



## RISK, AUDIT AND PERFORMANCE COMMITTEE

<b>Date of Meeting</b>	19 November 2025
<b>Report Title</b>	Aberdeen City HSCP: Prescribing Efficiencies Update Report
<b>Report Number</b>	HSCP.25.093
<b>Lead Officer</b>	Emma King, Primary Care Lead, ACHSCP
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<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Exempt</b>	No
<b>Appendices</b>	n/a
<b>Terms of Reference</b>	5, 18

### 1. Purpose of the Report

- 1.1. Whilst the Prescribing Group has not been formally tasked with reporting progress or financial monitoring to RAPC, specific members of the group have been asked to support with the preparation of this report. The Pharmacy & Medicines Directorate's usual process for financial performance reporting is to provide updates to the Prescribing Group at its bi-monthly meetings, which include representation from the City team.
- 1.2. To advise members of the programme of prescribing efficiencies work within Grampian and Aberdeen City noting areas of obligations, ongoing risk and management of mitigating actions for 2025/26.

### 2. Recommendations

- 2.1 It is recommended that the Committee:



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- a) Notes the update regarding prescribing costs and forecast budget position for 2025/26;
- b) Note areas of risk and management of mitigating actions that forms part of the overall NHS Grampian's Primary Care Prescribing work programme.

### 3. Strategic Plan Context

This work supports 2 of the IJB's strategic aims:

#### 1. Strategic Aim: Modernise Our Approach to Service Delivery

The prescribing report supports data-driven decision-making and cost efficiency, which aligns with the strategic goal of transforming service delivery to be more sustainable and effective. By identifying cost pressures and variance in both prescribing spend and activity, making efficiencies and data for accurate budget planning, this workstream supports financial sustainability for HSCP through reduction of unplanned overspends.

#### 2. Strategic Aim: Shift Our Focus to Prevention and Early Intervention

The report provides early identification of financial risks and encourages proactive budget setting to avoid reactive cuts or service disruptions. Medicines management activities contribute to preventative care through reduction of unnecessary medication use (e.g. Reducing errors/duplications, improved quality, or reduced wastage) and thus potentially reducing spend.

### 4. Summary of Key Information

**Background** Aberdeen City Health and Social Care Partnership's (ACHSCP) 2025/26 prescribing budget is £44.5m. During the 2025/26 budget setting of the Integration Joint Board (IJB), the Medium-Term Financial Framework<sup>1</sup> (MTFF) considered significant pressures and agreed savings to deliver a balanced budget. The prescribing budget, as one of the largest delegated budgets was noted as a key risk to the IJB financial planning. The prescribing budget comes from central government and is delegated to Boards for the management and delivery of the service.

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<sup>1</sup> ABERDEEN CITY IJB MEDIUM TERM FINANCIAL FRAMEWORK 2024/25 – 2030/31  
<https://www.aberdeencityhscp.scot/globalassets/governance/medium-term-financial-strategy.pdf>



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The prescribing budget is a significant part of the overall health and social care budget and is allocated to Integration Joint Boards (IJBs) as part of their delegated responsibilities. This funding stream covers the cost of medicines prescribed in primary care and dispensed in the community.

While national agreements (such as those negotiated by NHS Scotland or the Scottish Government) influence medicine pricing and availability, the IJB is responsible for managing the local prescribing budget. This includes monitoring trends, supporting cost-effective prescribing, and ensuring safe and appropriate use of medicines across GP practices.

However, it's important to note that:

- The IJB does not directly control all aspects of prescribing (e.g. individual clinical decisions or national drug tariffs).
- The IJB can influence and monitor prescribing through local policies, formularies, and support from pharmacy teams.
- Prescribing is a demand-led budget, meaning costs can fluctuate based on patient need, new treatments, or changes in clinical guidance.

This makes collaboration with GPs, pharmacists, and wider primary care teams essential to ensure the budget is used effectively while maintaining high standards of patient care.

The continued pressure on prescribing budgets can be seen with ACHSCP's current overspend of £0.914million at month 5 figures. There is a forecast overspend outturn of a £2.9million against budget in this fiscal year 25/26. Close monitoring of expenditure and improvement activity continues via the bi-monthly Primary Care Prescribing Group (PCPG) and the pan Grampian Pharmacy Leads meetings.

