

Borders NHS Board



PRESCRIBING AND MEDICINES MANAGEMENT - UPDATE ON KEY AREAS OF WORK

Aim

The purpose of this paper is to provide an in-year summary covering the Audit Scotland recommendations (published Jan 2013), national therapeutic indicators and poly-pharmacy.

Background

The national efficiency programme identified a number of areas where efficiency and productivity could be improved; namely national therapeutic indicators introduced in 2011-12 and implementing the polypharmacy guidance published in 2012. Audit Scotland looked at value for money of prescribing in general practice and published their report "Prescribing in general practice in Scotland" in January 2013 (http://www.audit-scotland.gov.uk/docs/health/2013/nr_130124_gp_prescribing_bw.pdf).

Key Issues

The specific position of NHS Borders in the various exhibits has been reviewed and the 'self-assessment checklist has been completed with the key areas for which actions are being developed as follows:

- Progress the polypharmacy review agenda through a GP LES
- Support practices to review repeat prescribing systems potentially following the model in the 'Productive General Practice' training pack
- Run a 'Medicines Spring Clean' awareness raising campaign via local media to remind the public of their role in reducing unnecessary prescribing and attendance at patient groups.
- Maximise use of 'Informatics' via additional software (Scriptswitch©) in general practices to provide prescribing prompts.
- To make greater use of the very recently available 'Prescribing Information System' (P.I.S.) from ISD, which allows CHI capture as well as other patient related data to allow additional targeting of prescribers. Specific training has been provided and additional expertise will be developed over time.

Summary

The volume of prescribed primary care drugs has continued to rise since the last Audit Scotland report but the NHS has improved the management of prescribing spend in primary care, during a time of considerable pressures and constraints on the service.

Excellent work continues by prescribers in conjunction with the Prescribing Support Team to address the complex prescribing agenda in primary care

Recommendation

The Board is asked to **approve** the actions being developed to improve prescribing and medicines management.

Policy/Strategy Implications	N/A
Consultation	Primary care Prescribing Group; Medicines Resource Group
Consultation with Professional Committees	N/A
Risk Assessment	N/A
Compliance with Board Policy requirements on Equality and Diversity	N/A
Resource/Staffing Implications	None identified

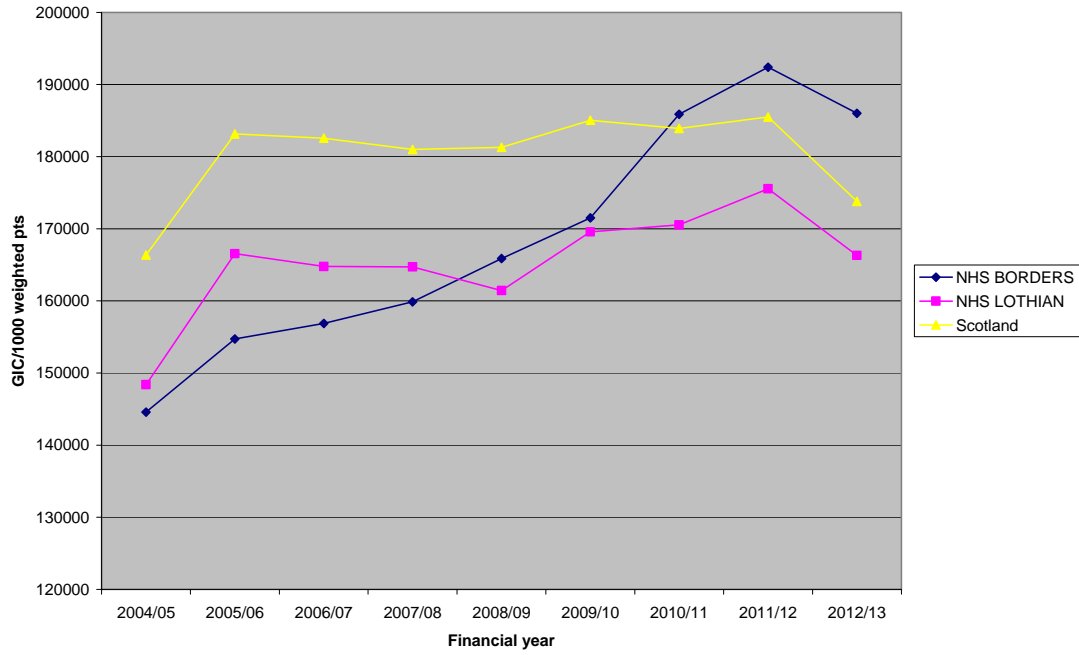
Approved by

Name	Designation	Name	Designation
Alison Wilson	Director of Pharmacy		

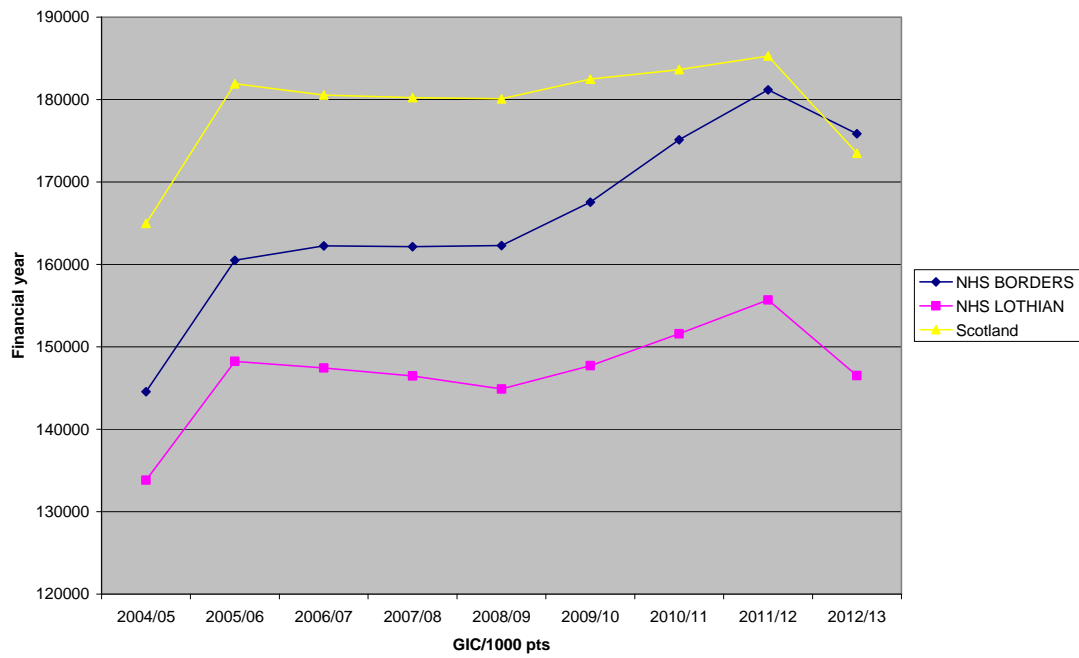
Author(s)

