



ANGUS HEALTH AND SOCIAL CARE
INTEGRATION JOINT BOARD – 18 APRIL 2018
PRESCRIBING MANAGEMENT UPDATE
REPORT BY VICKY IRONS, CHIEF OFFICER

ABSTRACT

This report provides an update to the Integration Joint Board (IJB) on the prescribing management plans in Angus.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board:-

- (i) note the content of the paper and the scale of activity being progressed across Angus and regionally to address the prescribing overspends.
- (ii) invite a further paper providing detail regarding the 2018/19 prescribing action plan and associated financial information to be presented for approval at the IJB in June.
- (iii) note the financial planning framework and note this will both continue to evolve and will be reflected in the overall Angus IJB Financial Planning framework.
- (iv) approve the creation of a fund of c£50k to support local interventions in Prescribing to address the prescribing overspends.

2. BACKGROUND

As this paper is intended to provide an update on the paper endorsed at the IJB in January 2018 it builds upon the detail contained within previous papers.

In summary, Tayside Health & Social Care Partnerships (HSCPs) currently budget c£80m annually for Family Health Services (FHS) prescribing and NHS Tayside a further £54m for community and secondary care prescribing. However Tayside's FHS prescribing costs have historically been significantly higher per weighted patient than the Scottish average resulting in annual overspends over a number of years

The FHS prescribing spend is one of the two primary drivers of NHS Tayside's current overspend in the last two financial years (NHS Tayside Assurance and Advisory Group, 2017) and continues to place significant financial pressures within Angus HSCP.

While Angus IJB continues work, as described below with strong clinical engagement and leadership, to improve our prescribing performance, the IJB will also work to ensure that the funding available to support Angus Prescribing (both funding from NHS Tayside and within the IJB) is commensurate with the model of care provided in Angus. This will require an increased understanding of the complex interaction between investment in prescribing and the impact on the overall system.

3. CURRENT POSITION

Prescribing management continues to be managed regionally through the NHS Tayside Prescribing Management Group, complemented by weekly Tayside huddles and locally through our Angus Prescribing Management Group. Full details of the Angus prescribing governance structures and processes approved at the Clinical Care and Professional Governance Group on 21 March, 2018 is detailed fully in Appendix 1.

Dr Scott Jamieson has agreed to extend his clinical leadership role up to March 2019 to enable ongoing prioritisation to be given to identifying and addressing areas of local prescribing variance and/or governance concerns. Local clusters are engaged and actively supporting all of the agreed prescribing work plan. Increasing levels of dialogue are progressing with colleagues within specialist services to further identify and action specialism specific areas of prescribing priority.

A detailed regional work plan, complemented by additional local initiatives, had been implemented in 2017. This has included:-

- (i) A review of the NHS Tayside Prescribing Formulary has been undertaken with a new formulary launched in April 2017.
- (ii) Introduction of a range of technical switches to support compliance with the NHS Tayside Prescribing Formulary. These switches have been monitored to ensure completion within each practice.
- (iii) Development of clinical guidelines and supported review of prescribing across a range of areas to support formulary compliance.
- (iv) Ongoing support of delivery of actions agreed as part of the Quality Prescribing Programme.

In addition to the above, in March 2018 NHS Tayside, based on recommendations from the Tayside Prescribing Management Group, has considered a range of additional Prescribing interventions (Tayside NHS Board, report 38/2018). The additional interventions were supported by NHS Tayside Board and this direction, support and agreement will assist to create health system-wide momentum to deliver improved Prescribing performance. An early estimate of the financial benefit of these interventions has been included in the financial planning framework.

Current major work streams, agreed regionally and locally, and an update on Angus progress in relation to each work stream is outlined below in Table 1 alongside considerations for 2018/19. The planned financial benefit of the active interventions outlined below is shown in Appendix 2, which also outlines passive interventions not included in the list below.

A full and detailed Angus work plan for 2018/19 will be produced and shared following conclusion of regional planning conversations and reflection on local achievements within this financial year, noting general practices have up to the end of March 2018 to conclude all agreed areas of this year's work plan. This will be shared with the IJB following approval within the Prescribing Management Group.

