



PERTH & KINROSS INTEGRATION JOINT BOARD

26 June 2019

PRESCRIBING UPDATE REPORT

Report by Dawn Fraser and Chris Jolly, Programme Managers, Perth and Kinross Health and Social Care Partnership (Report No. G/19/117)

PURPOSE OF REPORT

The purpose of this report is to update the Perth and Kinross Integration Joint Board on the current financial position in respect to primary care prescribing and to update the board on progress to date in respect of the 2018/19 programme.

1. RECOMMENDATION(S)

The Integration Joint Board is asked to:

- 1) Note the progress to date in managing the financial position via the 2018/19 programme;
- 2) Note the update with respect to the 2019/20 programme.

2. SITUATION/BACKGROUND / MAIN ISSUES

FINANCIAL POSITION

The final position for 2018/2019 has improved, with a year-end over spend of £0.842m reported for prescribing. This is £0.383m less than last reported. Overall, the prescribing overspend compares to a gap of £0.438m set out in the approved 2018/19 Financial Plan. The deterioration from plan relates to growth above expectation, a level of undelivered savings and the significant impact of an unanticipated national reduction in funding and an unexpected

Significant progress is being made with the Quality, Safety and Efficiency in Prescribing (QSEP) programme in Perth and Kinross. Of note, there has been increased engagement with all G.P. practices, to understand and address prescribing variance across Perth and Kinross, with a positive response from the QSEP 2018/19 prescribing initiatives. These are discussed further within the report.

Performance

Overall expenditure in P&K, against the rolling 12 month reference period, has reduced by 3.61%.

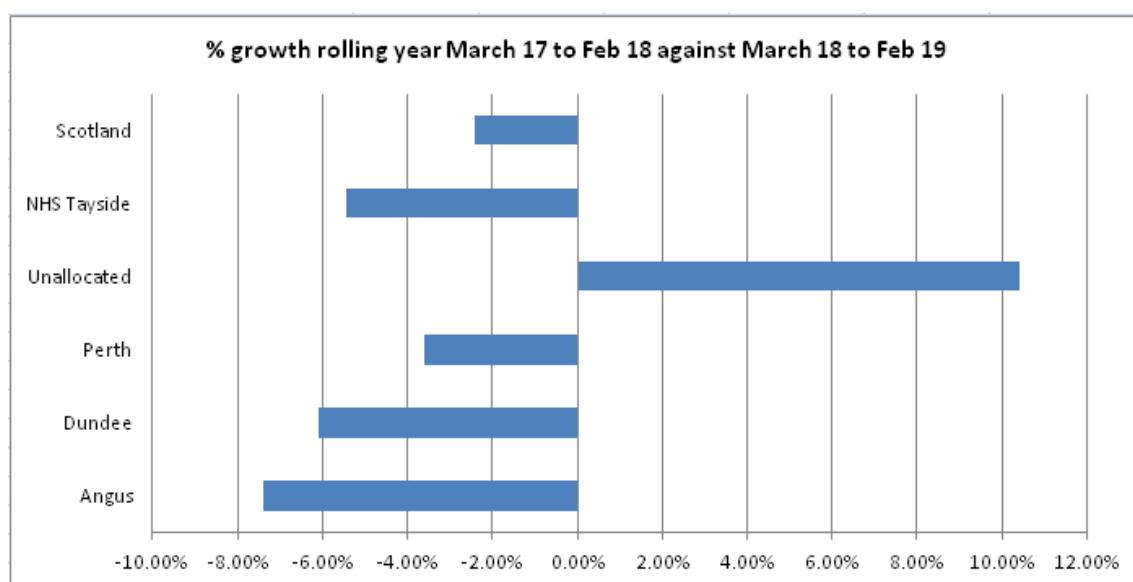
When compared to Scotland, Perth and Kinross has shown a greater reduction (Table 1 and 2).

Table 1 - % Growth in prescribing indicators as at February 2019

Comparison of rolling 12 months, March 2017 to February 2018 vs March 2018 to Feb 2019

Performance Indicator	Angus	Dundee	Perth & Kinross	Unallocated	Tayside	Scotland
% Growth – No. of Items	-2.04%	-1.21%	-0.23%	3.85%	-1.00%	0.30%
% Growth – Cost Per Item	-5.45%	-4.95%	-3.39%	6.34%	-4.50%	-2.69%
% Growth – Gross Expenditure	-7.38%	-6.11%	-3.61%	10.43%	-5.45%	-2.40%

Table 2 – Comparison % growth in gross expenditure (Comparison of rolling 12 months, March 2017 to February 2018 vs March 2018 to Feb 2019)

