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G/18/50

PERTH & KINROSS INTEGRATION JOINT BOARD

23 March 2018

GP PRESCRIBING FORECAST 2017/18

Report by Dr Hamish Dougall, Clinical Director

PURPOSE OF REPORT

This report provides an update on the forecast position on Prescribing for 2017/18 and the key issues impacting on performance.

1. RECOMMENDATION(S)

It is recommended that the Integrated Joint Board (IJB):

- 1.1 Note the year end forecast overspend of £1.638m compared to the £1.687m plan.
- 1.2 Note the issues impacting on expenditure and the overall positive position on growth.
- 1.3 Note the progress in implementing the GP Engagement Programme and the spend forecast for 2017/18 of £47k. Ask the Clinical Director to bring forward a revised funding request for 2018/19 and 2019/20 to the next IJB meeting in June.
- 1.4 Note the difficulties in getting robust management information that ties GP Practice level data to financial expenditure on a regular basis. Ask the Chief Officer to ensure that this is resolved as soon as possible.

2. SITUATION/BACKGROUND

2.1 OVERVIEW

The year-end forecast set out in Table 1 below is broadly in line with that set out in the 2017/18 Financial Plan presented to the IJB in June 2017.

TABLE 1 YEAR END FORECAST COMPARED TO 2017/18 PLAN

TABLE 1		
	2017/18 Plan 31st May 2017	Year End Forecast as at 31st December 2017
	Over/(under) £000	Over/(under) £000
Recurring Budget	25,835	25,835
Base budget overspend	2,470	2,470
Item/Price Growth 2017/18	397	333
Anticipated Price Reductions	(200)	(152)
Anticipated Off Patent Benefits	(764)	(372)
Savings Target	1,903	2,279
Active Interventions	(216)	(345)
NRAC Budget Added	0	(296)
Total	1,687	1,638

2.2 2017/18 BUDGET SUFFICIENCY

At its meeting in March 2017, the IJB noted an estimated £2m savings target inherent in the budget proposition from NHS Tayside for 2017/18 in respect of GP Prescribing and asked the Chief Officer to work with NHS Colleagues to develop a three year plan to deliver a sustainable position.

As at 31 May 2017 the financial plan set out a revised savings target of £1.9m and a forecast gap of £1.69m following identification of savings deliverable in 2017/18. The Chief Officer and Chief Finance Officer formally wrote to the Chief Executive of NHS Tayside setting out the IJB's request for the development of a three year plan. However in June given the underlying insufficiency of the budget, the IJB asked that NHS Tayside and Perth & Kinross Council commence discussions around the sufficiency of the budget in respect of GP Prescribing and the implications for the risk sharing arrangements moving forward.

In Perth & Kinross Health and Social Care Partnership (PKHSCP), the Clinical Director has been clear that new ways of working with GPs across Perth & Kinross was required to deliver a shared culture that would have the potential to bring about a sustainable reduction in spend. At its meeting in March the IJB agreed the proposal to invest significantly in the release of GP time to engage in joint approach to promoting quality, safety and cost-effectiveness in prescribing and to support work on unscheduled care variances and Enhanced Community Support. An update on progress was provided to the IJB in November 2017 and a further update is provided at Section 2.8 below.