Table 1: Major Workstreams (regional and local) and Angus progress

Workstream	Problem Statement/Aim	Angus Update	Considerations for 2018/19
Prescribing for chronic pain	Perception of over prescribing of pain medications and under utilisation of alternatives	<p>Supporting development of pain pathway regionally.</p> <p>TENS machines rolled out to practices.</p> <p>2 pharmacists completing Teach & Treat to enable pharmacy led reviews of chronic pain patients.</p> <p>Well developed self-management options in Angus.</p> <p>Realisation of chronic pain prescribing reduction remains challenging.</p> <p>A number of practices have completed or are in the process of completing reviews of patients on specific high cost/high volume pain medications.</p> <p>Pain coaching test introduced in North West Angus.</p>	<p>Ongoing implementation of regional pain pathway and any agreed changes to formulary.</p> <p>Ongoing review, test and spread of local pain management options in Angus both to support increased non-pharmacological approaches to pain and ensure robust governance related to prescribing.</p> <p>Proposal to move to branded generic-significant saving release.</p>
Polypharmacy Medication Reviews	Minimise harm from the use of medicines	<p>Seen as area of high priority for majority of Angus practices. 994 reviews completed between September 2017 and February 2018 to date within Angus.</p> <p>Core component of Enhanced Community Support (ECS).</p> <p>Polypharmacy reviews of care home patients planned/completed by majority of practices.</p> <p>Polypharmacy reviews DN supported meds admin.</p> <p>Diabetes test in Monifieth completed.</p>	<p>Polypharmacy reviews to continue to be progressed and further developed.</p> <p>Regional support to progress increased access to non pharmacological interventions to provide adjuncts/alternatives to prescribing. This may include widening access to weight management and activity.</p>
Solifenacin	Reduce anticholinergic burden in patients	<p>Management of overactive bladder packs sent to all practices, aimed at review/non pharmacological intervention first line then prescribing in line with formulary.</p> <p>Practices with higher rates of Solifenacin prescribing committed to completing reviews by 1 April 2018.</p>	Consolidate switches and extend roll-out if required.
High dose corticosteroids - Seretide to Fostair	Reduction in inappropriate prescribing of inhaled high dose corticosteroid in COPD patients	Switches completed or underway in all practices.	Consolidate switches and extend roll-out if required

Emollients	Improve use of cost effective emollients	Switches completed or underway in all practices. Scriptswitch prompts in place to support prescribing in line with formulary. Staff educational sessions held to support introduction. Protected Learning Time (PLT) session delivered November 2017.	Consolidate switches and extend roll-out if required
Oral Nutritional Support (ONS)	Supported review of all patients in community on ONS to ensure management in line with revised ONS formulary	Roll out started in Angus in July 2017. Arbroath practice patient reviews completed. Carnoustie, Monifieth and Kirriemuir reviews under way. Initial reviews were programmed to be completed by March 2018 - reviewed regional planner shows Angus roll-out predicted completion as December 2018.	Completion of dietetic review of all Angus patients on ONS by December 2018. Care home ONS redesign delayed from 2017 to be progressed regionally. Roll-out ONS hospital redesign to be progressed regionally. Updated ONS formulary to be released at the end of March 2018.
Stoma	Supported review of all patients in community with stomas to ensure management in line with revised formulary	Delay in regional implementation of this programme of review - largely due to national developments. Data being provided by all Angus practices to enable review of stoma products and accessories.	Test of roll out in one practice with phased roll out thereafter.
Wound and catheter care	Potential reduction in costs and wastage associated with moving from prescribing wound/catheter care to accessing via stock order	Limited impact and roll out of regional programme in Angus thus far. Service manager identified locally to assume lead responsibility for scoping, implementing and maximising roll-out in Angus.	Roll out of NHST programme pan Angus community nurses. Explore option to increase scope of programme beyond community nursing.
DOACs- Edoxaban	Edoxaban approved as first line DOAC for NVAF in Tayside	Supported switch of suitable patients on DOAC to Edixaban support materials developed and shared with practices in February 2018. Accelerated progress in Angus to support switch has resulted in early gains.	All practices will have completed switch by May 2018. Aiming locally for a 60% switch rate (regional target 50%)
Liothyronine	High spend in Angus – significant variation to other parts of Scotland	Proposed review of all patients on liothyronine by specialist services	Aiming locally for at least 30% switch rate following review to cheaper, effective therapies.
Tayside Area Formulary Review	Increase compliance with Tayside Area Formulary	Angus formulary compliance is 93% (Q2, 2017-18). There can be legitimate clinical reasons for prescribing outwith formulary and an approval process is in place regionally to ensure due governance around this.	Maintain high levels of formulary compliance.