Name	Designation	Name	Designation
Adrian Mackenzie	Lead prescribing Support Pharmacist	Vince Summers	Deputy Director of Pharmacy

Cost/1000 Weighted pts 04/05 to 12/13



Cost/1000 patients 04/05 to 12/13



HEALTH BOARDS COMPARISON Q1 13-14 (APR - JUN)

Health Board Name	DDDs / 1000 Patients
NHS Lothian	128447
NHS Grampian	134370
NHS Shetland	140448
NHS Highland	142395
NHS Borders	144667
NHS Tayside	147607
NHS Orkney	156895
NHS Fife	158535
NHS Forth Valley	158849
NHS Greater Glasgow & Clyde	164093
NHS Dumfries & Galloway	165995
NHS Ayrshire & Arran	169281
NHS Western Isles	171169
NHS Lanarkshire	179634

Health Board Name	DDDs / 1000 Weighted Patients
NHS Highland	140256
NHS Lothian	145659
NHS Tayside	149191
NHS Borders	152129
NHS Greater Glasgow & Clyde	153311
NHS Grampian	153330
NHS Dumfries & Galloway	154060
NHS Western Isles	154789
NHS Ayrshire & Arran	155045
NHS Shetland	156843
NHS Orkney	159618
NHS Fife	160032
NHS Forth Valley	160571
NHS Lanarkshire	167156

Health Board Name	Items / 1000 Patients
NHS Lothian	3261
NHS Grampian	3705
NHS Orkney	4092
NHS Tayside	4209
NHS Fife	4273
NHS Forth Valley	4350
NHS Greater Glasgow & Clyde	4493
NHS Highland	4558
NHS Borders	4733
NHS Ayrshire & Arran	4784
NHS Lanarkshire	4990
NHS Shetland	5020
NHS Dumfries & Galloway	5317
NHS Western Isles	5906

Health Board Name	Items / 1000 Weighted Patients
NHS Lothian	3698
NHS Orkney	4163
NHS Greater Glasgow & Clyde	4198
NHS Grampian	4228
NHS Tayside	4255
NHS Fife	4313
NHS Ayrshire & Arran	4382
NHS Forth Valley	4397
NHS Highland	4490
NHS Lanarkshire	4644
NHS Dumfries & Galloway	4934
NHS Borders	4977
NHS Western Isles	5341
NHS Shetland	5606

ALL RANKED

Health Board Name	Cost (GIC) / Item
NHS Western Isles	£7.11
NHS Shetland	£7.42
NHS Dumfries & Galloway	£7.93
NHS Borders	£8.32
NHS Highland	£8.58
NHS Greater Glasgow & Clyde	£8.77
NHS Orkney	£8.77
NHS Lanarkshire	£9.19
NHS Ayrshire & Arran	£9.20
NHS Forth Valley	£9.28
NHS Grampian	£9.65
NHS Tayside	£9.74
NHS Fife	£10.21
NHS Lothian	£10.55

Health Board Name	Cost (GIC) / 1000 Weighted Patients
NHS Orkney	£36,487
NHS Greater Glasgow & Clyde	£36,795
NHS Western Isles	£37,990
NHS Highland	£38,538
NHS Lothian	£39,002
NHS Dumfries & Galloway	£39,115
NHS Ayrshire & Arran	£40,300
NHS Grampian	£40,804
NHS Forth Valley	£40,821
NHS Borders	£41,384
NHS Tayside	£41,431
NHS Shetland	£41,584
NHS Lanarkshire	£42,655
NHS Fife	£44,022

Health Board Name	Cost (GIC) / 1000 Patients
NHS Lothian	£34,393
NHS Grampian	£35,758
NHS Orkney	£35,864
NHS Shetland	£37,237
NHS Highland	£39,126
NHS Borders	£39,355
NHS Greater Glasgow & Clyde	£39,383
NHS Forth Valley	£40,383
NHS Tayside	£40,991
NHS Western Isles	£42,010
NHS Dumfries & Galloway	£42,146
NHS Fife	£43,610
NHS Ayrshire & Arran	£44,000
NHS Lanarkshire	£45,839

Health Board Name	% Generic Prescribed
NHS Borders	85.00
NHS Ayrshire & Arran	84.98
NHS Western Isles	84.92
NHS Greater Glasgow & Clyde	84.63
NHS Shetland	84.34
NHS Orkney	84.02
NHS Forth Valley	83.49
NHS Dumfries & Galloway	83.40
NHS Lothian	81.89
NHS Fife	81.54
NHS Highland	81.46
NHS Grampian	80.51
NHS Tayside	80.35
NHS Lanarkshire	79.54

HEALTH BOARDS COMPARISON Q1 04-05 (APR-JUN)

Health Board Name	DDDs / 1000 Patients
NHS SHETLAND	77517
NHS LOTHIAN	79947
NHS GRAMPIAN	82354
NHS ORKNEY	84443
NHS BORDERS	89510
NHS TAYSIDE	91206
NHS HIGHLAND	92659
NHS FIFE	94259
NHS WESTERN ISLES	96661
NHS AYRSHIRE & ARRAN	97475
NHS FORTH VALLEY	100105
NHS GREATER GLASGOW & CLYDE	102726
NHS LANARKSHIRE	104362
NHS DUMFRIES & GALLOWAY	105405

Health Board Name	DDDs / 1000 Weighted Patients
NHS WESTERN ISLES	79924
NHS ORKNEY	86415
NHS SHETLAND	87197
NHS TAYSIDE	87413
NHS BORDERS	87752
NHS LOTHIAN	88449
NHS HIGHLAND	89921
NHS AYRSHIRE & ARRAN	90089
NHS GRAMPIAN	93184
NHS FIFE	96849
NHS DUMFRIES & GALLOWAY	97384
NHS GREATER GLASGOW & CLYDE	97660
NHS FORTH VALLEY	101804
NHS LANARKSHIRE	106118

Health Board Name	Items / 1000 Patients
NHS LOTHIAN	2246
NHS GRAMPIAN	2571
NHS ORKNEY	2642
NHS TAYSIDE	2876
NHS FIFE	2979
NHS BORDERS	3108
NHS AYRSHIRE & ARRAN	3123
NHS FORTH VALLEY	3160
NHS HIGHLAND	3171
NHS SHETLAND	3261
NHS GREATER GLASGOW & CLYDE	3336
NHS LANARKSHIRE	3367
NHS WESTERN ISLES	3568
NHS DUMFRIES & GALLOWAY	3759