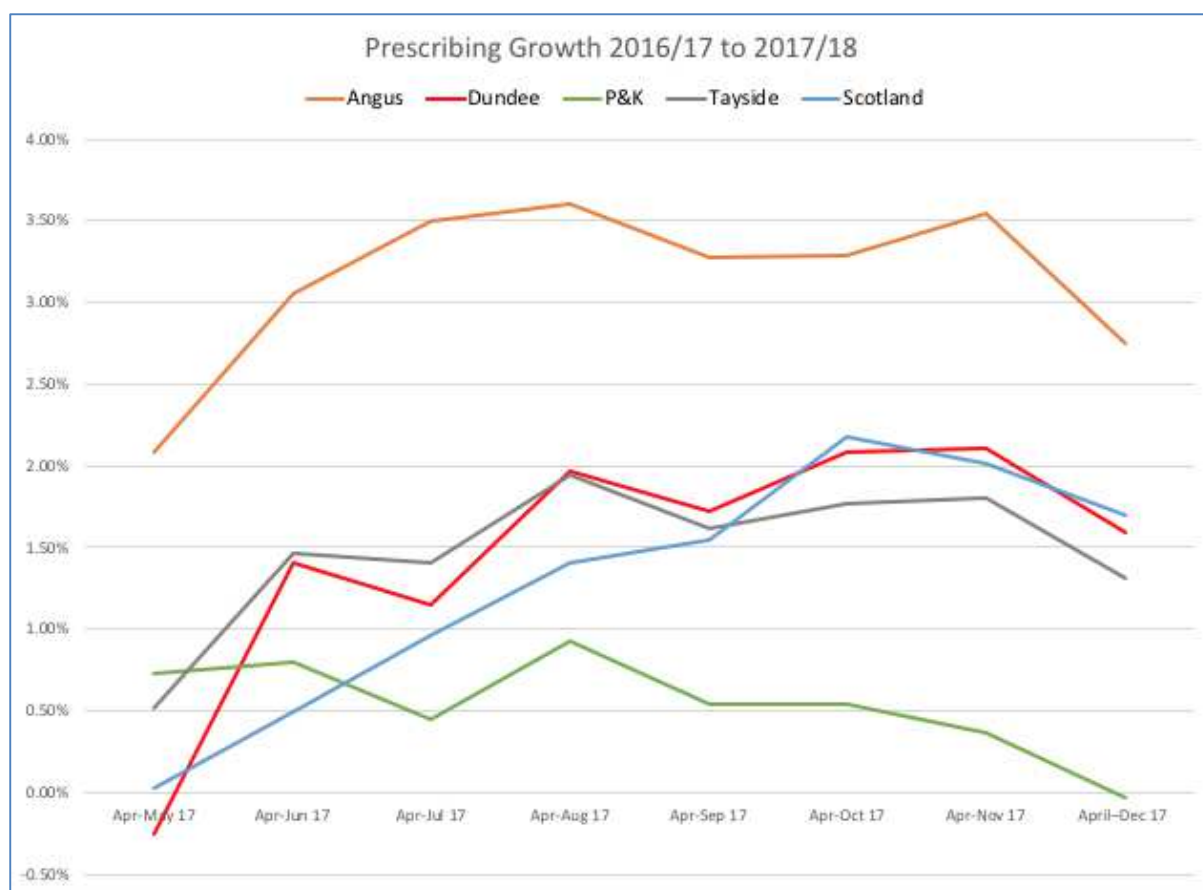
2.3 GROWTH

Overall growth in spend of 1.4% was anticipated in Perth & Kinross in 2017/18. The actual growth compared to Tayside and across Scotland is set out in the table below:

TABLE 2					
	Angus	Dundee	Perth & Kinross	Tayside	Scotland
Items					
April-Dec 16	1,632,685	2,262,345	1,829,510	5,891,781	
April-Dec 17	1,626,535	2,245,297	1,809,613	5,832,531	
% Growth	(0.38%)	(0.75%)	(1.09%)	(1.01%)	(0.26%)
Cost Per Item					
April-Dec 16	£11.08	£11.95	£11.72	£11.46	
April-Dec 17	£11.43	£12.23	£11.85	£11.72	
% Growth	3.1%	2.4%	1.1%	2.3%	2.0%
Cost					
April-Dec 16	£18,098k	£27,026k	£21,456k	£67,501k	
April-Dec 17	£18,595k	£27,456k	£21,450k	£68,383k	
% Growth	2.75%	1.59%	-(0.02%)	1.3%	1.7%

The above prescribing figures to end of December 2017 show a drop in Perth & Kinross expenditure compared to the previous year (by 0.02%). In real terms this means that whilst Angus have spent £500K more and Dundee £430K more and Scotland spend is up 1.7%, Perth & Kinross expenditure in the first 9 months of the financial year fell by £6K compared to same period the previous year. This is despite a 2.14% increase in the over 65 years population (Scotland 1.79% increase in >65's population).

This very positive position provides a level of assurance that work been done locally through pharmacy locality teams and strong GP engagement is making an impact. The graph below sets out the PKHSCP comparative growth position:



2.4 VARIANCE

The following table identifies the 21 items in Perth & Kinross where the annual costs are at greatest variance with the rest of Scotland, and an estimate of the estimated extent of that variance:

TABLE 3	
Perth & Kinross - Financial Year 2017/18 Q2 (July - September)	Estimated Annual Variance Compared To Scotland
RIVAROXABAN	£ 667,937
GLYCOPYRRONIUM BROMIDE	£ 174,700
CATHETERS - URETHRAL	£ 107,595
EMPAGLIFLOZIN	£ 89,741
LEVOTHYROXINE SODIUM	£ 71,345
LIOTHYRONINE SODIUM	£ 69,241
BECLOMETASONE DIPROPIONATE AND FORMOTEROL FUMARATE	£ 67,992
METHYLPHENIDATE HYDROCHLORIDE	£ 62,543
COLOSTOMY BAGS	£ 62,190
ROSUVASTATIN	£ 61,861
LAMOTRIGINE	£ 61,225
NEFOPAM HYDROCHLORIDE	£ 61,019
INDACATEROL WITH GLYCOPYRRONIUM BROMIDE	£ 55,191

FLUTICASONE FUROATE	£ 54,412
LIRAGLUTIDE	£ 53,854
CODEINE PHOSPHATE	£ 46,974
MELATONIN	£ 46,454
PREGABALIN	£ 43,445
FLUTICASONE PROPIONATE AND FORMOTEROL FUMARATE	£ 42,187
TAMSULOSIN HYDROCHLORIDE	£ 37,292
INSULIN GLARGINE	£ 36,253

This clearly demonstrates the extremely high use of Rivaroxaban which is prescribed at 3 to 4 times the rate for example in Lanarkshire and accounts for a significant proportion of P&K variance compared to the rest of Scotland. The use of this drug in P&K, and others in the same group of direct acting Oral Anticoagulants (DOAC's), as an alternative to Warfarin has been adopted early by clinicians. Whilst such drugs are still not first-line in the Tayside Drug Formulary the use of this drug in patients with Atrial Fibrillation is in line with international guidelines.

A significant cost-effectiveness switch program was initiated on 9 February 2018 targeting Rivaroxaban (2) and Apixaban (9) in the list below. There is a reasonable expectation of annual savings in P&K of around £277k for this change alone (based on switching 75% of the approximate 80% eligible patients to Edoxaban). A portion of these savings will be seen in Q4 of this financial year.

The table below shows the actual contribution of the highest P&K cost items to the overall prescribing budget. It should be noted that six of the highest expenditure items are not 'drugs' but appliances or nutrition. Such items are usually less influenced by GP decision and are more likely to be directed from specialists. Various pan-Tayside initiatives are being planned to address the high cost variance of these.

TABLE 4		
P&K Highest Cost Items		Estimated annual cost (based on Q2 17/18)
1	PREGABALIN	£1,140,444
2	RIVAROXABAN	£996,242
3	ENTERAL NUTRITION	£638,894
4	BECLOMETASONE DIPROPIONATE AND FORMOTEROL FUMARATE	£493,514
5	BLOOD GLUCOSE TESTING STRIPS	£443,589
6	CATHETERS - URETHRAL	£433,559
7	QUETIAPINE	£433,459
8	SALMETEROL WITH FLUTICASONE PROPIONATE	£421,291
9	APIXABAN	£397,324
10	LEVOTHYROXINE SODIUM	£395,025
11	WOUND MANAGEMENT DRESSINGS	£382,631

12	COLOSTOMY BAGS	£325,881
13	FOODS FOR SPECIAL DIETS	£300,989
14	LEVETIRACETAM	£298,380
15	TIOTROPIUM	£287,147

2.5 PREGABALIN

The highest cost drug in Perth & Kinross is Pregabalin:

- A significant proportion of the “off-patent” savings across Tayside related to this single drug.
- ‘Lyrica’ came off patent in July 2017. The Drug Tariff price for Pregabalin reduced by 30% in Scotland but by greater than 90% in England
- Pregabalin drug tariff is approx £46 for 56 tablets versus the branded generic ‘Alzain’ which is £9.95 for 56 (i.e. costs only 22% of the standard generic price)
- Despite all the PMG / Huddle activity on Pregabalin there has continued to be a steady upward rise in the prescribing of this drug in P&K, as in other areas of Tayside, although our annual spend compared to the rest of Scotland is only around £43k higher.
- Based on Q2 figures for 2017/18 a reduction of 78% on prescribing the branded generic Pregabalin P&K would reduce their Pregabalin prescribing costs from £1.14M/annum to £0.25M, thus potentially saving £894k per annum. It is by no means certain that this level of saving would be sustained given possible future changes to the Scottish Drug Tariff.

2.6 GP ENGAGEMENT PROGRAMME SUPPORT

At the IJB meeting on 24 March 2017 the board approved £312k per annum funding for an initial period of 3 years to support new GP capacity to work with the P&K Health & Social Care Partnership in the priority areas of quality, safe & cost-effective prescribing; enhanced community support; optimising patient care pathways; locality working and; reducing unplanned admissions.

