REPORT TO
DUNFERMLINE & WEST FIFE CHP COMMITTEE

THURSDAY 12 SEPTEMBER 2013

PRESCRIBING/MEDICINES MANAGEMENT

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1. **PURPOSE OF THE PAPER**

   The purpose of this paper is to update the committee on the current situation with regards to prescribing within NHS Fife, and more specifically, GP prescribing within the CHP. This paper outlines the national and local context and the progress made towards improving safe and effective medicines management within Fife.

2. **INTRODUCTION / BACKGROUND**

2.1 **National Context**

2.1.1 Medication is by far the most common form of medical intervention. Four out of five people aged over 75 years take a prescription medicine and 36 per cent are taking four or more. Up to 50 per cent of medicines are not taken as prescribed and adverse reactions to medicines are implicated in 5 - 17 per cent of hospital admissions. Research has shown that patients who take multiple medicines are more likely to suffer side effects from them and that this risk increases with the more long-term conditions a patient has, as well as increasing age.

2.1.2 The NHS in Scotland spends almost £1.4 billion per year on medication, of which almost £1 billion (70 per cent) is spent in general practice. NHS Fife, in line with other territorial NHS boards, spend about 10% of their budgets on GP prescribing and this continues to be a significant cost pressure.

2.1.3 There are many factors which influence prescribing of medicines and their cost, including: clinical guidelines, clinician preference; introduction of new medicines; pricing tariffs for medicines as well as patient demand and expectation.

2.1.4 The Scottish Government Quality and Efficiency Support Team leads the Prescribing Efficiency and Productivity Workstream; its aims are to improve the safety and efficiency of prescribing within the NHS by:

   - Reducing prescribing variation across health boards through achievement of specific prescribing indicators, which are measures of quality and cost efficiency, across a range of therapeutic areas;
   - Reducing “polypharmacy” ie prescribing of multiple medicines in patients with several long-term conditions;
   - Improving prescribing of medicines in a range of therapeutic areas, such as, diabetes, pain, respiratory;
   - Standardising prescribing of woundcare products, nutritional supplements and gluten free products;
   - Improving repeat prescribing systems within general practice to minimise medicines waste.

2.1.5 In January 2013, a report by Audit Scotland entitled “Prescribing in General Practice in Scotland”, identified the following key points regarding prescribing in General Practice:

   - whilst prescribing of medicines has increased over the last 7 years, prescribing spend has reduced in real terms;
   - it is too early to identify whether the introduction of free prescriptions has had a significant impact on prescribing;
   - there is considerable variation in prescribing spend across NHS boards in Scotland, however those mainland NHS boards with higher levels of pharmacy prescribing support, tend to have lower prescribing costs;
   - there is scope to make potential additional annual savings of up to £26 million across Scotland without affecting patient care.

2.1.6 As a result of the Audit Scotland report, NHS Boards are asked to:

   - continue to work with GPs to reduce unnecessary medicines waste and improve overall prescribing efficiency;
   - consider a business case for employing additional prescribing support staff as part of an invest-to-save initiative, where a board has high prescribing spend and below average numbers of
2.1.7 In May 2013, the Scottish Antimicrobial Prescribing Group introduced a new national target to reduce total antibiotic use in primary care. This is expected to be achieved mainly through reducing unnecessary antibiotic prescribing for self-limiting upper respiratory tract infections.

2.2 Local context

2.2.1 The General Practice Prescribing budget in Fife is approx £69M per year which accounts for 10% of NHS Fife’s overall budget. NHS Fife historically has the highest cost per patient for general practitioner prescribing, of any mainland health board in Scotland.

2.2.2 The reasons for this are complex but include, Fife’s earlier use (“early adoption”) of newer, more expensive medicines compared to other health boards, less control and limited monitoring over non-formulary prescribing and lack of engagement of secondary care in prescribing issues.

2.2.3 The Audit Scotland report noted that Fife has below average levels of pharmacy prescribing support compared to other health boards; this may be a contributory factor to Fife’s higher prescribing spend.

2.2.4 “Safe and Effective Medicines Management” is one of five priority workstreams of “Getting Better in Fife”. Its aims are to:

- reduce harm from medicines;
- reduce medicines waste;
- reduce variation in prescribing of medicines within Fife and compared to other health boards.

2.2.5 This workstream is led by the recently established Pharmacy and Medicines Management Programme Board, with the Medical Director as Executive Sponsor. This programme of work will be underpinned by pharmacy service redesign across primary care and acute services in Fife but requires multidisciplinary engagement across NHS Fife to achieve its aims.

2.2.6 There are four Improvement Charters for the Pharmacy and Medicines Management Board, namely:

- to improve medicines governance systems within NHS Fife, with a focus on medicines safety alerts;
- to implement a streamlined process for ensuring that patients’ medication on admission to and discharge from hospital is accurate;
- to reduce polypharmacy in frail, elderly patients with multiple long term conditions;
- to improve efficiency in the use of medicines and pharmacy resource.

2.2.7 Implementation of this work within the CHP, is lead by the DWFCHP prescribing support team which provides prescribing advice and support to all prescribers within the CHP and 21 GP practices. This team currently consists of 3.8 wte pharmacists, and 1.0 wte pharmacy support staff.