Health Board Name	Items / 1000 Weighted Patients
NHS LOTHIAN	2485
NHS ORKNEY	2704
NHS TAYSIDE	2756
NHS AYRSHIRE & ARRAN	2887
NHS GRAMPIAN	2909
NHS WESTERN ISLES	2950
NHS BORDERS	3047
NHS FIFE	3061
NHS HIGHLAND	3077
NHS GREATER GLASGOW & CLYDE	3172
NHS FORTH VALLEY	3214
NHS LANARKSHIRE	3423
NHS DUMFRIES & GALLOWAY	3473
NHS SHETLAND	3668

ALL RANKED

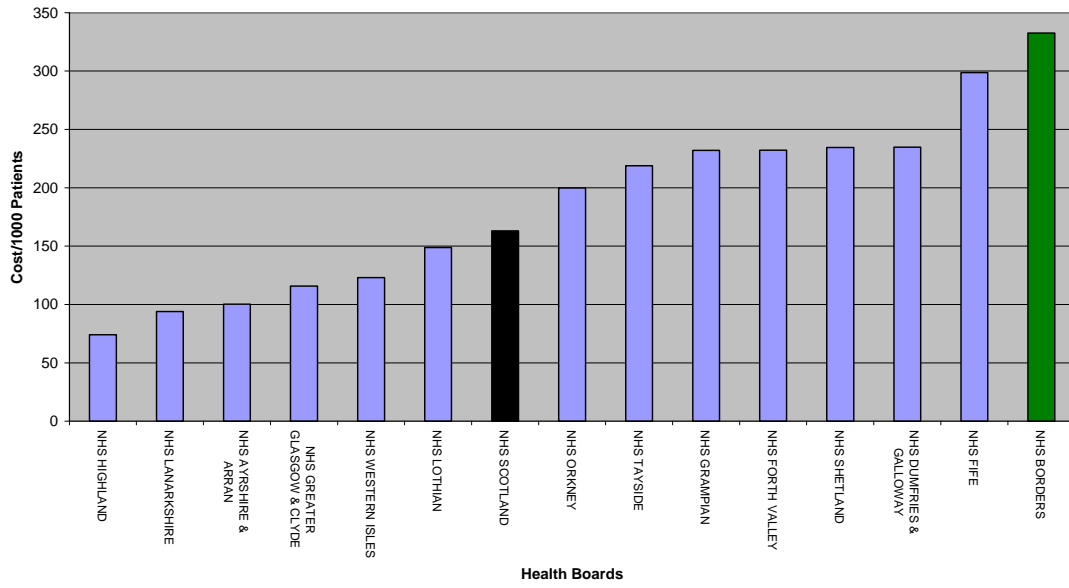
Health Board Name	Cost (GIC) / Item
NHS SHETLAND	£9.91
NHS BORDERS	£10.80
NHS WESTERN ISLES	£10.94
NHS DUMFRIES & GALLOWAY	£11.56
NHS HIGHLAND	£12.25
NHS GREATER GLASGOW & CLYDE	£12.33
NHS ORKNEY	£12.67
NHS LANARKSHIRE	£12.68
NHS GRAMPIAN	£13.06
NHS FORTH VALLEY	£13.13
NHS AYRSHIRE & ARRAN	£13.17
NHS TAYSIDE	£13.39
NHS FIFE	£13.45
NHS LOTHIAN	£13.88

Health Board Name	Cost (GIC) / 1000 Weighted Patients
NHS WESTERN ISLES	£32,285
NHS BORDERS	£32,912
NHS ORKNEY	£34,251
NHS LOTHIAN	£34,479
NHS SHETLAND	£36,336
NHS TAYSIDE	£36,898
NHS HIGHLAND	£37,685
NHS GRAMPIAN	£37,996
NHS AYRSHIRE & ARRAN	£38,025
NHS GREATER GLASGOW & CLYDE	£39,103
NHS DUMFRIES & GALLOWAY	£40,129
NHS FIFE	£41,182
NHS FORTH VALLEY	£42,206
NHS LANARKSHIRE	£43,420

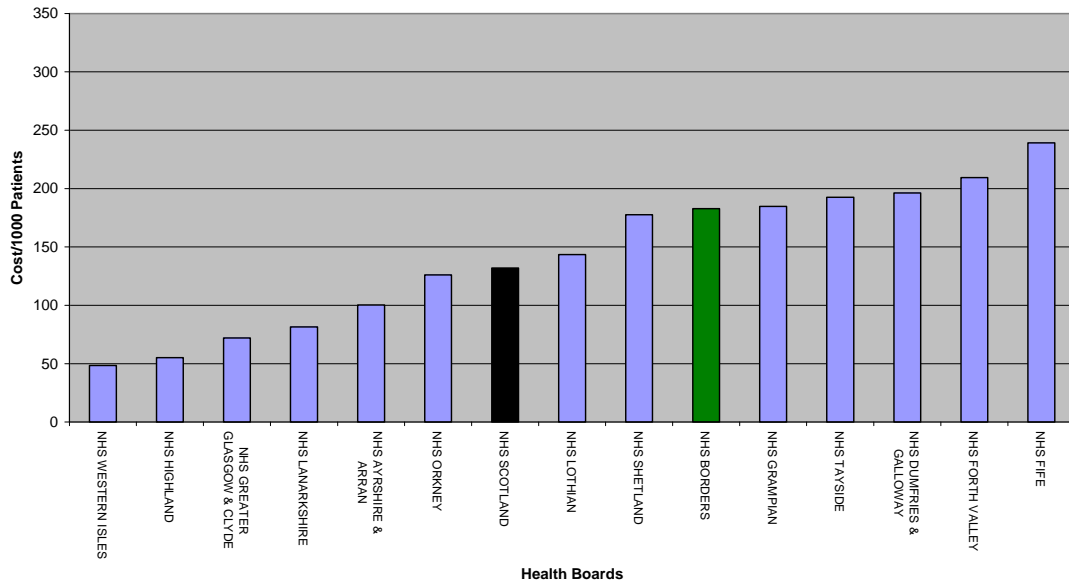
Health Board Name	Cost (GIC) / 1000 Patients
NHS LOTHIAN	£31,165
NHS SHETLAND	£32,302
NHS ORKNEY	£33,470
NHS BORDERS	£33,571
NHS GRAMPIAN	£33,580
NHS TAYSIDE	£38,499
NHS HIGHLAND	£38,833
NHS WESTERN ISLES	£39,046
NHS FIFE	£40,081
NHS GREATER GLASGOW & CLYDE	£41,131
NHS AYRSHIRE & ARRAN	£41,143
NHS FORTH VALLEY	£41,502
NHS LANARKSHIRE	£42,702
NHS DUMFRIES & GALLOWAY	£43,434