Technical Prescribing Efficiencies	Ensure opportunities are identified to maximise technical efficiencies/technical switches	Prescribing Support Unit (PSU) technicians are working to implement regionally agreed switches in practices. The majority of these require the agreement of the prescribing GP and some require some clinician review of a subgroup of patients.	Ongoing switches in response to pricing changes.
Improving repeat prescribing systems Tayside wide	Improve repeat prescribing systems and processes within general practice.	Good engagement from Angus practices in regional initiatives - considering scope to enhance locally in 2018/19.	Proposal to test an increased role for administrators in practice involved in repeat prescribing to support more effective repeat prescribing programmes and reduce waste. Scope cessation of community pharmacy reordering.

4. PROPOSALS

In addition to the proposals outlined in Table 1 above we propose the following actions in 2018/19 to further reduce the prescribing spend within Angus HSCP:-

i. **Public engagement.**

To increase public awareness particularly with regards waste and avoidable prescribing costs within Angus, and also to make people aware of the scale of the savings required elsewhere to manage prescribing overspends locally, we propose leading an intensive Angus engagement and communications campaign to complement any planned national/regional campaigns.

It is intended that this will include a monthly programme of media releases, and presence at public events/spaces throughout the year.

The first such campaign planned for April/May will focus on the costs associated with prescribing of paracetamol and ibuprofen in Angus. Between January and December 2017, Angus spent £230,798 on paracetamol and £63,310 on ibuprofen alone.

From June onwards we wish to promote the scale of medicines waste in Angus and we are in discussion re measuring and publicly sharing the volumes of medicines returned unused to community pharmacies in Angus, the reasons for the waste, and actions people can take to support us to reduce.

Focus groups are planned to discuss with people receiving regular prescriptions how current systems could be improved upon to support safer prescribing and reduce wastage.

ii. **Review of diabetes pathways of care, including medicines optimisation and review of devices.**

Significant progress has been made in Angus in 2017 through supported implementation of MCN guidance for blood glucose monitoring and it is intended to continue and extend this process in 2018, in collaboration with the Diabetes Specialist Services.

iii. **Review of mental health pathways of care and prescribing guidance.**

In collaboration with colleagues within mental health services.

iv. **Review of special baby foods and wider special diets provisions.**

- v. **Strong support for a regional review of homeopathy provision and prescribing in Tayside.**
- vi. **Ongoing provision of practice specific prescribing summary reports** to aid local identification and address local areas of variance.

5. FINANCIAL IMPLICATIONS

2017/18 Update

As is reported in the separate Finance Update (Report IJB 24/18), Angus IJB is forecasting a year end prescribing overspend of c£2.6m. This is after £0.5m of non-recurring funds have been applied to budgets, suggesting an underlying in year overspend of c£3.1m. While the size of the projected shortfall has moved during the financial year, the scale of this overspend has remained as the single largest financial risk within the IJB. The projected year end position is also weaker than anticipated at the start of this financial year due to a range of factors including:- drug pricing issues (including “short supply” effects), lower than expected savings realisation from planned initiatives (including slower than planned savings from some Tayside-wide initiatives) and, as was the case across Scotland, lower than expected cost reduction on Pregabalin price tariff changes.

It is also important to continue to note that Angus IJB remains a significant outlier, both in Tayside and Scotland, regarding Prescribing costs per weighted population. At the end of 2017 average Angus costs per weighted population were c14% above the national average. Noting this is a 14% additional cost on a budget of c£21m, this accounts for much of the reported variance. However the relative position in Angus did continue to weaken compared with other parts of Scotland during 2017/18. As noted previously, some of the in year deterioration can be explained by national pricing effects having a disproportionate impact locally (e.g. as Angus used a high proportion of some Mental Health drugs that were subject to “short supply” pricing changes). The continued variance from the national average reflects the challenges of translating a comprehensive prescribing action plan into sustainable financial improvement over a short period. A number of focused initiatives have been implemented during 2017/18, particularly locally since the end of 2017, albeit as yet there are no patterns of indicators that can confirm, a recurring impact has been made in terms of improving the underlying position. It is important to note there is at least a two month time lag in terms of receipt of cost information so financial reporting is sometimes not quickly sensitive to interventions.