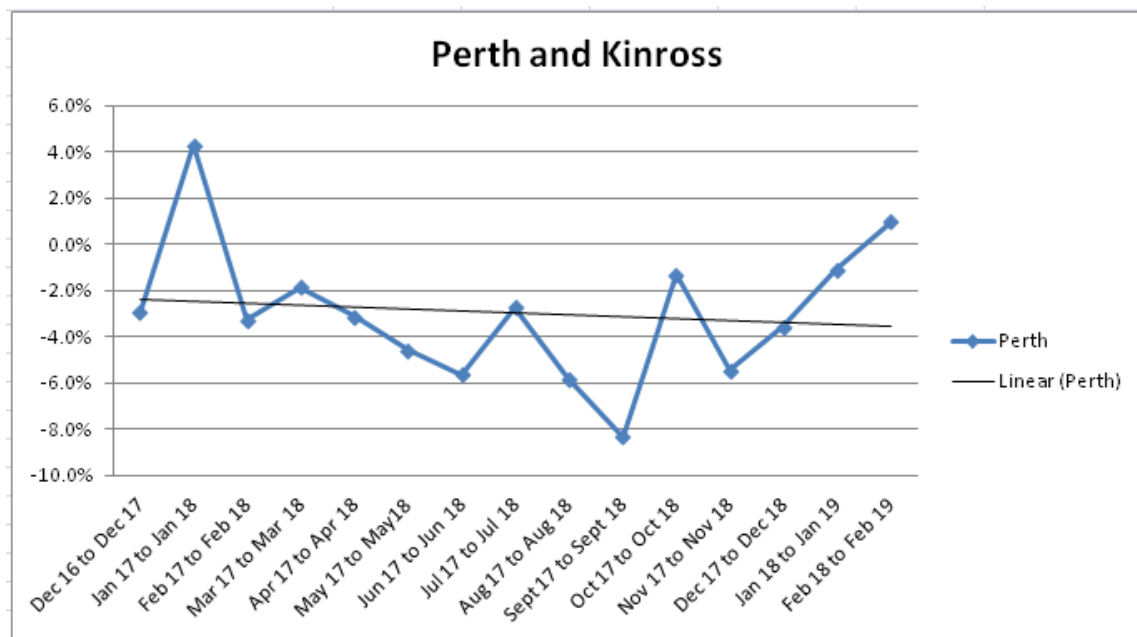


Unallocated items, represents items that have not been allocated to a practice, for example mis-scanned or damaged scripts. It also includes CPUS prescriptions, i.e. out-of-hours, minor ailments, urgent supply, smoking cessation and emergency contraception prescriptions by community pharmacists, which are not allocated to a particular practice.

The promotion of smoking cessation and a shift in the balance of care has shown an increase in community pharmacy prescribing and therefore unallocated items. It is anticipated that this will continue to increase as patient's are encouraged to seek advice and obtain treatment for some minor ailments from their community pharmacist, rather than their G.P.

Table 3 – Trend in Overall Expenditure

(Month to month % change in overall expenditure when compared to the same month in the previous year)

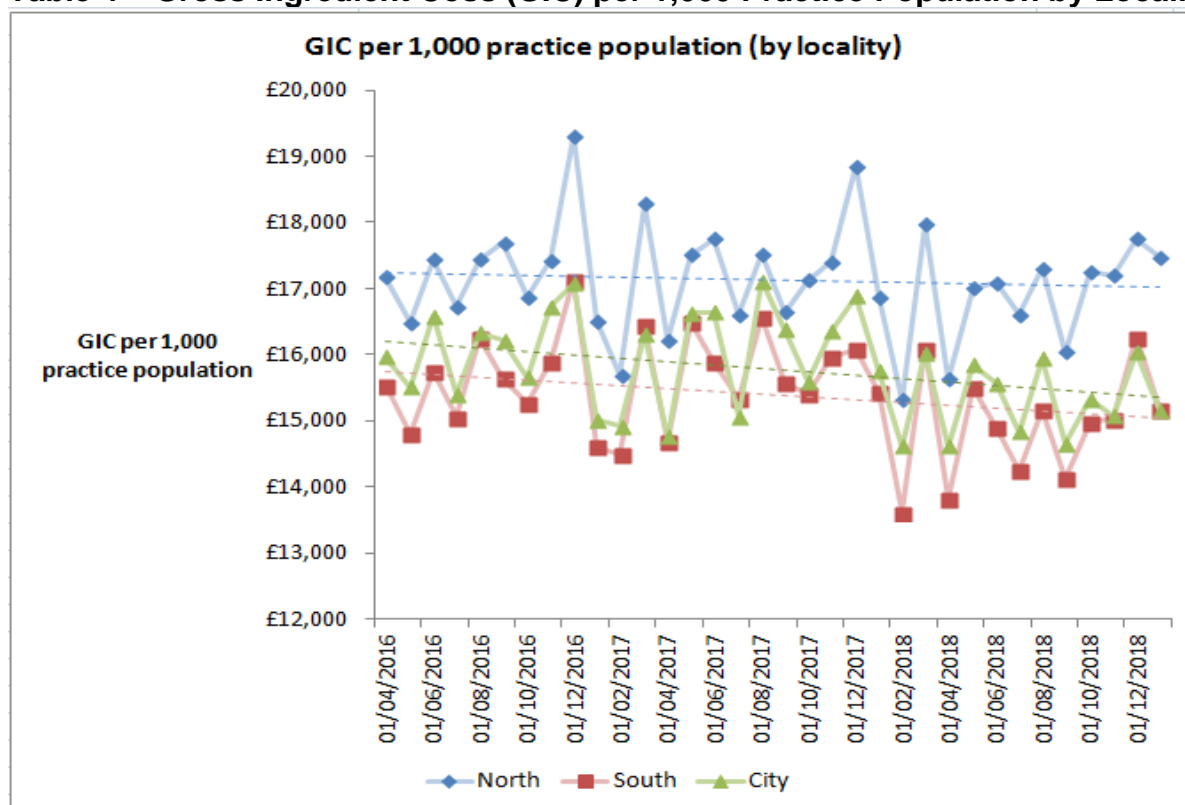


In Table 3, a decreasing trend overall is noted, however, from November 2018 to February 2019, a steady increase in gross expenditure is shown, when compared to the same period in the previous year. This corresponds to a similar increase in cost per item and number of items, during the same period. This is discussed in more detail below but includes the effect of changes in dispensing frequency and manufacturers pricing in response to Brexit planning.