Health Board Name	% Generic Prescribed
NHS BORDERS	82.71%
NHS TAYSIDE	82.28%
NHS LOTHIAN	81.35%
NHS HIGHLAND	80.43%
NHS LANARKSHIRE	79.72%
NHS AYRSHIRE & ARRAN	79.23%
NHS GRAMPIAN	79.07%
NHS GREATER GLASGOW & CLYDE	79.00%
NHS SHETLAND	78.71%
NHS FORTH VALLEY	78.55%
NHS DUMFRIES & GALLOWAY	77.75%
NHS FIFE	77.49%
NHS WESTERN ISLES	74.77%
NHS ORKNEY	70.51%

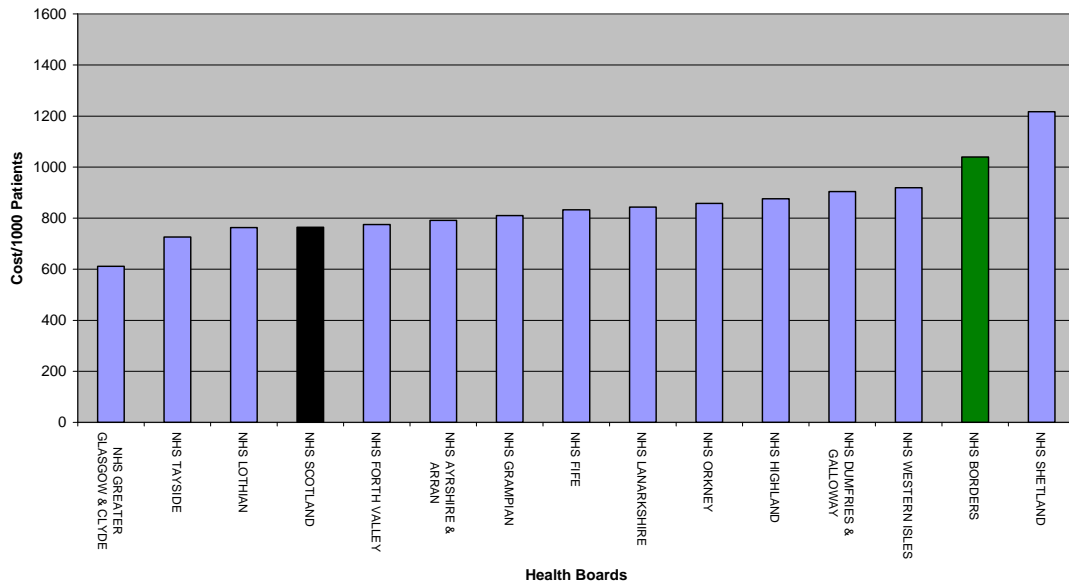
Ezetimibe and Inegy Cost per 1000 Patients Q1 2012/13



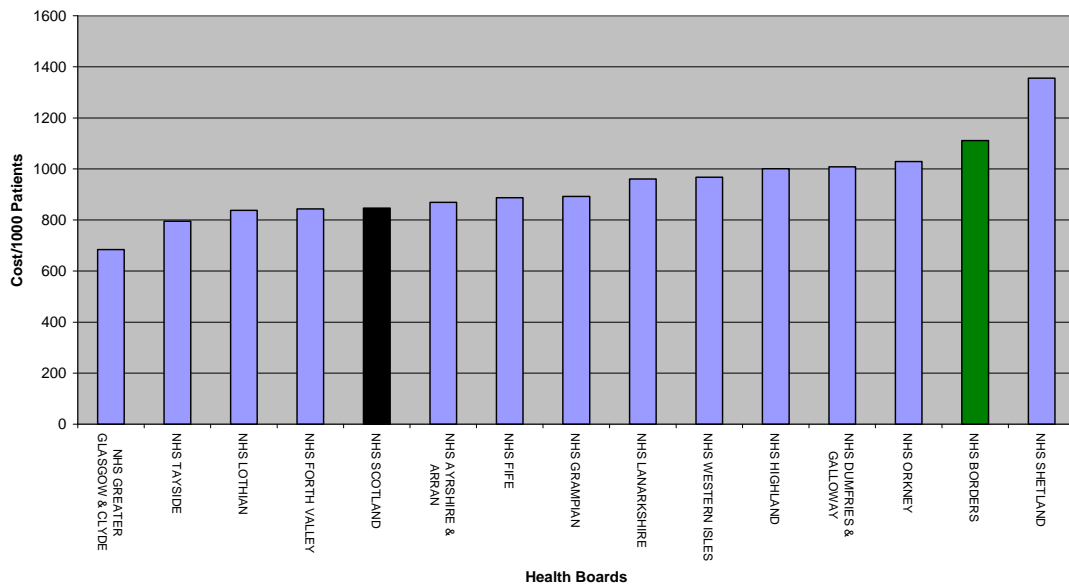
Ezetimibe and Inegy Cost per 1000 Patients Q1 2013/14



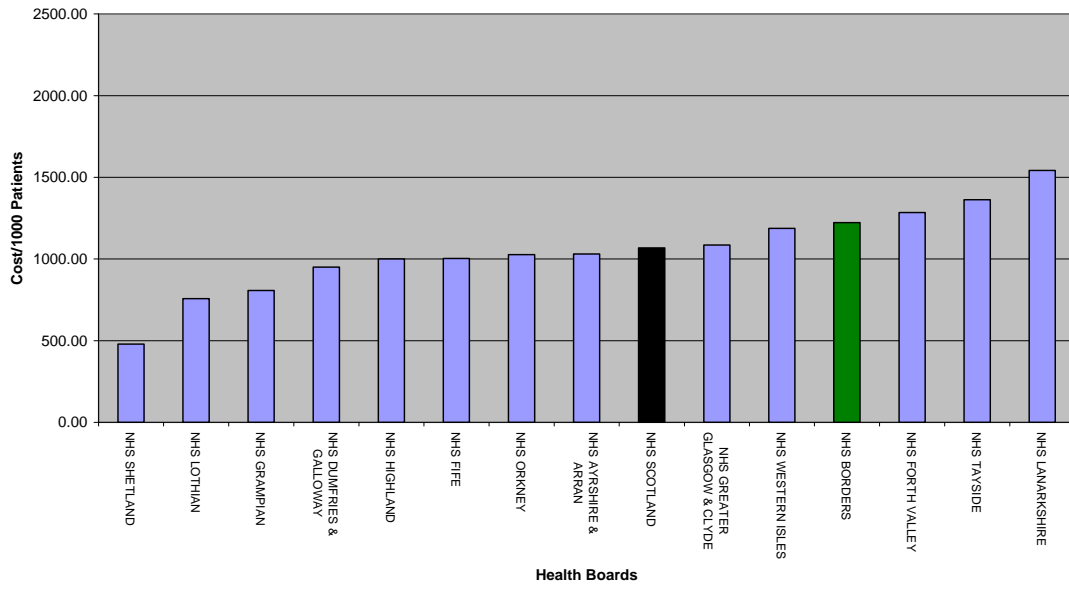
Blood Glucose Testing Strips Cost per 1000 Patients Q1 2012/13