Financial Planning Framework

The attached Appendix 2 describes the IJB’s current financial planning framework for Prescribing. This shows ongoing shortfalls, however the IJB does manage prescribing budgets in the context of overall IJB resources and there will be partially offsetting factors elsewhere within the IJB’s overall financial plans.

Budget Assumptions – While devolved budgets from NHS Tayside for 2018/19 and beyond have yet to be confirmed, assumptions are made of a 1.5% budget uplift with further financial support of c£200k likely to be agreed with NHS Tayside. Beyond that, the IJB has previously agreed and continues to plan for a proportion of budget to be re-directed to prescribing from other services reflecting our relative spend on Prescribing. This is intended to increase prescribing budgets by c£300k.

Expenditure Assumptions - Assumptions are made in this framework regarding pricing and volume growth. For 2018/19 volume growth is assumed to be nil (it is assumed to be contained at this level due to, for example, increased investment in polypharmacy reviews) with prices expected to increase due to reasons including reversal of one year only (2017/18) national pricing adjustments. It is generally anticipated that “short supply” impacts in 2018/19 will be less than the spike in costs seen at times during 2017/18 – however this remains a risk across the country.

Intervention Assumptions – A series of planned interventions are now either underway or in the process of being activated (described as passive and active interventions). These will all be monitored at a Tayside level but all come with a degree of risk. Additional local interventions are planned (building on the work in the final part of 2017/18) that are expected to deliver cost reduction benefit throughout 2018/19. A further assumed benefit is attributed to a range of additional measures being considered at an NHS Tayside-wide level. These are currently under development, again have a degree of risk associated with them, but are all intended to either bring Prescribing costs under greater control (e.g. by creating a more controlled Prescribing environment) or to bring Angus costs back closer to national average per weighted population. As in 2017/18 we envisage such local interventions will require £50k investment to reimburse practices for their clinical input to patient review.

Future Year Assumptions - While the series of interventions planned for 2018/19 is reasonably well developed, albeit still with associated risks, for 2019/20 and beyond the plans still require further development, however 3 main planning assumptions are included as follows:-

- 1) That for 2019/20 and 2020/21, there will be a continued incremental relative shift of budgets from other Angus health services towards to Prescribing.
- 2) For 2019/20 and 2020/21, Angus IJB aims to ensure that prescribing initiatives at least cover the annual impact of price and demographic factors on prescribing budgets after any budget uplifts.
- 3) For 2019/20 and 2020/21, Angus IJB aims to reduce the variance between Angus costs per weighted patient and the Scottish average by 2% per annum.

Summary

While the attached plans continue to show significant shortfall on an annual basis, the IJB will continue to seek to secure offsetting variances within other services to work towards the delivery of an overall balanced budget for 2018/19 and future years. The IJB has had partial success in delivering this in 2017/18, albeit largely on a non-recurring basis.

The forecast prescribing overspends do continue to represent the most significant risk for the IJB's financial planning and therefore to both NHS Tayside and Angus Council. Angus IJB is working closely with NHS Tayside to ensure there are whole system interventions in place to assist resolve the prescribing challenges.

As noted above, the plans are heavily based on assumptions. That carries with it consequent risks that range from assumptions regarding growth levels, to pricing impacts (e.g. "short supply") to the timing and scale of benefits from various interventions. All will be monitored throughout 2018/19 and considered through both regional Prescribing Management Groups and local Prescribing Management Groups.

6. OTHER IMPLICATIONS

The strategic risks associated with prescribing are detailed within the Angus IJB Strategic Risk Register.