### Context

**4.1.** Across Scotland, prescribing accounts for circa. 10% of IJB budgets and around a third of overspends are attributed to prescribing. Prescribing trends continue to reflect both the growing complexity of patient needs and the financial pressures facing the NHS. The volume and cost of medicines prescribed in primary care have steadily increased, driven by factors such as population growth, changing demographics, changes in medicine pricing, new medicines, changes in treatment pathways, inflation, rising multi-morbidity, medicine shortages and although a small cost overall, changes in Scottish Government policies such as Pharmacy First / First Plus also contribute. National strategies—like Population Health Scotland, Polypharmacy Guidance and Realistic Medicine—are encouraging a more preventative, person-centred, closer to home,



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evidence-based prescribing, with a focus on reducing harm and improving outcomes of which, any efficiencies work must be seen in the context of.

### **Scottish Drug Tariff**

**4.2.** In July 2025, the Scottish Government set the Part 11 clawback rate in the Scottish Drug Tariff to 0%, removing the previous deduction applied to pharmacy reimbursements to reflect supplier discounts. This change increases the gross cost of medicines reimbursed under NHS prescriptions, as IJBs must now absorb the full cost without offsetting clawback savings. As prescribing budgets sit within the Family Health Services allocation, this adjustment places additional financial pressure on IJBs.

**4.3.** By suspending clawback, the government acknowledges the fragility of the pharmacy network and aims to prevent closures or service reductions, especially in areas where pharmacies are under financial strain. This will be reviewed again after the Community Pharmacies 2026/27 discount survey, indicating this is a short-term measure to support pharmacies while longer-term funding models are evaluated.

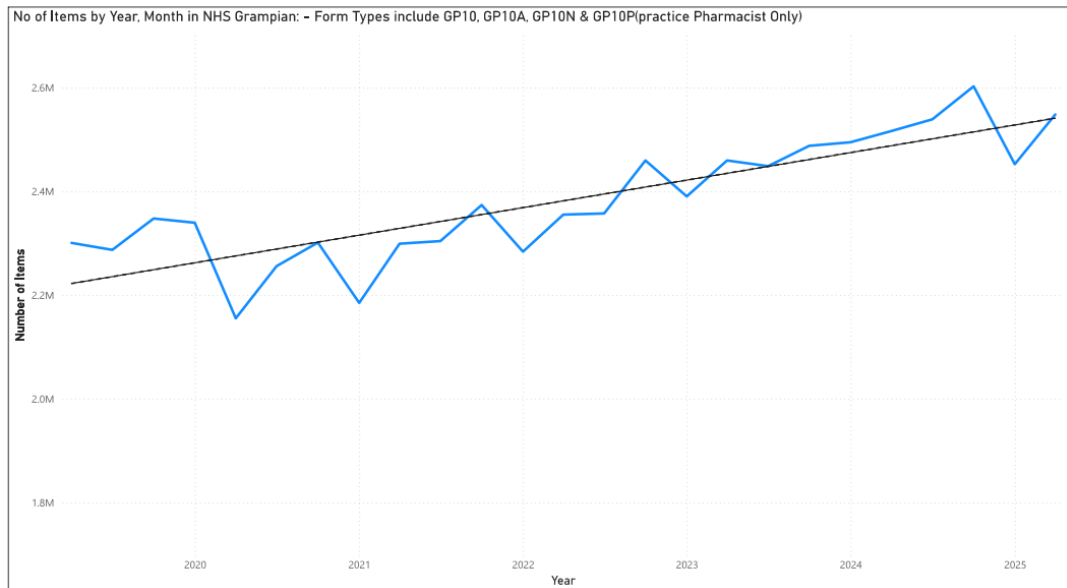
### **GP Prescribing**

**4.4.** General practice plays a central role in Primary Care prescribing activity, with approximately 95% of the prescribing budget driven by GP-issued prescriptions. The remainder of prescribing is nurse, pharmacist and other ANP prescribing. This reflects the volume and breadth of conditions managed in primary care, including long-term conditions, acute episodes, and preventative treatments. These prescriptions can be initiated either by primary care clinicians or on the recommendation of secondary care colleagues. As such, prescribing decisions made in general practice have a significant impact on overall budgetary pressures.