It is useful to look at the trends in prescribing expenditure at both locality and cluster level (Table 4). The trends in prescribing follow a similar pattern and are all declining, albeit at differing rates. These declining trends are notable, particularly when considering Perth and Kinross's growing elderly population.

When drawing comparisons between localities, it is important to understand that practice, cluster and locality demographics are not uniform.

Table 4 – Gross Ingredient Coss (GIC) per 1,000 Practice Population by Locality



Looking at prescribing, has mostly to date been done at practice level, however providing cluster-based data to the GP Quality clusters may be a useful tool for G.P.'s to consider inter-practice variance and to explore the reasons behind it.

Table 5 – Gross Ingredient Cost (GIC) per 1,000 Practice Population by Cluster

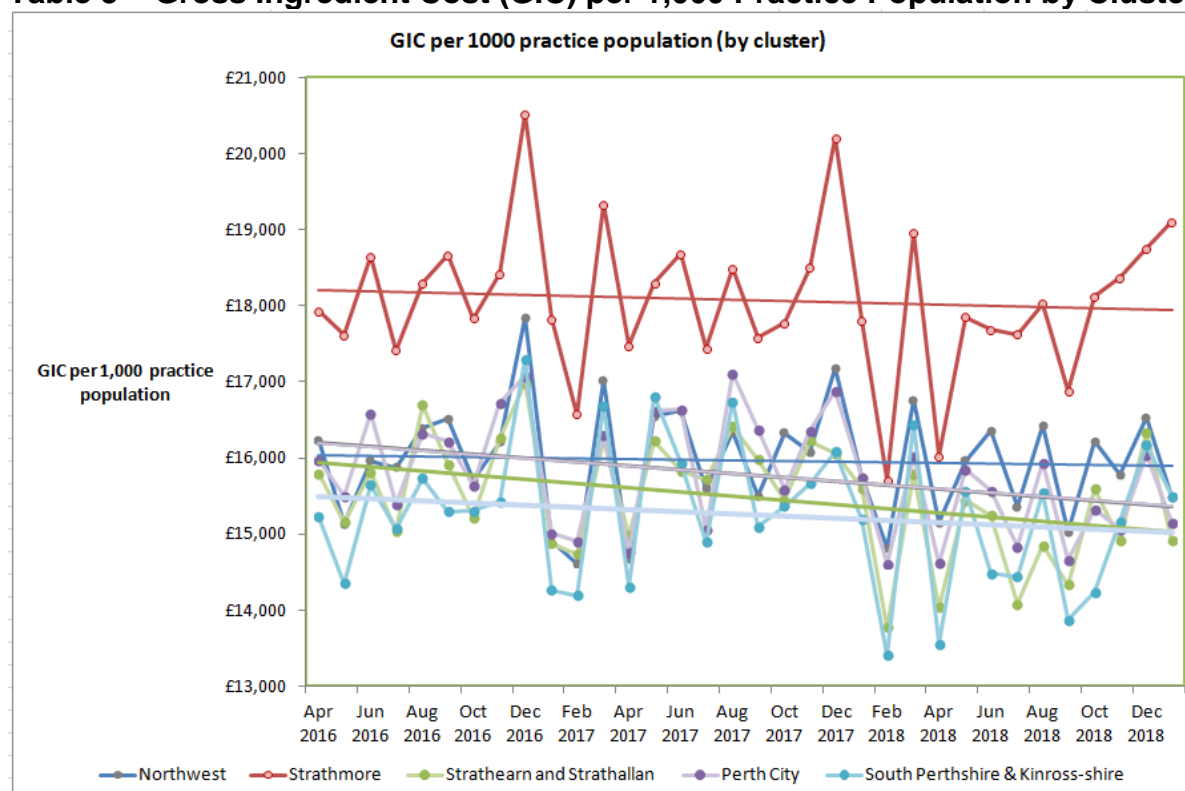
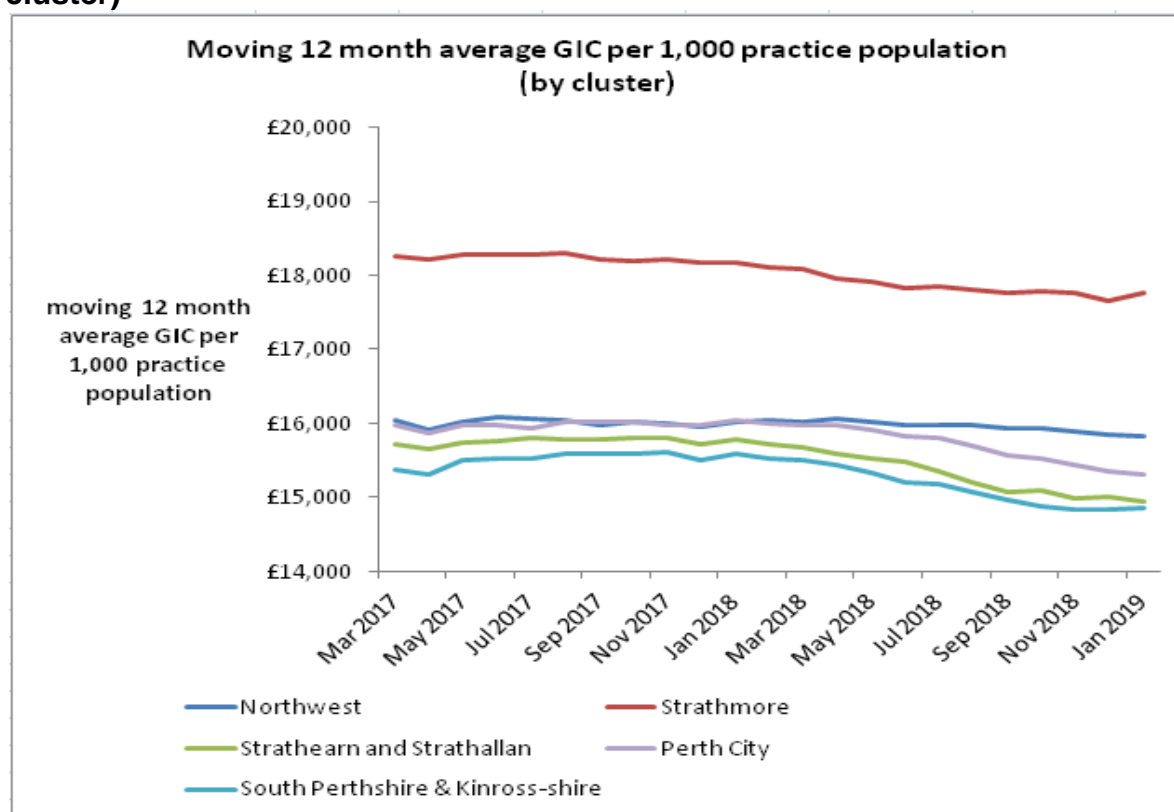