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Appendix 1: Prescribing Governance in Angus

APPENDIX 1

PRESCRIBING GOVERNANCE FOR ANGUS HSCP Dr Scott Jamieson, Prescribing Lead



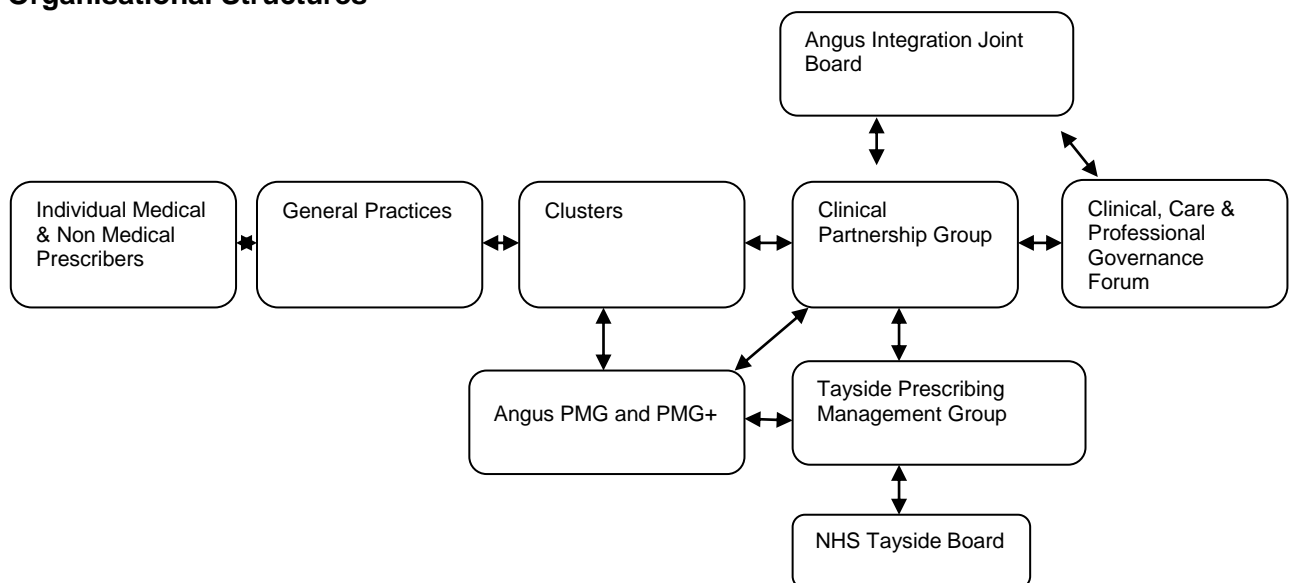
Situation

This paper aims to describe the proposed prescribing governance framework for Angus Health & Social Care Partnership to support robust clinical and financial governance related to prescribing. It will describe the infrastructure and processes implemented within Angus to support the above and provide specific details around a number of priority areas for 2018/19 and beyond.

Overview

Factors determining prescribing behaviours and spend are complex and multifactorial. While Angus is renowned for much of its clinical care and outcomes its' prescribing spend is amongst the highest in Scotland resulting in understandable scrutiny and challenge. To support local ownership and action an infrastructure has been developed locally to support the regional activity and management structure.

Organisational Structures



Angus Prescribing Management Group (PMG) meets every second month to support governance and performance monitoring against the agreed prescribing initiatives. Clinical leadership is provided from the medical and pharmacy professions with management and finance support. Dr Jamieson is the agreed Angus HSCP Prescribing Clinical Lead.

The extended Prescribing Management Group (PMG+) meets alternate months to the above PMG meeting - providing a forum for a more detailed clinical conversation, involving pharmacy locality coordinators and cluster leads - reviewing progress against agreed initiatives and horizon scanning for future priorities.

The Angus Prescribing Management Group leads attend the regional Tayside Prescribing Management Group to support and influence regional discussions and planning. The Tayside Prescribing Management Group feeds into related professional and governance structures as appropriate e.g. NHS Tayside Medicines Advisory Group.

Being Dynamic to Change

A range of approaches have been developed to support the ability to respond quickly to changes with regards prescribing spend- related either to activity volume or perhaps issues such as supply or pricing changes. The tiered approach agreed is as follows:

GP Prescribing Initiative. Such initiatives may be proposed by members of the Angus Prescribing Management Group or any practice/cluster through the Angus Prescribing Management Group and must be endorsed by the Angus HSCP Prescribing Lead via the Angus Prescribing Management Group.