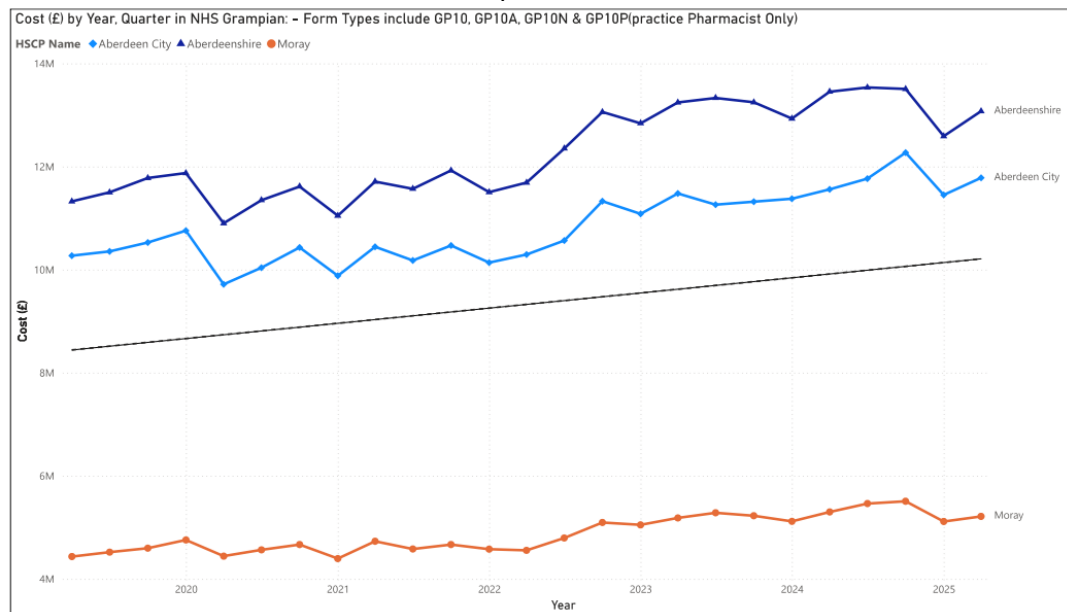
**4.5.** See below Graph 1 noting the continued rising trend of items volume (GP10 is GP/ANP/practice pharmacist prescribing only) within general practice. With Graph 2 noting the increasing costs associated with this.



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Graph 1.



Graph 2.

**4.6.** While many prescriptions are clinically appropriate and necessary, variation in prescribing patterns, formulary adherence, and repeat prescribing processes can all influence cost. Supporting GPs with robust prescribing guidance, decision support tools, and pharmacotherapy input is essential to ensure prescribing remains clinically appropriate, safe, effective, and financially sustainable. The Pharmacy core team prior to Pharmacotherapy service delivery requirements, would undertake some of this work previously working in collaboration with GPs. This work was previously supported by the now obsolete Quality and Outcomes



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Framework Contract<sup>2</sup> (QOF) which allowed for regular reporting of prescribing data to facilitate qualitative clinical discussions with clinicians. Unfortunately, due to the underfunded nature of PCIP coupled with the continued growing population demand, the core team have been absorbed into delivery of this service.

### NHS Pharmacy First Scotland

**4.7.** Another element of the budget is Pharmacy First. Pharmacy First is a national NHS service launched in July 2020 that enables patients to access advice, treatment, or referral for common clinical conditions directly from community pharmacies, without needing to see a GP for all people in Scotland (this was originally known as the Minor Ailments Service which launched in 2008. In 2020 eligibility criteria was removed which made it available to all). Pharmacy First covers common ailments such as sore throats, earaches, urinary tract infections, and impetigo. The service has a set formulary which is agreed at national level. The aim is to provide timely care, reduce pressure on general practice and emergency departments, and improve access to treatment.

**4.8.** Pharmacy First prescribing costs NHS Grampian circa £1.52million a year. This roughly equates to approx. £609k for Aberdeen City HSCP's share. The service has seen a small 8% increase since 2023 to 2024 figures for both volume and cost. Please see Graph 3 below.