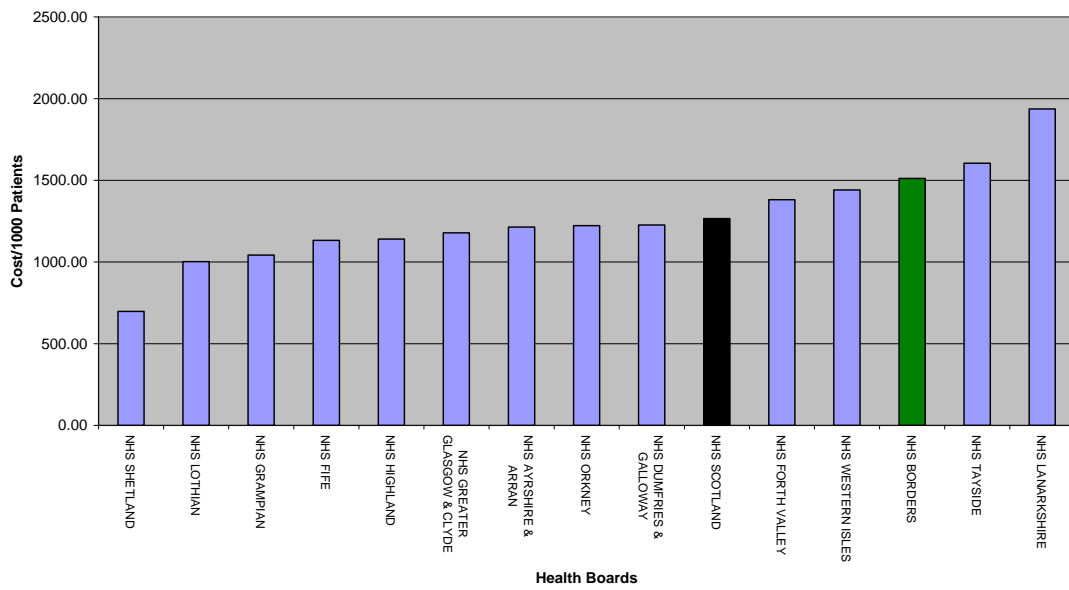
Blood Glucose Testing Strips Cost per 1000 Patients Q1 2013/14



Gabapentin and Pregabalin Cost per 1000 Patients Q1 2012/13



Gabapentin and Pregabalin Cost per 1000 Patients Q1 2013/14



Prescribing/Medicines Management Savings Project - Plan

ID	Task Name / Description	Resource Name(s)	Start Date	Forecast Completion Date	Actual Completion Date	% Comp.	RAG	Dependencies (Int/Ext)	Notes	Task Updates
PMM01	Care Home Processes/ Improvement in ordering and prescribing processes in NHs completed .	Adrian Mackenzie - 100.00%		19/07/2013		0	Amber		Julie Thomson to produce report for 30.5.13Progress good on improving waste - difficult to quantify exact savings	06/09/2013 - Report on savings being completed and 1 home awaiting follow up visit 05/07/2013 - Initial NHs reviewed showed greater need for improvement than later ones - savings forecast likely to be reduced
PMM01T	Complete the Review of NH Meds Processes/ Improve ordering, reduce waste etc		01/04/2013	28/06/2013		0	Amber		Julie Thomson and Keith Maclure completing this	05/07/2013 - Report being updated with more focus on likely savings
PMM02	Scriptswitch in all practices/ Scriptswitch in operation in all practices with NHS Borders switches.	Adrian Mackenzie - 100.00%		31/12/2013		0	Amber	PMM12 - Solifenacin/Tolterodine Prescribing PMM13 - Venlafaxine Prescribing PMM14 - Ezetimibe Prescribing PMM08 - Diclofenac MR - Minimise Prescribing PMM09 - Felodipine Prescribing PMM10 - Tadalafil Prescribing	As of Sep 13 - Approved to go ahead with ScriptswitchPrescribing Plus software is withdrawn for an unspecified period. Although no money paid to BMJ Informatics considerable staff resource was involved in set up process	19/09/2013 - Scriptswitch approved to go ahead with Invest to Save funding on 19/9/13. Action plan and more detail on implementation cost and timescale to be developed. 04/09/2013 - Updated implementation costs required before EB decision can be made to move to Scriptswitch. Savings achievement will be delayed
PMM03	Polypharmacy - pharmacy review of SPARRA risk patients./ Polypharmacy: Optimised pharmaceutical care for patients •Medication reviews undertaken •Recommendations made •Recommendations adopted by GPs and care staff •Impact on GP prescribing budgets of changes made Identification and resolution of pharmaceutical care problems for patients admitted to community hospitals and processes for managing repeat medication in care homes	Ros Anderson - 100.00%		25/11/2013		87	Green	PMM02 - Scriptswitch in all practices	Review of 1074 SPARRA risk patients across practices in risk group 40-60% to be completed by PST Initially then remaining lower risk patients to total of 2568PST staff time availability dependent upon Prescribing Plus releasing the staff time from switchoversWeekly monitoring tool in placeSavings estimated from random sample of 50 x 40-60% risk patients reviewed show that the estimated £200K savings remain realistic, assuming all reviews completed	04/10/2013 - 87.1% Pharmacy and GP reviews completed by 20th Sep 2013. Current rate of reviews is dependant on maintaining pharmacist input - overall availability after recruitment reduced by 1 day per week.
PMM03T	Completion of PP reviews/		13/05/2013			0	Green			04/10/2013 - Completion of reviews within trajectory
PMM03T0	LNC/GP Sub Meeting/ Arrange meeting to inform purpose and rationale of project. Seek support from General Practice.	Ros Anderson - 100.00% Alison Wilson - 100.00%		28/06/2013		0	Green		Meet with LNC to update on 13/14 work and to begin planning for 14/15	11/06/2013 - Meeting will happen
PMM04	Specials - reducing cost/ Tighter checking and monitoring of special licensed products Make use of the new tariff to manage specials	Adrian Mackenzie - 100.00%		30/09/2014		0	Green		Ongoing input, continuing savingsCommunity Pharmacies and GP to agree specials are clinically appropriateNHS B to maintain local formulary for products not included in national tariff	05/07/2013 - Planned £10k savings already achieved