These would include initiatives which include a level of clinical complexity that it is agreed requires medical review of the patient cohort - with direct contact between the GP and the cohort of patients.

Containing clear information about the rationale, costs of implementation and anticipated return on investment such initiatives can be proposed by members of the PMG based or from clusters/practices and will be approved within the Prescribing Management.

Where such GP Prescribing Initiatives are agreed, letters and supporting resources would be circulated to practices via the Primary Care Team, seeking their support, clearly entitled 'Angus HSCP GP Prescribing Initiative'. Such information will provide clear information about the timelines, reimbursement offered, audit requirements and claim process.

Practices will be responsible for completion of the required audit templates which shall be submitted along with practice claims for payment to the Primary Care Manager.

Practice pharmacists to maintain an overview of these initiatives and provide Red/Amber/Green (RAG) progress reporting to the HSCP Lead Pharmacist.

Pharmacist Led Initiatives. Such initiatives may be proposed by members of the Angus Prescribing Management Group or any practice/cluster through the Angus Prescribing Management Group and must be endorsed by the Angus HSCP Prescribing Lead and Angus Lead Pharmacist via the Angus Prescribing Management Group.

These would include initiatives which it is agreed requires pharmacist leadership and are likely to require some form of patient contact either involving clinical review and/or discussion re the proposed changes to be made following notes based review.

Where such Pharmacist Led Initiatives are agreed, letters and supporting resources would be circulated to pharmacists via the Angus HSCP Lead Pharmacist clearly entitled 'Angus HSCP Pharmacist Initiative'. Such information will provide clear information about the timelines and reporting processes. Practice managers would be copied into such information and GPs briefed through the prescribing briefing planned for Angus Clinical Partnership Group members.

Practice pharmacists to provide RAG progress reporting to the HSCP Lead Pharmacist.

Angus Embedded Technician Switches. Such initiatives may be proposed by members of the Angus Prescribing Management Group or any practice/cluster through the Angus Prescribing Management Group and must be endorsed by the Angus HSCP Prescribing Lead via the Angus Prescribing Management Group.

These are likely to largely include 'one for one' switches which would not normally merit patient review.

Where such technical switches are agreed, letters and supporting resources would be circulated to technicians and practice pharmacists via the Angus HSCP Lead Pharmacist, seeking their support, clearly entitled 'Angus HSCP Pharmacist Initiative'. Such information will provide all required supporting materials (such as search guidelines, patient letter templates etc.) clear information about the timelines and reporting processes. Practice managers would be copied into such information and GPs briefed through the prescribing briefing planned for Angus Clinical Partnership Group members. Pharmacists/technicians MUST seek the permission of GPs within their own practice prior to commencing any switch programme.

Practice pharmacists to provide RAG progress reporting to the HSCP Lead Pharmacist.

Make Best Use of Resources

Embedded Teams

The Angus HSCP Prescribing Team continues to recognise and champion the best way to support safe, effective prescribing, is through the further development of embedded permanent prescribing teams as reflected in the new GMS Contract. Recruiting permitting this remains a priority and has been identified by Angus practices as the main priority area within the new GMS Contract in a recent survey.

Pathways of Care

It is recognised that there are many non-pharmacological approaches to symptoms or diseases which are evidence based. These should be accessible and supported. In order to support increased availability and uptake of such approaches, where a prescribing area is reviewed and identified non pharmacological approaches gaps identified, this will be progressed through appropriate local or regional forums. Sharing of agreed pathways within the Tayside Area Formulary helps support prescribers within primary and secondary care.

Maximising Effectiveness of Angus Community Pharmacists

There will be an increasing role for community pharmacists particularly in relation to areas such as Pharmacy First approaches and in minor ailment management. A central community resource they should continue to support and promote self-management approaches and identify self-limiting illnesses. While not specifically a remit of the HSCP Prescribing Team, the role and importance of this should be recognised and maximised.

Quality Improvement of Practice Prescribing

Practice Prescribing Reports

The Angus HSCP Prescribing Lead will continue to produce 6 monthly Practice Prescribing reports to support practice and cluster based prescribing planning. The content may vary with time but it is hoped that it continues to provide an overall summary of prescribing, highlighting areas of significant variation and spend.