Table 6 – Moving 12 Month Average GIC per 1,000 Practice Population (by cluster)



In Table 5 and 6 above, the Strathmore cluster is demonstrated as an outlier. The exact reason for this is not fully understood at this time and further analysis is required, however there are several factors which most likely contribute to this as follows:

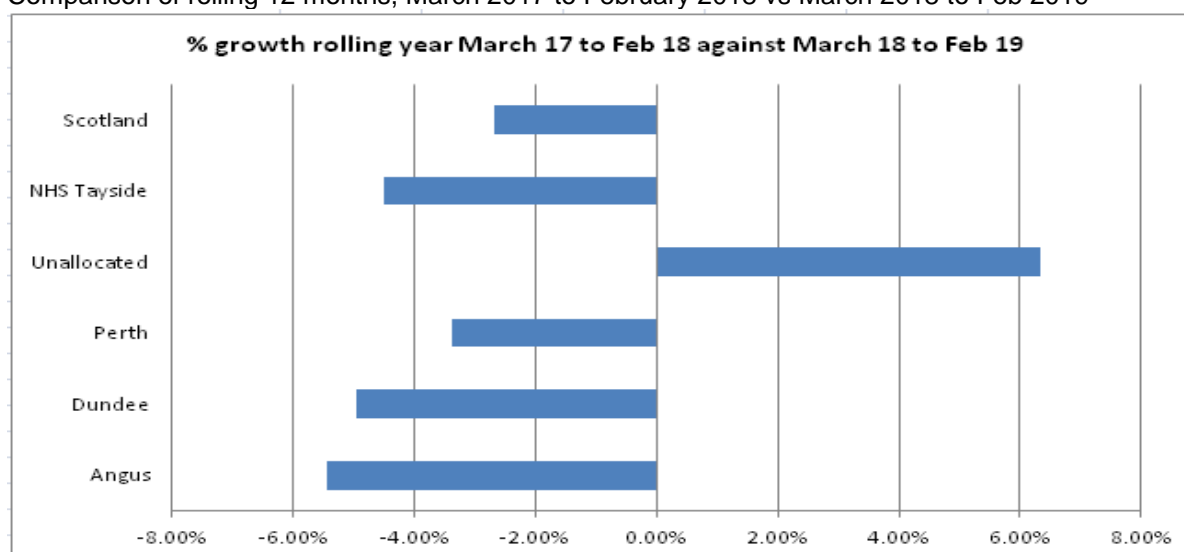
1. Strathmore GP practices deliver health and care to one of the highest populations of patients aged 65 years and over. 50% of the patient list size in Ardblair Medical Practice and 40% of the patient list size in Strathmore Surgery are aged 65+
2. When considering all five cluster areas, Strathmore has one of the largest % patient population who reside in care homes (0.8%). Only Strathearn exceeds this at 1%.
3. Two of the postcode areas within the Strathmore cluster area, sit within the first and second deciles of the deprivation index. These areas are ranked 8% and 17% within the index of multiple deprivation; this represents some of the highest areas of deprivation.

The combination of these factors will have a significant impact on prescribing in this area.