PMM05	Respiratory Prescribing/ Optimised pharmaceutical care for patients with respiratory conditions and ensure safe and cost effective prescribing. Respiratory product reviews of: •regular bronchodilators •combination inhalers •inhaler devices •COPD treatment plans •evidence based drug choice	Adrian Mackenzie - 100.00%		31/03/2014		0	Green		Lynda Taylor leading on this work, supported by prescribing LEStCost improvement in prescribing respiratory products	05/07/2013 - Working on complex reporting to monitor progress
PMM06	Nutrition Product Prescribing Efficiency/ Optimised pharmaceutical care for patients receiving enteral nutrition and gluten free products.	Adrian Mackenzie - 100.00% Ros Anderson - 100.00%		31/03/2014		0	Red		Ensure use of MUST tool and prescribing is cost effective in line with supporting evidence'Food First' policy to healthcare professionals, patients and carersTo continually review all patients within primary care receiving enteral nutrition, in conjunction with the PST To review the use of gluten free products for coeliac patients	02/10/2013 - Previous postholder has resigned - currently no resource to take forward - still in recruitment process
PMM06T	Identify dietetic resource/ Dietitians time input required to drive prescribing change.	Adrian Mackenzie - 50.00% Alison Wilson - 50.00%	01/05/2013			0	Red		Identifying dietetic time input currently awaiting response from Deietetic Service Lead.Post now vacant	02/10/2013 - Recruitment still in progress 04/09/2013 - Update under PMM06 02/10/2013 - No applicants for post
PMM06T1	Prescribing of Gluten Free Foods - Formulary/ Review of current prescribing of gluten-free foods to limit formulary options	Liz Leitch - 100.00%	03/06/2013	31/03/2014		0	Green			04/10/2013 - Formulary proposal on BFC Agenda for 09/10/13
PMM07	Woundcare Products/ local and national work to remove from prescription process	Ros Anderson - 100.00%		31/03/2014		0	Amber		Pilot with Eildon teams- Galashiels initially by end JulyWork with NP to review procurement process	05/07/2013 - Investigating alternative supply routes to prescription - ongoing 11/06/2013 - Work to link in to the district nurse wound prescribing project charter and liaise with all stake holders + approval being sought from PSD re use of attachments to stock order forms
PMM07T	Dressings/ Investigate current cost of non-formulary prescribing of dressings. Identify cost savings of moving to stock rather than GP10.	Ros Anderson - 100.00%	01/05/2013	31/07/2013		0	Amber		To move initially to stock list rather than prescribingTo pilot in Galashiels initially by end July 2013	02/10/2013 - No staff resource to take forward currently
PMM08	Diclofenac MR - Minimise Prescribing/ Remove prescribing of diclofenac MR - no cost/clinical benefit - savings	Ros Anderson - 100.00%		31/03/2014		0	Amber	PMM02T - Prescribing+/Safety+ Pilot	Prioritise on numbers in practiceReliant on Prescribing + being operational	29/05/2013 - Prescribers have been reminded of this issue at budget visits.
PMM09	Felodipine Prescribing/	Ros Anderson - 100.00%		31/03/2014		0	Amber	PMM02 - Scriptswitch in all practices	Only targetted at specific practicesReliant on Prescribing + being operational	29/05/2013 - Prescribers have been reminded of this issue at budget visits.
PMM09T	Felodipine/Amlodipine/ Prescribing Amlodipine in place of Felodipine set up as switch on Prescribing Plus	Adrian Mackenzie - 100.00%	28/06/2013			0	Amber		Dependent upon Prescribing Plus set up and operational	
PMM10	Tadalafil Prescribing/ New start patients to be prescribed sildenafil 1st line			31/03/2014		0	Amber	PMM02T - Prescribing+/Safety+ Pilot	Reliant on Prescribing + being operational	29/05/2013 - Prescribers have been reminded of this issue at budget visits.
PMM10T	Tadalafil/Sildenafil/ Switching from tadalafil to sildenafil when clinically appropriate - set up as switch on Prescribing Plus	Adrian Mackenzie - 100.00%	28/06/2013			0	Amber			