We are now providing additional GP capacity to work with the HSCP on these priority areas in around one-third of P&K GP practices. In those practices that have had a few months of this extra capacity we are currently reviewing the impact of that:

- Prof Frank Sullivan from School of Medicine at St Andrews University are about to begin an evaluation aimed at assessing the current program of activity and guiding improvements to it.
- Prescribing data from the periods where much of the activity will have been done is still not available due to the time-lag in this so objective assessment of impact on cost-effectiveness interventions is not yet available.

Typical GP Practice comments have been:

"We can see what needs to be done but just didn't have the time to do it until this funded capacity from the HSCP",

"We don't think anyone other than a GP could have done these reviews"

"Having protected time was a novelty, appreciated and allowed things to be done which would normally be done on a GPs 'day off'"

We continue to develop the infrastructure within P&K to deliver on the targets of the engagement programme.

New program management support should begin mid-April 2018. This is an essential component of development and will hopefully lift the pace of progress in the program.

On 15 December 2017 an invitation was sent to all Perth & Kinross GPs to try and fill the role of prescribing lead GP vacated by Dr Neil McLeod. To date we have been unable to recruit someone to take this important bit of work forward. Getting an enthusiastic GP on-board to assist with this is very important and efforts continue.

The programme of engagement is building slowly and has meant a significant under spend in the first year. In 2017/18 expenditure of £47k is projected against the approved funding (£312k). A significant step up in expenditure is anticipated in 2018/19. It is proposed that a review of future support required to the program is undertaken and a revised request for funding brought back to the IJB in June.

2.7 PROBITY

At the time of approval of the GP Engagement program the IJB specifically requested information on any potential financial benefit that may be 'gained' by the Clinical Director (Dr Hamish Dougall) and Lead GP (Dr Neil McLeod) who were supportive of this program to ensure no conflict or material financial benefit through this:

- Dr Dougall's GP practice (Crieff Medical Centre, Blue practice) has had approximately 12 days of GP cover provided. This was provided in the form of a GP employed by the PKHSCP, so no direct financial gain to the individual GP or the practice. Through the Edoxaban switch program the practice would be eligible for support costs of £10/patient (total approximately £1,030) which is reduced from £20/patient (£2,060) for all other practices who have not had the GP Engagement support. The purpose of this funding, available to all practices in Tayside, is to cover the costs of administration and health care assistant time for blood testing and patient measurements. The higher rate is available to practices who are not supported through the GP engagement program.
- Dr McLeod's practice were not engaged actively in the program before his retirement.

2.8 MANAGEMENT INFORMATION

We have struggled over the last year, despite Chief Officer, Chief Financial Officer and Clinical Director pressure, to get on a regular basis accurate, robust and reliable data on prescribing activity across P&K broken down to practice-level and which correlates accurately with the financial figures used. We have worked hard with ISD Scotland and attempted to engage with the NHST finance and the Prescribing Support Unit to produce this. After a number of recent meetings we are on the cusp of having a meaningful monthly report which will be an essential tool in identifying areas of particular variance in relation to spend, drug utilisation and inter-practice behaviours.

2.9 P&K HIGHEST EXPENDITURE VARIANCE ACTION PLAN

The management information alluded to in the previous section is being designed to produce a clear variance breakdown for GP practices and will be correlated with updated clinical advice in each of the main drug areas. This will be produced for practices on a 3 or 6 monthly basis and it is hoped that practices will develop an action plan leading from this to address or explain variance.

2.10 PHARMACY STAFFING

Recruitment of sufficient pharmacists and pharmacy technicians to fill vacancies across primary care in P&K has been difficult and continues to add risk to the delivery of quality, safe and cost-effective prescribing

3. SUMMARY

The Year End Forecast is broadly in line with plan although improved growth, increased savings and additional budget released by NHST has helped offset a reduction in the anticipated benefit from a reduction in the price of Pregablin. Despite a 2.14% increase in the P&K >65 yr population the prescription cost growth in the first 8 months of the financial year has fallen by 0.02% (compared to a rise in Scotland of 1.7%).

Considerable activity and work, including through the GP Engagement program, continues to be done to identify and deliver further savings opportunities and improvements in the safe and quality prescribing arenas.

The IJB are asked to continue to endorse the GP Engagement program and consider at its next meeting a revised request for funding.

NHST Corporate Finance, ISD Scotland and the Prescribing Support Unit urgently require to deliver regular and accurate management data on prescribing and costs.

Author(s)

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