P-DQIP

This next iteration of the Data-driven Quality Improvement Programme is intended to be pharmacy led and will utilise Scottish Therapeutics Utility (STU) and the GP system to identify high risk patients in primary care using IT facilitated intervention. It is hoped that this will reduce preventable drug adverse effects and hospital admissions.

Prescribing in Multi-Morbidity and Frailty

Angus HSCP will continue to collaborate with Medicine for the Elderly consultants, MCNs and wider speciality teams to improve quality prescribing in these more complex prescribing areas. Progressed via clusters of the wider Angus Prescribing Management Group, this will work to achieve the regional ambition that by April 2019 80% of all >75s would have a level 3 (face to face) review annually.

Supporting Effective Communications within Angus

The Angus HSCP Prescribing Lead produces a monthly prescribing bulletin, the Primary Care Prescriber, which provides easy to read summarised updates highlighting priority prescribing updates. These are widely distributed across Tayside and well received by staff.

Following discussions at a recent Clinical Partnership Group it has been decided that the Angus HSCP Prescribing Lead Dr Jamieson, supported by the Angus HSCP Prescribing Lead Michelle Logan, will provide the Angus Clinical Partnership Group with a one page prescribing briefing at each meeting, covering prescribing financial updates, prescribing initiatives being developed and specific areas of priority for local action. It is agreed that Clinical Partnership Group representatives will disseminate and discuss within their respective clusters including the embedded pharmacy teams.

The Angus HSCP Prescribing Lead, supported by the regional Prescribing Support Unit will provide practice specific prescribing reports twice per year - both to provide a feedback loop regarding progress being made and ensure appropriate monitoring of changes implemented with a view to sharing learning and spreading effective projects.

The Lead Pharmacist, supported by the Primary Care Manager will maintain a tracker of all prescribing initiative work to provide accurate and up to date current state information to the Prescribing Management Group and inform the above briefing content.

Appendix 2 – Angus IJB Financial Planning Framework – Prescribing 2018/19 to 2020/21

HSCP Planned Prescribing Expenditure Profile 2017/18				
	2017/18 (Sept- Nov)	2018/19	2019/20	2020/21
	£k	£k		
Baseline Spend	24386	24741	25107	25473
Cumulative Growth Effect (£k)		355	721	1087
<i>Volume</i>		0	122	122
<i>Price</i>		244	244	244
<i>Short Supply</i>		-244	0	0
<i>Margin Sharing</i>		355	0	0
Cumulative Growth Effect (%)		101.46%	102.96%	104.46%
<u>Passive Interventions</u>				
<u>Price Changes / Switch</u>				
Prescribing for Chronic pain - Pregabalin tariff change		310	372	372
Prescribing for Chronic pain - Lidocaine (switch to Ralvo)		18	18	18
Rosuvastatin (future tariff change)		189	189	189
Inhaled Medicines Class		26	26	26
Xaggatin		39	39	39
Total		582	644	644
<u>Drugs Off Patent</u>				
Bimatoprost		29	29	29
Ezetimibe		65	65	65
Ivabradine		29	29	29
Tadalafil		116	116	116
Total		239	239	239
<u>Total Passive Changes</u>				
		821	883	883
<u>Active Interventions Changes</u>				
Polypharmacy		0	0	0
Alogliptin		10	14	14
Liothyronine		43	58	58
Melatonin		12	12	12
ONS		123	123	123
Stoma		25	25	25
Doacs - Edoxaban		121	121	121
Additional NHST-wide Interventions		200	200	200
Total		535	553	553
<u>Local Initiatives</u>				
Benefit of 2017/18 Q\$ Interventions		100	100	100
Additional actions to contain growth		0	76	162
Additional actions to reduce spend		0	390	860
Total		100	566	1122
<u>Total Active Intervention Changes</u>				
		635	1119	1675
<u>Grand Total Changes</u>				
		1456	2002	2558
Revised Planned Expenditure		23285	23105	22915
Share of Tayside Funding		20982	21517	21807
Additional Local Funding		535	290	280
Total Funding		21517	21807	22087
Likely Shortfall/Surplus		1768	1298	828
		8%	6%	4%