PMM12	Solifenacin/Tolterodine Prescribing/ Tolterodine 1st line for new patients			31/03/2014		0	Amber	PMM02 - Scriptswitch in all practices	Reliant on Prescribing Plus being operational	05/07/2013 - Impact may be limited - clinical decisions may result in fewer switches 29/05/2013 - Prescribers have been reminded of this issue at budget visits.
PMM12T	Solifenacin/Tolterodine/ Switch from vesicare to tolterodine set up as switch on Prescribing Plus	Adrian Mackenzie - 100.00%	28/06/2013			0	Amber			
PMM13	Venlafaxine Prescribing/			31/03/2014		0	Amber	PMM02 - Scriptswitch in all practices	Reliant on Prescribing Plus being operational	29/05/2013 - Prescribers have been reminded of this issue at budget visits.
PMM13T	Venlafaxine XL/Venlafaxine/ implementing a switch from Venlafaxine XL to Venlafaxine - set up as switch on Prescribing Plus	Adrian Mackenzie - 100.00%	28/06/2013			0	Amber			05/07/2013 - May require input from MH Consultants to support switches.
PMM14	Ezetimibe Prescribing/			28/03/2014		0	Amber	PMM02 - Scriptswitch in all practices	Reliant on Prescribing Plus being operational	05/07/2013 - Prescribers have been reminded of this issue at budget visits.
PMM15	Osteoporosis Prescribing - Reviewed/ To implement new osteoporosis prescribing guidelines	Alison Wilson - 100.00%		30/08/2013		0	Green			05/07/2013 - Draft guidelines being prepared for consideration at clinical boards in September and CE October
PMM15T	Implement New Osteoporosis Guidelines/	Alison Wilson - 100.00%	29/03/2013	30/08/2013		0	Amber			06/09/2013 - Paper going to clinical boards September and strategy group in October. 29/05/2013 - Need to consider bisphosphonate project findings - due in June 2013
PMM16	Secondary Care Drug Savings/ Programme of savings for meds usage in secondary care - these are now being entered as individual items	Liz Leitch - 100.00%		31/03/2014		0	Amber			
PMM16T1	Capecitabine to generic/ Savings from generic product availability - patent expires 30/11/13	Liz Leitch - 100.00%	30/11/2013	31/03/2014		0	Red			04/10/2013 - Generic not yet available.
PMM16T2	Efavirenz/	Liz Leitch - 100.00%	01/04/2013	31/03/2014		0	Amber			
PMM16T3	Etonogestrel to generic/ Possible savings from generic preparation	Liz Leitch - 100.00%	01/04/2013	31/03/2014		0	Red			04/10/2013 - Generic preparation not yet available
PMM16T5	Rituximab (all strengths)/	Liz Leitch - 100.00%	01/04/2013	31/03/2014		0	Amber			
PMM16T6	Zoledronic Acid 4mg (DUV1031) to Generic/ Savings from generic product	Liz Leitch - 100.00%	01/04/2013	31/03/2014		0	Green			04/10/2013 - Generic in use but likely savings reduced as SCAN protocols have now changed to using denosomab. Saving will still be made on other indications of zoledronic acid 09/08/2013 - Generic now available
PMM16T7	Enoxaparin Prescribing High Dose/ Change in guidance/practice for treatment of AF/PE/DVT should deliver reduced use of Enoxaparin	Liz Leitch - 100.00%	01/04/2013	31/03/2014		0	Green			04/10/2013 - No savings identified to date 09/08/2013 - New guidance introduced - savings should accumulate
PMM16T8	Sodium Chloride Minibag Plus Usage/ With introduction of switch to bolus administration of antibiotics, use of these minibags should reduce	Liz Leitch - 100.00%	01/04/2013	31/03/2014		0	Green			04/10/2013 - Saving of £2507 identified to date 12/08/2013 - All relevant wards now trained in "bolus" administration of antibiotics - use of minibag plus should now be minimal - maximising cost savings
PMM16T9	Venlafaxine (all strengths)/	Liz Leitch - 100.00%	01/04/2013	31/03/2014		0	Amber			
PMM16T91	Oxycodone/ Savings	Liz Leitch - 100.00%	01/04/2013	31/03/2014		0	Amber			
PMM16T92	Pegfilgrastim/ Savings possible from contract change	Liz Leitch - 100.00%	01/04/2013	31/03/2014		0	Green			02/10/2013 - No savings noted to date 09/08/2013 - Contract changed

PMM16T93	Resuscitation trolleys/ Review of resus drugs/trolleys	Liz Leitch - 100.00%	01/04/2013	31/03/2014		0	Red		The review of the resuscitation trolleys will be undertaken in conjunction with BGH resus team & this may not happen 2013-2014.	27/09/2013 - contents of new resus boxes agreed. Project remains red - pharmacy do not have staff available to switch over to new boxes
PMM16T94	Drug Wastage Reduction/ Reduce duplicate dispensing of patient medicines Increase % of patients bringing medicines to BGH when admitted – improved safety, quality and saving	David Stanger - 100.00%	01/04/2013	31/03/2014		0	Red			04/10/2013 - Met with Pharmacy management - unable to action due to staffing levels. SAS have been contacted re patients bringing in own medicines
PMM16T95	Losartan to Generic/ Predicted saving £1289 per annum	Liz Leitch - 100.00%	01/03/2013	31/12/2013		0	Green			04/10/2013 - Savings being made
PMM16T96	Rituximab to generic/ Possible savings from end of patent and generic products being available	Liz Leitch - 100.00%	01/10/2014	31/03/2015		0	Red			04/10/2013 - Generic Product not yet available
PMM16T97	Sildenafil to Generic/ Savings from lower price of generic product.	Liz Leitch - 100.00%	01/07/2013	31/12/2013		0	Green			04/10/2013 - Generic contract for sildenafil now agreed - savings for the year in NHS Borders estimated at £819.
PMM16T98	Dialyvit to Renavit Prescribing Change/ Formulary change from Dialyvit to Renavit as vitamin supplement of choice in renal dialysis patients	Liz Leitch - 100.00%	02/05/2013	31/03/2014		0	Amber			04/10/2013 - Change approved, awaiting agreement from Dialysis team to start switch
PMM17	Irbesartan/ Savings to be delivered from switching brand of irbesartan		12/08/2013	31/03/2014		0	Green			12/08/2013 - Bgh pharmacy now purchasing generic irbesartan
PMM18	Formulary HRT Preparations/ Review HRT options in BJJ to improve cost-efficiency	Liz Leitch - 100.00%	01/08/2013	31/03/2014		0	Amber			04/10/2013 - Draft Formulary Section for review at BFC on 9/10/13
UPCSMMT012	ISD Support Cost/ Identify cost of ISD support in providing more detailed prescribing information to inform project					0	Green			
UPCSMMT019	Catheter bags/ Investigate cost savings moving from GP10 to stock box for Community Nurses					0	Amber			20/05/2013 - Further investigation required, minimal saving likely
UPCSMMT021	COPD Just in Case Box/ provision of just in case box to decrease the number of hospital admissions		01/04/2013			0	Green		Lynda Taylor investigating likely benefits	

PRESCRIBING AND MEDICINES MANAGEMENT - UPDATE ON KEY AREAS OF WORK

Aim

The purpose of this paper is to provide an in-year summary covering the Audit Scotland recommendations (published Jan 2013), national therapeutic indicators and poly-pharmacy.

BACKGROUND

Audit Scotland

Audit Scotland published their report "Prescribing in general practice in Scotland" in January 2013 (http://www.audit-scotland.gov.uk/docs/health/2013/nr_130124_gp_prescribing_bw.pdf). The audit looked at value for money of prescribing in general practice. The NHS has improved its management of prescribing in general practice.

Key Facts	NHS Scotland	NHS Borders
Total spending by the NHS in 2011/12	£11.7 billion	£220.4 million
NHS spending on drugs prescribed in general practice in 2011/12	£974 million	£21 million
Fall in the real-terms spending on drugs prescribed by GPs over the past seven years (unweighted total spend)	11 per cent	-2 per cent
Increase in the quantity of drugs prescribed by GPs over the past seven years	33 per cent	35 per cent
Potential annual savings which could be made without affecting patient care	Up to £26 million	£0.572 (assuming 2.2% of Scottish population) Actual saving £0.765m
Prescriptions issued in 2011/12 by GPs in Scotland	91 million	2.18 million
Number of GP practices in Scotland	About 1,000	23
Average number of prescriptions that a GP issues each working day in Scotland	70	NA
Percentage of people in Scotland prescribed four or more different drugs between January and March 2012	24%	NA

Figures for NHS Scotland are taken from the Audit Scotland report. Figures for NHS Borders are calculated to be as close a comparison as is possible without access to the same searches on Prescribing Data at Oct 2013.

