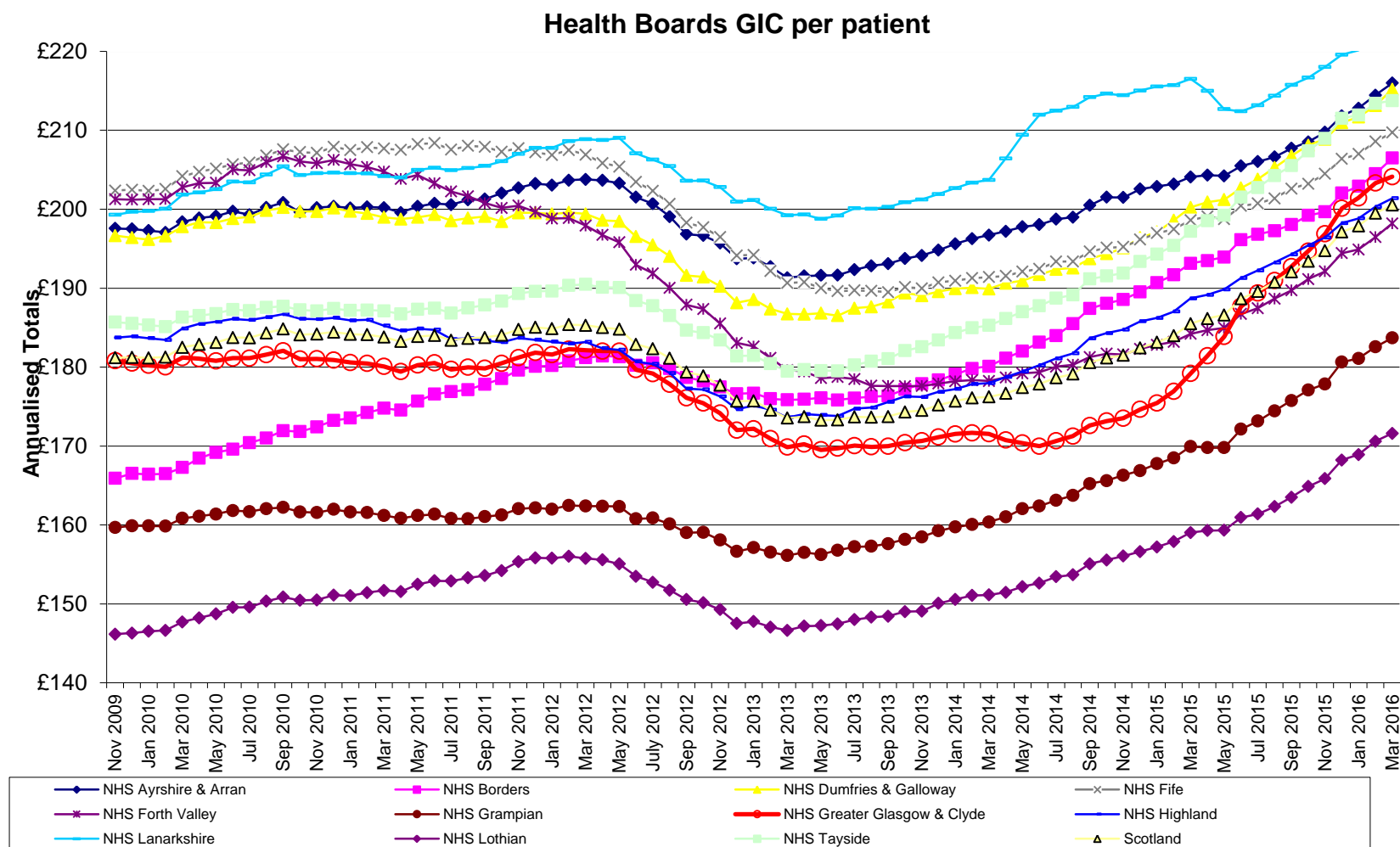
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List of Background Papers: The papers that may be referred to within the report or previous papers on the same or related subjects.

Appendix 1: Cost per patient HB comparison

Appendix 2: NHS Forth Valley Medicines Governance Structure

APPENDIX 1: Cost per patient health board comparison



APPENDIX 2