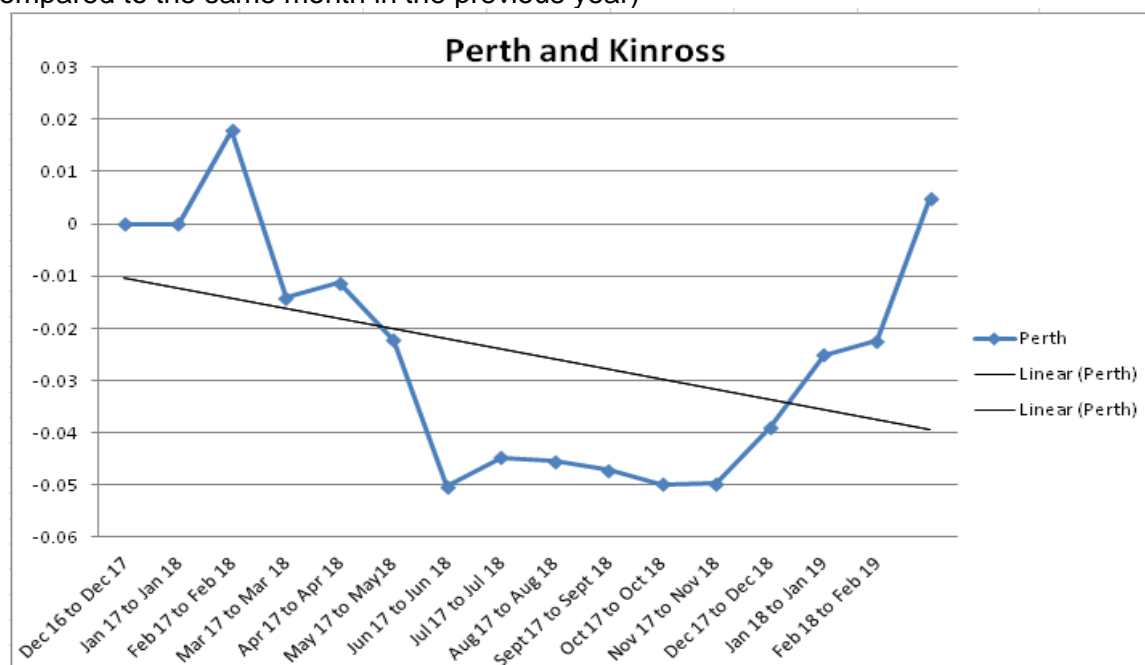
As will be discussed within this report, the Quality, Safety and Efficiency in Prescribing (QSEP) team have developed a programme of work to establish contact with all G.P. practices and clusters. Discussion with practice quality leads in combination with further analysis of the factors discussed above and variation in inter-practice prescribing behaviours, will get closer to identifying the reasons for the data demonstrated in Tables 5 and 6 above.

Table 7 – Comparison % growth in cost per item

Comparison of rolling 12 months, March 2017 to February 2018 vs March 2018 to Feb 2019



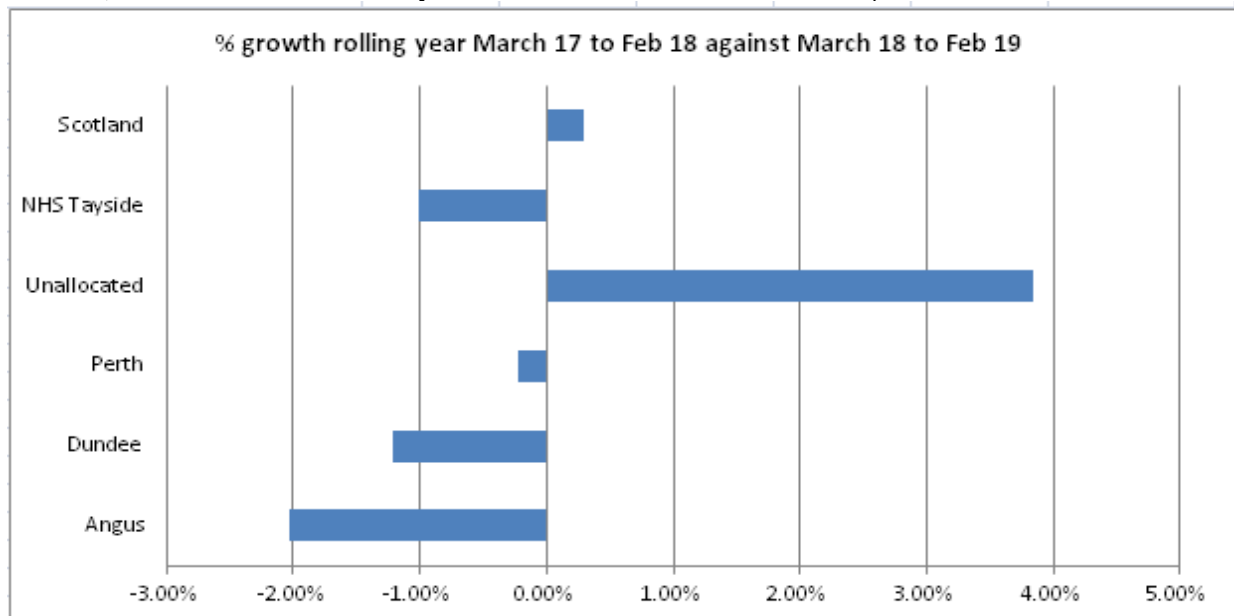
The cost per item indicator shows negative growth of -3.39% (Table 7). This is positive and is comparable with NHS Tayside, albeit slightly increased when compared to the growth documented at January 2019 (-3.53%). It is worth noting that this figure is influenced by the total number of items prescribed, and should be considered with this in mind.

Table 8 – Trend in Cost per Item (Month to month % change in cost per item when compared to the same month in the previous year)

A trend of increasing cost per item has been seen more recently from November 2018 to February 2019. Analysis of the Scottish drug tariff has shown that this is largely linked to a small number of drugs which have seen a large increase in price. Most notably Losartan, which increased in price in the order of 700%. This increased our expenditure on this product from around £4000 per month to around £27,000 per month. The reasons given for this increase include:

- Production issues as a consequence of batch contamination;
- Stock piling for Brexit.