National Therapeutic Indicators

A recent analysis of NTIs for 2012-13 has shown that these indicators support the delivery of improvements in efficiency of medicines prescribed in NHS Scotland.

All NHS Borders practices participated in work to improve their performance against 3 measures out of the 12, in agreement with the Primary Care Prescribing Group. Due to the complexity of analysis it is not possible to do any analysis at a local level. In total 12 measures were monitored, the average saving per practice across Borders is calculated to be in the range £78K to £90K for an average Borders Practice, this is a rough approximation and includes price changes due to patent expiry and drug shortages which had a significant effect in the year 2012/13.

In terms of the progress of Borders practices for the 2013/14 NTIs as there is no specific Locally Enhanced Service or funding within QOF there is no financial incentive for practices to take any significant actions. As part of the Medicines Management LES and QOF MM (Medicines Management) indicators practices are paid to undertake some reviews to meet the requirements of the scheme and all practices have demonstrated engagement.

Out of the 13 measures there is only one measure that NHS Borders performs badly on which is overall use of Gabapentin and Pregabalin. This is an area of known concern to the prescribing team and we will aim to target this during on-going work with practices. Progress against 3 previous areas where Borders was an outlier is shown in appendix 2.

Poly-pharmacy

NHS Borders Prescribing Support Team have supported practices in the delivery of polypharmacy reviews at the end of Sept 13 the team had done 1277 reviews. A total of 1804 reviews have been completed by a GP (with or without Pharmacist input) in line with the Polypharmacy LES.

A small study of 50 patients who were reviewed at the start of the year were recently audited. 33 of the 50 patients had been reviewed by a GP, it was estimated based on the savings achieved that approximately £200K would be saved across NHS Borders in line with predictions made at the start of 2013/14.

Efficiency Programme

Supporting Polypharmacy has been the primary focus of the prescribing team since the early part of 2013-14 and as a result this has meant that work on delivering other areas of the efficiency has not been as intensive as in previous years.

There was an intention to roll-out decision support software (Prescribing+®) to all GP practices. This involved significant resources from NHS Borders to complete background work for roll-out and unfortunately, due to technical problems with the product, the suppliers decided to withdraw the product from the market 2 weeks before rollout in Borders was due to commence.

A plan has been put into place to change supplier of the software to use a product used more widely (Scriptswitch®), unfortunately this has less functionality than Prescribing+®. It is anticipated that this will be installed by early Dec 13 to allow prescribers and the prescribing support team to embed the product to provide significant savings from the 2014-15 financial year onwards.

KEY ISSUES

From the Audit Scotland report and self-assessment checklist a number of areas for further work were identified in the following table.

Issue	Details of Issue – Audit Scotland	Action
reduce unnecessary drug wastage	<ul style="list-style-type: none"> • we are aware of the amount of unused drugs returned to pharmacists in our area and we work with GPs and others to reduce the unnecessary waste of drugs • we encourage patients to value their medication and comply with the treatment regime recommended by their GP • we support GPs to ensure that their repeat prescribing systems are effective. 	<ul style="list-style-type: none"> • Poly-pharmacy LES is encouraging GPs to work with a prescribing support pharmacist to review drugs in high risk patients. • Work is required to develop a scheme to involve community pharmacists to discuss concordance with patients – funding is available from the Reshaping Care Board to scope this for respiratory care. • Pharmacy contractors and GPs have been asked to review repeat reordering schemes. • Review practices with 56-day repeat cycles and encourage changing to 28-day • Waste medicines campaign and work with patient and voluntary groups to disseminate the message
Quality of Prescribing	<ul style="list-style-type: none"> • We are implementing Scottish Government guidance to improve the quality of prescribing for people who have multiple illnesses in old age and need to take a lot of different drugs - polypharmacy • We are using the prescribing information system to help GPs identify patients at most risk of drug interactions. • We are supporting GPs to work with other health professionals to review the medication of patients most at risk of drug interactions and side effects. 	<ul style="list-style-type: none"> • Polypharmacy scheme in place to support medication review of high risk people – see details in paper • Extend this review to other patients on multiple medications. • Reshaping Care project will aim to support GPs and other healthcare professionals to review medication and encourage compliance with treatments through motivational interviewing techniques
Use of Information	<ul style="list-style-type: none"> • We are using the information available to us through ISD Scotland, particularly by linking CHI numbers and prescribing data, to identify geographical areas where particular drugs appear to be under-prescribed or over-prescribed. • We are using this information to target prescribing support resources to areas where they will have the most benefit and improve longer-term outcomes 	<ul style="list-style-type: none"> • Training is underway to enable the team to maximise the potential of this new development • Information from the poly-pharmacy project has enabled the team to target their input to maximise benefit. ISD data will be used once the team have been trained.

National Therapeutic Indicators

Borders performs well at a National Level compared to other Boards, there are a few areas where NHS Borders is an outlier which we will continue to target. The main area of focus is the use of Pregabalin and Gabapentin.

Poly-pharmacy

The prescribing support team have supported Practices in the delivery of polypharmacy and it is expected that all practices will meet the requirements of the Polypharmacy LES and deliver savings in line with predictions to NHS Borders. This task has been very resource intensive and has involved working in a different way to support practices.

Efficiency Programme

Despite set backs there is a plan going forward to achieve efficiencies using decision support software in Primary Care.

Summary

The volume of prescribed primary care drugs has continued to rise since the last Audit Scotland report but the NHS has improved the management of prescribing spend in primary care, during a time of considerable pressures and constraints on the service. Excellent work continues by prescribers in conjunction with the Prescribing Support Team to address the complex prescribing agenda in primary care.

The specific position of NHS Borders in the various exhibits has been reviewed and the 'self-assessment checklist has been completed with the key areas for which actions are being developed as follows:

- Progress the polypharmacy review agenda through a GP LES
- Support practices to review repeat prescribing systems potentially following the model in the 'Productive General Practice' training pack
- Run a 'Medicines Spring Clean' awareness raising campaign via local media to remind the public of their role in reducing unnecessary prescribing and attendance at patient groups.
- Maximise use of 'Informatics' via additional software (Scriptswitch©) in general practices to provide prescribing prompts.
- To make greater use of the very recently available 'Prescribing Information System' (P.I.S.) from ISD, which allows CHI capture as well as other patient related data to allow additional targeting of prescribers. Specific training has been provided and additional expertise will be developed over time.
- Further develop the support to practices for their anti-microbial prescribing strategies and choices

Appendix 1 – Report on 13/14 Prescribing Efficiency Scheme

Appendix 2 – Comparative prescribing data