3. PROGRESS DURING 2012/13

3.1 Reducing harm from medicines

A number of key actions have been undertaken to reduce harm from medicines, which are summarised as follows:

3.1.1 Establishing a Fife wide system for dealing with medicines safety alerts

Medicines safety alerts arise as a result of new evidence of side effects from medicines which emerge as a medicine becomes more widely used by the population. This system ensures that all patients who are prescribed these medicines, will be reviewed timeously to minimise risk of potential harm from the medicines.
3.1.2 Polypharmacy reviews
Patients with multiple long term conditions who are prescribed multiple medicines and who are at higher risk of hospital admission, will have a review of their medicines by their GP. This is being progressed through a range of initiatives, such as, the GP contract for specific high risk patients, a local enhanced service for all care home patients and through practice based pharmacists undertaking clinics in some GP practices.

3.1.3 Antibiotic prescribing
A number of prescribing initiatives have been undertaken in Fife to improve the quality of antibiotic prescribing, and these have resulted in an overall reduction in the number of antibiotics prescribed, as well as a reduction in prescribing antibiotics which are higher risk for C Difficile infection. Despite this, Fife continues to prescribe slightly higher numbers of antibiotics than Scottish average, therefore this will continue to be a focus for 2013/14 in order to achieve the national prescribing indicator.

3.2 Reducing Medicines Waste

3.2.1 Public campaign- “Only order what you need”
A public awareness campaign was run during Sept 2012 to highlight the cost to NHS Fife, of medicines which are dispensed to patients, but are no longer required. There are a number of reasons why this happens and some of them are unavoidable eg patient’s death. In the months following the campaign, there was a reduction in the number of prescription items ordered (compared to other health boards) which was equivalent to a £215,000 reduction in spend. NHS Fife is currently awaiting confirmation of whether a national campaign will be run during 2013/14.

3.2.2 Repeat prescribing
Repeat prescribing accounts for the majority of prescriptions in primary care and therefore by ensuring that robust systems are in place, educating practice staff and having consistent messages for patients, medicines waste and expenditure will be minimised. Audit of GP repeat prescribing systems was undertaken by practice-based pharmacists and technicians in a number of GP practices during 2012/13, and the results of this work demonstrated that, within GP practices:

- there is scope to reduce medicines waste and over-ordering of medicines- in one practice approx £17,000 efficiencies p.a. were identified;
- there is a need to standardise repeat prescribing systems;
- practice administrative staff require training and support to manage repeat prescribing.

During 2013/14, it is intended to establish a repeat prescribing scheme in a number of GP practices to standardise and improve the quality and efficiency of repeat prescribing.

3.3 Reducing variation in prescribing within NHS Fife and compared to other health boards

3.3.1 Prescribing expenditure
At the end of financial year 2012/13, NHS Fife’s total prescribing budget for primary care and acute services was approx £180,000 underspent (0.2% of budget). Within primary care, there has been a significant improvement in the prescribing position during 2012/13, with an underspend of approx -£940,000 (1.4% of budget) at year end, compared to -£196,000 in 2011/12. Unfortunately, despite this, NHS Fife still has one of the highest prescribing costs per weighted patient (which takes account of deprivation, age etc) of all mainland health boards. DWF’s contribution was an underspend of approx £400,000.

<table>
<thead>
<tr>
<th>Year</th>
<th>Primary Care prescribing spend v budget</th>
<th>DWFCHP prescribing spend v budget</th>
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<tbody>
<tr>
<td>2011/12</td>
<td>-£196,000</td>
<td>+£600,000</td>
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<tr>
<td>2012/13</td>
<td>-£940,000</td>
<td>-£400,000</td>
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3.3.2 Prescribing efficiencies 2012/13
A Fife wide Prescribing Action Plan has been developed by NHS Fife Prescribing Efficiency Group (PEG) to identify the priorities for prescribing efficiencies. Its implementation in primary care is being lead and facilitated by the Fife CHP prescribing support teams and delivered by GPs, practice staff,
nursing and dietician staff.

A total of £7.5M prescribing efficiencies were delivered in primary care during 2012/13: £5.1M for price reductions in branded medicines and maximising the use of non-branded “generic” medicines and £2.4M for prescribing projects delivered in primary care. DWFCHP’s contribution was approx £900,000 of the £2.4M. This success is due to the commitment and engagement of primary care staff with, crucially, the support of the relevant consultant from secondary care. See table 2 for a list of key prescribing projects.

Table 2

<table>
<thead>
<tr>
<th>Prescribing project</th>
<th>Efficiencies delivered Fife wide p.a (approx) 2012/13</th>
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<tbody>
<tr>
<td>Review of 8,000 patients’ cholesterol lowering medicine (Rosuvastatin)</td>
<td>£1.04million</td>
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<tr>
<td>Medicines waste campaign</td>
<td>£215,000</td>
</tr>
<tr>
<td>GP prescribing projects</td>
<td>£104,000</td>
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<tr>
<td>Review of nutritional supplements</td>
<td>£96,000</td>
</tr>
<tr>
<td>Review of urology medicines</td>
<td>£88,000</td>
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<tr>
<td>Reduced use of silver dressings</td>
<td>£47,000</td>
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3.3.3 Prescribing Action Plan 2013/14

An action plan has been developed for 2013/14 which will deliver further prescribing efficiencies within primary care. A key challenge for its delivery is to ensure ongoing engagement with secondary care colleagues, including Clinical Directors, consultants, junior doctors and nursing, in order to maximise prescribing efficiencies across the organisation.

4. RECOMMENDATIONS

The Dunfermline & West Fife CHP Committee are asked to:

- **note** the national and local priorities for prescribing;
- **note** the recommendations of the Audit Scotland report on GP prescribing;
- **note** the progress made locally to develop and implement the Fife wide prescribing action plan;
- **support** the need for ongoing engagement with secondary care to deliver the plan.