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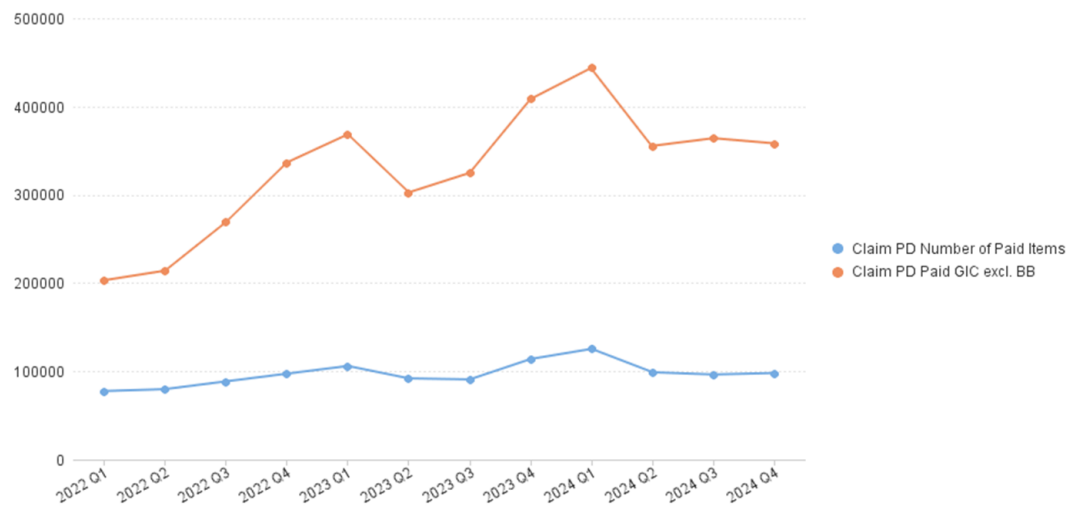
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[Improving Together: A National Framework for Quality and GP Clusters in Scotland - gov.scot](#) and [Quality and Outcomes Framework \(QOF\) - closed - Search the datasets - National Datasets - National Data Catalogue - Health intelligence and data management - Resources and tools - Public Health Scotland](#)



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Ph1st Items and Cost trend



Graph 3

### NHS Pharmacy First Plus Scotland

**4.9.** An additional service recently implemented, is Pharmacy First Plus which allows pharmacist independent prescribers (CPIPs) to manage common clinical conditions that would otherwise require GP input. Conditions covered include dermatological issues, respiratory infections, and eye conditions. For 2024/25 Pharmacy First Plus costs in Aberdeen City were £20,481 (in 23/24 costs were £21,352).

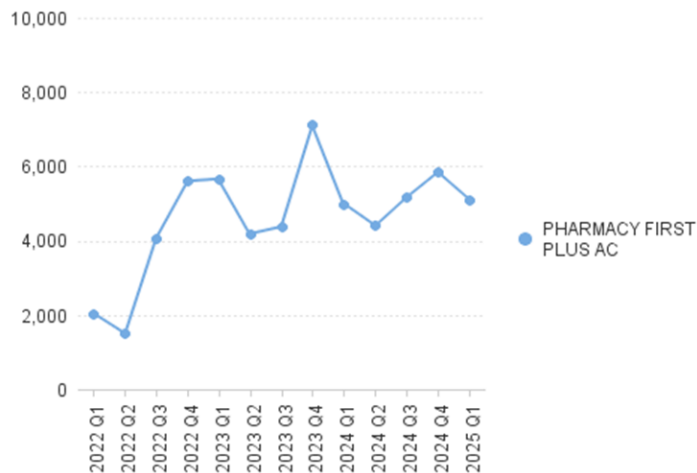
**4.10.** Graphs 4 and 5 below show the increasing trends of both volume and costs. For Pharmacy First Plus prescribing, there has been 54% increase in costs since 2022 until 2024 (full year figures) from £13,218 to £20,418. This equates to 141% increase in volume from 2247 to 5433 items prescribed and would be expected as part of a growing service for patients. While this percentage makes the growth look significant, the actual cost is very low when comparing the amount spent on primary care prescribing. The intention and benefits of Pharmacy First Plus, is to reduce the contacts and workload within GP Practices. (Pharmacy First Plus AC relates to Aberdeen City).