Table 9 - Comparison % growth in number of items (Comparison of rolling 12 months, March 2017 to February 2018 vs March 2018 to Feb 2019)



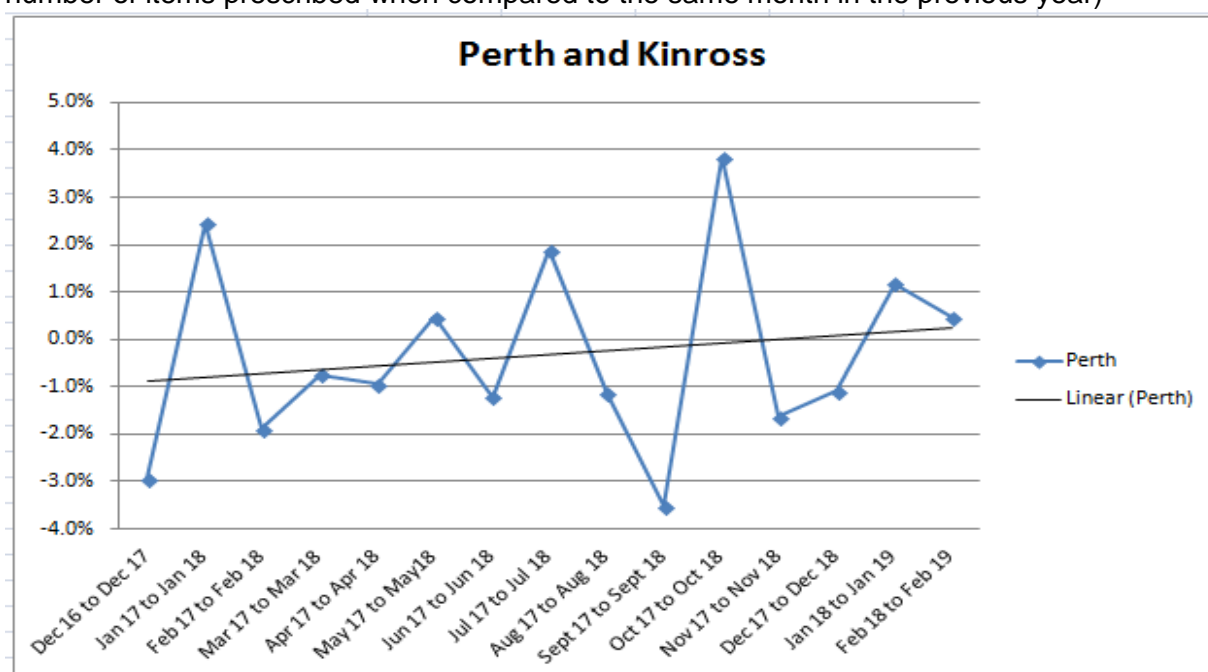
Despite showing negative growth of 0.23% over a 12 month period and that the rate of decline has been slowing, there is now a slight increase in the number of items prescribed (table 10). The reason for this increasing trend is not fully known but a rising elderly population will have an impact. Additionally, and compounding that influence, is a move from 56 day to 28 day prescriptions in some areas.

This move stemmed from the desire to reduce medicines waste, particularly in care homes, therefore if patients had a 56 day supply on repeat, it was changed to 28 days. This was also affected by the change in status of gabapentin and pregabalin due to a change in legislation. When they became controlled drugs, the quantity issued on repeat prescription had to be reduced to a maximum of 30 days. As a consequence of the change in the classification of pregabalin and gabapentinoids from April 2019, it is likely that a new “norm” in terms of the number of items prescribed will be established in the coming months. After this, it will be easier to chart the impact of work being done to suppress this growth i.e. polypharmacy reviews and engagement with individual practices in respect to variances.

In some cases, quantities for other repeats may have been adjusted in a similar way so as that supply times are aligned. This is not necessarily so for every patient or every drug.

This boosts item growth but is perceived as good prescribing practice for certain patients.

Table 10 – Trend in Number of Items Prescribed (Month to month % change in number of items prescribed when compared to the same month in the previous year)



3. G.P. Engagement Funds

The original fund agreed by the IJB for G.P. engagement was £312k per year for 3 years.

These funds are currently being utilised as follows:

1. Salaried G.P.

It is hoped to recruit a salaried GP to recruit a salaried G.P enhance the capacity available to practices, allowing them to engage more fully in the quality, safety and efficiency in prescribing work;

2. G.P. for Quality Improvement Work

A salaried GP provided capacity support to two practices between April and November 2018. From November 2018, the same level of support was spread across four practices.

The effect of this support can be seen in a year-on-year reduction in prescribing expenditure. The table below shows the expenditure in these practices against the reduction in expenditure, as well as their relative budget position in the 2018/19 financial year.

	Investment from engagement funds in total (17/18 & 18/19)	Growth in prescribing (wtd) expenditure over previous 4 qrts	Actual growth in expenditure Q1 v Q1	To date 2018 budget position (at Q1)
Practice 1 *	£6178	-11.54%	-15.49	-8.99% (£16K)
Practice 2	£6178	-4.02%	-4.31	-1.4% (£6K)

*NHSTayside also supported this practice in late 2017 prior to engagement funding being utilised.

