



## INTEGRATION JOINT BOARD

<b>Report Title</b>	Prescribing Update
<b>Lead Officer</b>	Dr Stephen Lynch, Clinical Director
<b>Report Author (Job Title, Organisation)</b>	Dr Stephen Lynch, Clinical Director
<b>Report Number</b>	HSCP/17/142
<b>Date of Report</b>	08.03.2018
<b>Date of Meeting</b>	27.03.2018

### 1: Purpose of the Report

This report provides the Aberdeen City Integration Joint Board (IJB) with an overview of the current budget position in relation to prescribing and the actions being taken by the Primary Care Prescribing Group in response to these pressures.

### 2: Summary of Key Information

#### Background

Growth in medicines use and its associated costs continues to bring above inflation pressure to prescribing budgets in primary and secondary care. NHS Grampian is committed to meeting the clinical needs of its local population to maximise potential for health gain. Aberdeen City IJB along with the other IJBs in Grampian are facing significant overspends in the prescribing budgets. The current projection is that the overspend in Aberdeen City for 2017/18 will be approximately £1.8 million.

The main drivers of this overspend are external:

- Volume growth in year remains volatile but below / in line with predictions (0.5% Vs the 0.79% growth modelled),
- Cost per item has risen from £11.32 (April) to £11.63 (November) with a high in August of £11.72,
- Adoption of new medicines has had a lower impact than originally modelled
- Savings from Pregabalin are vastly below the predicted level in Scotland



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due to the negotiated price in Scotland creating a potential £1.2 million risk in year across NHSG, and

- A range of medicines that are agreed as in short supply in the UK, and for which prices have increased above the normal reimbursement rate for pharmacies, are causing a significant financial pressure in NHSG of £2.3 million - £3 million.

### Assessment

Whilst work continues to support efficient prescribing through technical efficiencies (swapping one drug for a more cost effective drug); identifying and responding to inexplicable prescribing variation between practices; and considering different supply routes for prescription items such as dressings and oral nutritional supplements, these actions on their own will not create savings of the magnitude or with the pace required to impact prescribing spend to the degree required to bring spend within the proposed budget for 2018/19.

In responding to these pressures the IJB is asked to support the activities of the Primary Care Prescribing Group, a sub-group of the Grampian Medicines Management Group to provide:

- Continued focus on promotion of efficient prescribing / cost effective swaps of one medicine to another,
- Refreshed prescribing guidance to be launched emphasising good practice,
- Improved use of performance management data / use of new data to identify prescribing variation,
- A review of provision of medicines with limited evidence of efficacy,
- A review of the provision of NHS funded medicines for the treatment / relief of acute, self-limiting conditions and the associated balance of self-funded care by members of the public,
- Options whereby the clinical needs of patients might be met from a more restricted choice of treatment options to promote cost efficiency, and
- A plan for a more effective suite of interventions to reduce waste, particularly in relation to repeat medicines.

Part of this work has now been undertaken by the Primary Care Prescribing Group which has recommended:

- 1) Strengthening the Grampian policy of prescribing by generic name so that



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unless there is a clinical reason for receiving a branded product the cheaper generic version is prescribed. If all possible branded products were switched to generic versions within Aberdeen City H&SCP this would contribute £143,000 to the prescribing budget.

2) Implementing a policy of no new patients and a de-prescribing / replacement strategy for existing patients for those receiving the following drugs of limited clinical value (see Appendix 1 for indications of use for these):

- a) Glucosamine and Chondroitin
- b) Herbal Treatments
- c) Lidocaine Plasters
- d) Lutein and Antioxidants
- e) Omega-3 fatty acid compounds
- f) Oxycodone and Naloxone combination product
- g) Paracetamol and Tramadol combination product
- h) Perindopril Arginine
- i) Rubefaciants
- j) Trimipramine
- k) Once Daily Tadalafil

It is estimated that around £55,000 of spend could be released within the City prescribing budget if changes to the prescribing of these products was implemented.

There are other drugs of limited clinical value prescribed in Aberdeen. It is recommended that the Chief Officer is instructed to prepare a report detailing how these drugs could be de-prescribed, the risks of doing so and the consultations required.

The Chief Officers and Director of Pharmacy are considering how a regional approach to pharmacy could be implemented across the North East of Scotland. It is recommended the Chief Officer is instructed to bring a future report back to the IJB detailing how a regional approach to prescribing could operate.



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### 3: Equalities, Financial, Workforce and Other Implications

There are no workforce implications arising from this report.

There are no equalities implications as the changes to prescribing practices will be made to the whole Aberdeen City population, regardless of whether they are a protect group.

The financial implications of not agreeing these changes are contained in the report. Failure to approve the recommendations will result in additional financial pressure being placed on the Aberdeen City IJB prescribing budget. Additional financial pressure on the prescribing budget will mean that savings will be required from other IJB service budgets.

### 4: Management of Risk

#### Identified risk(s):

“There is a risk of financial failure, that demand outstrips budget and IJB cannot deliver on priorities, statutory work, and project an overspend”.

**Link to risk number on strategic or operational risk register:** Strategic (2)

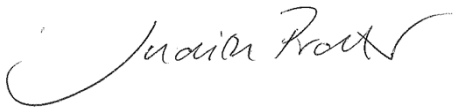

#### How might the content of this report impact or mitigate the known risks:

This report and recommendations seeks to mitigate the risk of financial failure by reducing the demand on the IJB budget.



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5:	Recommendations
<p>It is recommended that the Integration Joint Board:</p> <ol style="list-style-type: none"><li data-bbox="272 613 1294 692">1. Endorse the changes to prescribing recommended by the Grampian Primary Care Prescribing Group,</li><li data-bbox="272 741 1374 860">2. Instruct the Chief Office to prepare a report detailing other drugs being prescribed with limited clinical value and recommending the process to be followed to de-prescribe these drugs, and</li><li data-bbox="272 909 1398 987">3. Instruct the Chief Officer to prepare a report on prescribing indicating how a regional approach to prescribing could operate.</li></ol>	

6:	Signatures	
	Judith Proctor (Chief Officer)	
	Alex Stephen (Chief Finance Officer)	