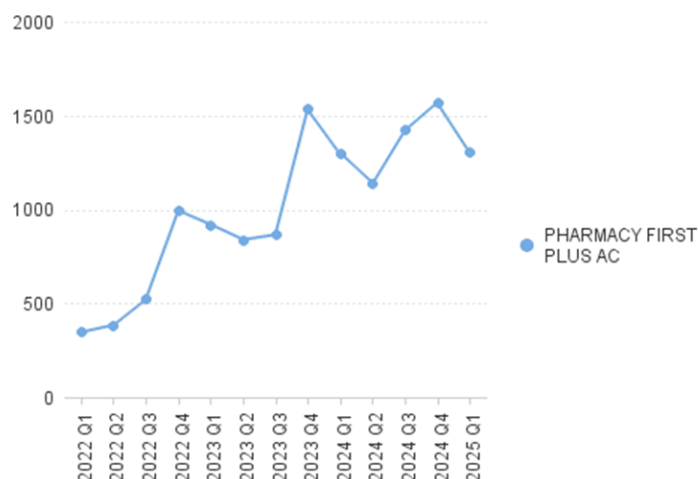


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Pharmacy First PLUS: Cost per quarter



Pharmacy First PLUS: Items per quarter



Graphs 4 and 5

**4.11.** The Scottish Government planned continued expansion of Pharmacy First and Pharmacy First Plus has had implications for IJB budgets, particularly in regions like Grampian. However, while this shift benefits the whole system, it presents a challenge for IJB budgets. As prescribing activity and associated costs move from general practice to community pharmacy, the financial responsibility increasingly falls on IJBs, who may not see a corresponding reduction in GP funding. This creates a budgetary pressure that needs to be addressed to ensure sustainable service delivery. On one hand, these services can reduce demand on GP practices and unscheduled care, potentially lowering costs associated with more expensive healthcare settings as well as increased community-based care giving easier access for patients.





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**4.12.** However, for both services this cost is relatively low compared to the overall prescribing budget of £44.5m. This demonstrates the need for collaboration with general practice and individual clinicians to consider the funding implications when prescribing and where much of the improvement actions have been focused.

**4.13.** The monthly pharmacy payments for both schemes are nationally funded however the costs of medicines prescribed under these schemes contribute to a small rise in prescribing budgets comparatively to prescribing within practices. The overall impact is positive—reducing demand on overstretched GPs, improving patient experience, and supporting the long-term transformation of primary care.

### **Efficiencies: A Broad Approach Required**

**4.14.** There is no single solution to controlling prescribing costs. A broad, system-wide approach is needed, combining clinical, operational, and strategic actions. It is important to recognise that workforce engagement is required, and for Primary Care that is a number of different people: GPs, clinical/cluster leads, Local Medical Committee/GP-Sub Committee, ANPs, practice teams to name a few. Aberdeen City HSCP's Primary Care Team works closely with NHS Grampian and HSCPs colleagues to do this.

**4.15.** This includes promoting evidence-based prescribing, enhancing formulary compliance, investing in pharmacist-led medication reviews, and improving digital tools for prescribing decision support. However, it is important to note that this type of quality-led work does not always lead to efficiencies. Collaboration across all sectors including; hosted services, community and primary care, pharmacy, and public health teams is essential to identify unwarranted variation and reduce waste. Ultimately, sustained improvement will depend on coordinated efforts across multiple fronts, supported by data, education, and a shared commitment to value-based care. Efficiencies are also not just about cost savings; they are essential to ensuring safe, sustainable, and equitable access to medicines. However, whilst the decisions to prescribe are made locally, the costs of the drugs and the agreement to introduce new drugs are made locally and nationally.

## **Progress Updates**

### **NHS Grampian Medicines Management**



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**4.16.** NHS Grampian and each of the HSCPs in Grampian agreed in 2024/25 a 'spend to save' to support delivery of prescribing efficiencies. This is a joined-up plan with a distinct NHS Grampian wide team supporting. This comprised of a team of one pharmacist (0.6 FTE) and 2 pharmacy technicians (0.9 FTE) jointly funded by all 3 IJBs to undertake this work. The team are managed within the Pharmacy & Medicines Directorate and their work is reported to the Primary Care Prescribing Group (This group has representatives from each HSCP, clinical leads and the Director of pharmacy amongst others). Savings work undertaken by the team, across NHS Grampian, focuses on high yield medicine switches. Work undertaken in individual practices will be dependent on current prescribing.