This has proven to be successful with one of the practices performing particularly well in reducing their year-on-year prescribing expenditure by over 15%;

3. Prescribing Lead GP

An experienced Perth G.P. has been funded to provide dedicated leadership for prescribing. They have driven forward the programme and are steering future direction, as well as actively engaging practices which may be reluctant to undertake projects;

4. Career Start G.P

It is intended that a career start G.P. may be employed to carry out six sessions of work per week. This is intended to increase G.P. capacity, improving engagement with quality prescribing work. Recruitment is anticipated in August 2019;

5. Edoxaban

There were seven G.P. practices within P&K, who demonstrate a low rate of engagement with the DOAC's (Edoxaban) initiative. These practices showed switch rates of less than 30%, which accounted for a large amount of the undelivered savings on this project. Previously, practices were offered funding for the time spent with the additional work involved in reviewing patients. For practices who had shown a low level of engagement, and who had not previously claimed these monies from the engagement fund, the QSEP management team felt it would be appropriate, following discussion with individual practices, to extend the time period that this support would be available.

6. ONS Project (baby milk) - 1/3 share of £55k across Tayside

Perth and Kinross HSCP were asked to support this specific pan NHS Tayside project, by providing a share, calculated according to NRAC allocation. The total cost to recruit a project officer/nurse to support implementation of the project is £55K across Tayside over 2 years. P&K HSCP will contribute their share of funds to this project.

7. G.P. Research Work by St. Andrews University

A researcher from the University of St Andrews School of Medicine has been supported to undertake a qualitative evaluation, to enhance understanding of the factors which influence local GP practice engagement with the prescribing priorities of the P&K IJB. The evaluation will help determine the acceptability and utility of the G.P. prescribing and locality engagement programme and shape it going forward. It is anticipated that the evaluation report will be complete by summer 2019;

8. G.P. Initiatives

Each G.P. practice was offered an incentivised payment for engagement in the initiatives developed by the QSEP team (noted in previous report). Each practice was asked to engage with three projects from the five offered and report their results via the audit tools provided, to the QSEP management team by the end of the 2018/19 financial year, 30th March 2019. The incentivised payment is an approximate reflection of two sessions of G.P time

plus additional administrative support. To date, 19 out of 24 practices have engaged with these initiatives.

9. Backfill for QSEP Work

On an ongoing basis, the QSEP team will provide support to individual practices to encourage engagement in the QSEP programme. Previously, G.P. colleagues have stated that they are often unable to engage in prescribing initiatives due to a lack of capacity as they prioritise core clinical activity with patients. In order to maximise the savings which are required to be delivered, and address areas of significant variance, monies will be invested on a case-by-case basis for those practices who require additional support. This would be allocated in a similar way to that described above, which appears to have shown a positive impact.

4. PROPOSALS

In an attempt to address the current gap between the prescribing budget and forecast expenditure, significant progress is being made with the QSEP programme, in respect of the following:

- increased engagement with all G.P. practices, to understand and address prescribing variance across Perth and Kinross;
- practice engagement with the QSEP 2018/19 prescribing initiatives;
- development and implementation of a 2019/20 prescribing plan;
- progressing the appointment of a salaried G.P, in order to offer backfill for practices who have identified that reduced capacity is impacting on their ability to engage with quality initiatives.

G.P. Practice Visits

To understand the drivers for the gap between the budget and the forecast expenditure, it has been necessary to analyse the variances in prescribing behaviour across G.P. practices. Analysis of this data has provided opportunities to engage with the practices which are most at variance and discuss the drivers for this variance, specific to each practice.

A programme of work was developed to establish contact with practices, in a prioritised order. This process has engaged practices in respect to the following:

1. Tackling areas of significant variance where prescribing practice is not maximally cost-effective;
2. Identifying the practice needs in respect of support required to carry out the quality work necessary to maximise savings.

In each case, meetings have been undertaken with the Practice Quality Lead (PQL), practice pharmacist, the HSCP G.P. prescribing lead and the programme manager. In some practices, several of the G.P. partners chose to attend the meeting and welcomed the QSEP team positively. The meetings have been invaluable in opening dialogue and building relationships with key personnel within each practice, whilst also gathering intelligence and understanding from G.P.'s and practice staff about their current prescribing and practice position, including any requirements for additional support identified. Of note, many of the practices at high variance

identified that they have several patients with chronic conditions, who require high cost medicines. In many cases, many of the high cost medicines are initiated by secondary care clinicians, making it difficult for G.P.'s to effect change in a primary care environment.

Follow-up meetings have been arranged following each visit and a summary report of the discussion and proposed action plan sent to the key personnel, with whom the discussions took place. Where possible, G.P.'s are encouraged to develop a robust programme of continual review of their patient's, discontinuing or decreasing medication if it is no longer deemed necessary or appropriate. Furthermore, these practice visits have led to detailed analysis of prescribing variance on a practice-by-practice basis, and discussion of this with the PQL and locality pharmacist. Following each meeting, an individualised list of initiatives has been developed between the QSEP team and PQL/Pharmacist. It is hoped that this will reduce variance by targeting practice specific issues in a more focussed way.

This will form an ongoing schedule of visits with all practices, which will hopefully encourage continued, and more focussed engagement with quality prescribing work. This in turn, should provide positive outcomes in respect of attempts to address the current gap between the prescribing budget and forecast expenditure.

In order to support practices which have identified that reduced capacity is impacting on their ability to engage with quality initiatives, the QSEP team are continuing to progress the appointment of a salaried G.P. In the meantime, as approved by the Perth and Kinross Primary Care Board in January 2019, monies will be invested on a case-by-case basis for those practices who require additional support.

Portfolio of Interventions

A portfolio of prescribing initiatives was developed by the QSEP team, primarily to target the priority areas identified as some of the highest cost areas of prescribing expenditure within 2018/19. In January 2019, the QSEP management team were given approval from the P&K Primary Care Board to offer an incentivised payment of £500 to each of the 24 G.P. practices for engagement with these prescribing initiatives.