**4.17.** The central medicines management team have undertaken savings work. Twelve months savings are what would be saved in a 12-month period. The in-year savings is what will be saved in 25/26 - this is less because not all work is done on 1st April. To ensure estimates are not exaggerated the team generally use in-year estimates as the guide. This has delivered the following in-year savings (up to 30<sup>th</sup> September 2025):

<b>Estimated in year saving <u>by remote delivery</u></b>		
<b>NHS Grampian</b>	£	391,708
<b>Aberdeen City</b>	£	219,790
<b>Aberdeenshire</b>	£	166,674
<b>Moray</b>	£	5,244



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	Estimated actual <b>saving</b> (12 months)
<b>NHS Grampian</b>	£ 429,462
<b>Aberdeen City</b>	£ 266,495
<b>Aberdeenshire</b>	£ 155,978
<b>Moray</b>	£ 6,990

### Public Communications

**4.18.** As part of the ongoing programme of work, NHS Grampian launched a public campaign in early 2025 to reduce medicines waste, shaped by feedback from over 2,800 residents and six public focus groups in late 2024. The campaign highlights the financial and environmental impact of unused medicines. It encourages patients to take simple steps to reduce waste, such as only ordering what they need and reviewing repeat prescriptions. The initiative also aims to redirect resources to frontline care and improve sustainability across the system.

#### Key Campaign Messages

- **Only order what you need** – especially for repeat prescriptions.
- **Check your medicine cabinet** before reordering.
- **Let your GP or pharmacist know** if there are medicines on your repeat list you no longer take.
- **Don't stop taking medicines** without speaking to a healthcare professional.
- **Check your pharmacy bag before leaving** – medicines cannot be reused once dispensed.
- **Consider buying low-cost over-the-counter medicines** (e.g. paracetamol) when appropriate.
- **Return unused medicines to your pharmacy** for safe disposal.
- **Talk to your pharmacist** about any medicines you're unsure about.
- **Reducing waste helps free up NHS resources** for doctors, nurses, and essential services.



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- **Wasted medicines harm the environment** and increase disposal costs.

**4.19.** The end of September saw the beginning of a reinvigorated Social Media Campaign regarding Unused Medicines / Minor Illness which is attached in Appendix 1. In addition, see link below for two videos that are being run on social media. This campaign begins Tuesday 30th Sept for 2-weeks with a 2-week break then will run for another 2 weeks. (Appendix 3).

**1. Post 1: 1 in 10 medicines go to waste**

1 in 10 medicines in Scotland go to waste, costing NHS Grampian millions every year. Learn more about how to help reduce your medicine waste visit Unused Medicines

**Accompanying video:**

<https://vimeo.com/1057814995/e42b1aa7de?share=copy>

<https://youtu.be/znbtv2aZ-kk>

- 2. Post 2: Over the Counter - Minor Illnesses Did you know?** When it comes to minor illnesses self-care and purchasing medicines saves your NHS money. For minor illnesses please visit [www.nhsinform.scot](http://www.nhsinform.scot) or speak to your community pharmacist for advice. Accompanying Video attached.

<https://youtube.com/shorts/Be5sVFYMCew?feature=share>

This work is now being re-shared and re-invigorated across public social media and professional communication channels this Autumn.

### ACHSCP Primary Care

**4.20.** Across Grampian, GP practices (as independent contractors) have the choice to accept central support for the delivery of prescribing efficiency savings. To date, of the two Practices who have not signed up, they have fed-back concerns about unfunded transfer of work within an already busy system. There has been a satisfactory level of Grampian-wide engagement to those who have been offered which have been stratified in order of financial benefit as detailed in table below. This work is ongoing;

Efficiency Engagement	City No. of practices	Grampian No. of Practices
Practices have had efficiency work completed	13	30



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Practices pending	3	6
Practices awaiting log-ons	1	2
practices awaiting preference forms	0	0
Practice awaiting log-ons and preference form	0	0
Practices have not responded to engagement emails	2	7
Practices have declined engagement with the team.	2	3
Practices have had Chronic Medication Service (CMS) issues reviewed	12	34

**4.21.** All requests for remote access have to undergo a Data Protection Impact Assessment (DPIA) and data sharing agreement as GP practices are their own data controller. This has been supported by Information Governance colleagues. A DPIA is in place to ensure appropriate governance arrangements support the remote delivery of efficiency work.

**4.22.** Within ACHSCP, to support prescribing improvement, information sessions were held with those who attended the City-Wide GP Practice events from general practices across the city over 2024/25, focusing on cost-effective prescribing, regular updates and use of lower cost non-branded medicines. During these sessions, attendees were shown comparative data highlighting the financial impact and were guided on how to optimise prescribing using ScriptSwitch. The sessions also included discussion on the rising financial pressures facing IJB budgets and the role prescribers can play in mitigating these through clinically appropriate, cost-conscious choices. Feedback from practices was generally positive, with many identifying immediate opportunities to reduce unnecessary spend.

**4.23.** Over the course of 2024/25 and so far in 2025/26 practices have been given the opportunity to participate in various savings initiatives, where there has been a payment per patient review. See below timelines for your information;

- May 2024: opt in to undertake Keppra to generic levetiracetam
- July 2024: opt in to undertake rivaroxaban to apixaban switches



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- July 2025: opt in to either undertake DOAC switches or have central team undertake on practice behalf (no payment for central teamwork undertaken).

**4.24.** In addition, Cluster Leads were encouraged to share learning and experiences with their cluster practices. Presentations were given to non-medical prescribers at an online event.

### **5. Implications for IJB**

#### **5.1 Equalities, Fairer Scotland and Health Inequality**

There are no direct implications as this is a noting report.

### **Financial**

**5.1.** Aberdeen City HSCP has a total prescribing budget of £44.5 million. Current predictions indicate a £2.9 million forecast overspend in 2025/26. Risks to budget stability include medicine shortages, volatility in drug pricing, and unpredictable uptake of new medicines. This changed position from 2024/25 has also been negatively impacted by a £5.9 million budget movement, which involved the reallocation of funding originally contributed by the local authority to support prescribing. Due to significant financial pressures on local authority budgets, this funding was redirected to other service areas considered higher risk, such as care packages.

**5.2.** National prescribing policies, including changes to drug tariff, licensing updates, and increased demand for newer or specialist medications, are contributing to rising prescribing costs across Scotland. These pressures—many of which are outside local control—are impacting the city (and other) IJB budgets significantly, with prescribing now accounting for a substantial proportion of forecast overspends and requiring close collaboration to manage sustainably. While these trends are largely shaped at a national level, it's important to note that most prescribing decisions are made by GPs based on individual clinical need, ensuring patients receive the most appropriate care. Supporting prescribers with guidance and system-wide efficiencies will be key to managing these pressures sustainably.

#### **5.3 Workforce**



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There are no direct implications as this is a noting report.

### 5.4 Legal

There are no direct implications as this is a noting report.

### 5.5 Unpaid Carers

There are no direct implications as this is a noting report.

### 5.6 Information Governance

There are no direct implications as this is a noting report.

### 5.7 Environmental Impacts

There are no direct environmental implications arising from the recommendations of this noting report. We feel it is worthwhile mentioning the ongoing 'green' agenda can sometimes mean that the 'cheapest' medicine is not the 'greenest' medicine

### 5.8 Sustainability

There are no direct sustainability implications arising from the recommendations of this noting report.

## 6.0 Management of Risk

- 6.1 The key risks to delivering a balanced prescribing budget have been identified as Financial;

Financial Risk – Insufficient funding available to cover the prescribing budget for full year costs without significant cost efficiencies made.

- 6.2 Link to risks on strategic or operational risk register:

Category	Description of risk	Mitigations
Finance	IJB financial failure and projection of overspend	Efficiency work as detailed in this report





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		<p>is underway. NHSG public communications focusing on reducing waste and overordering.</p> <p>Workshops with ACHSCP prescribers e.g. GPs to educate and ensure data-driven work to reduce spend but not clinical care.</p> <p>Remote working by the Central pharmacy team to move prescriptions to cheaper/non-branded alternatives without impacted patient care.</p>
<b>Commissioning</b>	<p>The commissioning of services from third sector and independent providers (e.g. General Practice and other primary care services) requires all stakeholders to work collaboratively to meet the needs of local people.</p>	<p>Ongoing discussions with GP cluster and clinical leads to support focus on prescribing efficiencies and education.</p> <p>Citywide GP and practice manager workshops highlighting areas of focus and opportunities for reducing waste and spend.</p>