G.P.'s were requested to select three from five initiatives and provide feedback and data to the QSEP management team by 31st March 2019. Positively, 19 out of the 24 practices have engaged with these initiatives. Some of the practices indicated that it was likely that the work would extend beyond 31st March. In recognition of this, data will be returned and accepted when the projects are complete. However, the practices have been asked to provide a schedule of their work with regular updates and a proposed date for completion.

Thirteen practices have completed these projects and have returned the data with accompanying narrative, outlining their processes in carrying out this quality work. This information shows engagement in good practice, which will be shared among clusters and individual practices. Whilst the development of these initiatives was primarily to improve the quality of prescribing by encouraging patient review, early analysis of the data shows that in some cases, this has led to the de-prescribing of some medicines and/or technical switches to more cost effective alternatives. A

summary of this is demonstrated in Table 8 below. On receipt of the data from the remaining five practices, the data will fully analysed and reported, showing any financial impact of engagement with these initiatives.

Table 8 – Summary of available data from prescribing initiatives 2018/19

Initiative	No. of Patient's Reviewed	No. of patient's discontinued	No. of Patient's switched	Description
Liothyronine	21		1	Patient was switched from Liothyronine to Levothyroxine
Lidocaine	66	15		15 patient's are no longer prescribed this medication
Carbocisteine	155	10	98	Patient's were switched from Carbocisteine to NACYS. 10 patient's are no longer prescribed this medication.
Asthma Review	80			Benefits mean higher number of asthma patients reviewed and also targets/prompts those with poor control
Emollients Review	TBC			Emollient review was undertaken and discussed by G.P.'s within practices, to improve the prescribing of emollients and adherence to current formulary choices. All repeat prescriptions for emollients have been reviewed and where possible, patients were changed to the formulary choices. On the whole, the switches were successful and allowed for the reduction in prescribing of non-formulary emollients.

Quality, Safety and Efficiency in Prescribing (QSEP) 2019/20 Programme

In each financial year, NHS Tayside Prescribing Management Group (PMG) approve a programme of cost saving prescribing projects, which inform the financial plan for that current year for each of the HSCP's. NHS Tayside have indicated that there is little opportunity for projects initiated by PMG and/or led by the Prescribing Support Unit (PSU) in 2019/20, as the scope for cost-saving technical medication switches is minimal.

With this in mind, and also with reference to the requested £500K QSEP savings to be achieved within the 2019/20 prescribing financial plan, the P&K QSEP team discussed the potential to develop a plan specific to P&K, in order to progress the approach to improvements in quality, safe and cost effective prescribing. A four stage methodology was developed to filter the available prescribing data and

develop quality initiatives. This was predominately formed based on medicines prescribed at high cost and/or high volume. These are currently being developed by the QSEP team and will be subsequently reported with supporting information, showing the potential financial benefits which may be realised from this work. This is often difficult to quantify, as it is more art than science and requires economical consideration.

Furthermore, initiatives have also been developed by the sharing of good practice in other NHS Tayside partnership areas where benefits have been realised.

With consideration of all of the ongoing work described above, the initiatives being developed within the P&K prescribing financial plan 2019/20 are as follows:

Table 9 – Perth and Kinross Prescribing Initiatives 2019/20

Interventions	Comment
Individualised practice projects	Following each practice visit, individualised practice-specific initiatives are developed based on medicines at high variance
Polypharmacy reviews targeting care homes	A quality-driven initiative which encourages and increased polypharmacy reviews in care homes. This requires a collaborative approach by G.P.'s, locality pharmacists and MfE Consultants. This initiative should improve the quality of prescribing in care homes and allowed the de-prescribing of particular groups of medicines e.g. Statins, Anti-hypertensive medication.
Polypharmacy reviews within practices / DQUIP	Encourage the use of DQUIP to identify patients at high risk who require comprehensive polypharmacy review
Reduction in the prescribing of high dose opiates	Encouraging a reduction in the dose and/or de-prescribing of high-dose opiates e.g. Morphine
De-prescribing of Gabapentinoids/Pregabalin	This is a Tayside-wide initiative, but requires more access to alternative care and support, with input from e.g. social prescribers, chronic pain pathway, Alcohol and Drug Partnership
Reduction in the prescribing of analgesic medicines	This initiative is based on a pilot project undertaken in Angus which saw a reduction in the prescribing of analgesics (Tramadol and Co-Codamol) by changing prescription labels and making patients aware of dangers. This prompted realistic medicines conversations between GPs and patients. Reduction in prescribing of these drugs ranged from 6% to 14%
2019/2020 Projects	P&K quality projects currently being developed by the QSEP team, based on the four stage methodology used to target areas of high variance across P&K

4. CONCLUSION

Significant progress is being made in an attempt to address the current gap between the prescribing budget and forecast expenditure in respect of the following:

- increased engagement with practices;
- positive engagement with the 2018/19 prescribing initiatives, which 19 G.P. practices have shown engagement with and documented the effect of patient reviews;
- ongoing development of a 2019/20 prescribing plan.

The impact of these steps will continue to be documented in all subsequent reports.

Author(s)

Name	Designation	Contact Details
Dawn Fraser Chris Jolly	Programme Manager Programme Manager	dawn.fraser2@nhs.net christopher.jolly@nhs.net

NOTE: No background papers, as defined by Section 50D of the Local Government (Scotland) Act 1973 (other than any containing confidential or exempt information), were relied on to any material extent in preparing this report.