

## HSCP Practice Prescribing Review

This is the 2<sup>nd</sup> Angus HSCP Practice Prescribing review we have completed.

We intend to release one review annually each April and give practices until 31 December to review their chosen areas.

For this year, however, you will have until 31 January 2019 to complete your chosen projects. If you can please intimate those you are choosing to look at through your Practice pharmacist to the Angus HSCP Pharmacy Lead by 30 June 18, we will keep a note to ensure you are supported for the projects you have selected.

It takes time for changes to catch up with the data we gather, so in future leaving 3 months of a gap between completion and the next report will help ensure the report generated reflects the work you have previously undertaken. **For this report there may be areas highlighted which you have already reviewed.**

If there are any areas mentioned in the report which you'd like to look at which haven't been specifically highlighted, please just email me and we can discuss to ensure we can support this.

Any questions please let me know.

Dr Scott Jamieson

Cost per 1000 patients weighted NRAC is above both Scottish and HSCP average. It remains the highest in the HSCP. Practice: £66796/quarter (Scottish Average: £50905, HSCP average: £57835). This is a **reduction** from £70,272/quarter in the last prescribing report.

The cost per 1000 *Treated patients* is below average and falling (total expense/number of patients prescribed medications).

Examples of good quality prescribing from this report included:

- Significant reduction in overall spending since the last prescribing review
- 92% of prescribed items are within formulary
- Higher acceptance rates of Scriptswitch suggestions compared to average.

## Suggested projects for practice based upon review

### **Angus GP Prescribing Initiatives (Projects which a GP should complete)**

**All Angus GP Prescribing initiatives which include an agreed payment below, can be claimed using these standardised forms:**



Angus GP  
Claim Form.docx

Single drug: (See 1. Appendix 2a)



Angus GP  
Sessional

GP Polypharmacy reviews: (see 2. Appendix 2a)

Polypharmacy – Multimorbid, complex patients can be found in the District Nurse case load, in high health-gain data, care homes, sheltered housing and through STU searches for patients prescribed more than a certain number of medications. National guidance to support level 3 medication reviews can be found here: <http://www.polypharmacy.scot.nhs.uk> Reviewing this website is recommended prior to undertaking these reviews. Angus HSCP will pay per session for GPs to conduct a level 3 medication review in such patients with view to reduction in medication burden and improving quality of prescribing to a maximum of 1 session per 2000 patients on list and minimum of 8 patients per session. A practice pharmacist level 2 medication review should be completed prior to the GP review.

Nitrofurantoin – although total spend has fallen, it remains a strong driver to variation in overall costs. You may rightly be choosing this first line over other antibiotics (less resistance). Ensure all acute prescriptions are for 100mg MR capsules rather than 50mg. Any on repeat need reviewed and consider switching/stopping (risk of pulmonary fibrosis) (Tayside Risk Alert). Consider symptomatic treatment for UTI with delayed prescription PIL.



UTI PIL.doc

(see 3. Appendix 2a)

Prednisolone 25mg - use has notably reduced. The use of 1mg and 5mg has improved from 54% of all prednisolone to 69% but is still below HSCP average of over 90%. It remains the 10<sup>th</sup> highest driver to variation to HSCP average. Consider admin/technician adding a 'yellow box reminder' to each patient prescribed 25mg prednisolone over the past 6 months as an aide memoire. Also review all those on repeat and to switch to 5mg tablets.

Lidocaine patches – this appeared on the last prescribing review and prescribing remains disproportionately high. The numbers of monthly prescriptions has increased (53 items/month). NHS Tayside has discontinued support for prescribing until RCT evidence supports use. If a trial stopping has not been effective, consider a GP led review. Also consider non-drug alternatives/TENS etc. Angus HSCP will pay £25 per patient to review with view to stopping.



Lidocaine plasters  
letter.docx

(see 4. Appendix 2a)

Nefopam – this appeared on your last prescribing report and since then the price has dropped though it remains significantly more expensive than alternative analgesia. Evidence to support use as an effective analgesia is not strong and it has been moved to Amber on TAF. Should there remain patients who have not been reviewed please consider this. Angus HSCP will pay £25 per patient to review with view to stopping/switching.



Nefopam  
Algorithm.docx

(see 5. Appendix 2a)

Trazodone – it is Amber on Formulary. Any patient on this not recently reviewed could be reviewed to ensure it is still required. A switch to Mirtazapine is supported by the Angus HSCP Psychiatry Clinical Lead . Angus HSCP will pay £25 per patient to review with view to stopping/switching.

Melatonin - use in adults is high (37 items in Jan 18). I appreciate it may appear safer than alternatives. Circadin® 2mg SR (30 tabs £15.39) is the brand of choice for children in Tayside. In adults it is non-formulary. There is a generic melatonin 3mg MR on Scottish Drug Tariff £12.13 for 30 tabs. Zopiclone is £1.56-£1.60 for 28 tabs. HSCP will pay £20 per patient reviewed with view to stopping/switching.

Terbinafine – oddly high increase in prescribing over the past year. Oral terbinafine is first line for *symptomatic* onychomycosis; it is predominately a cosmetic disease. All require +ve lab results. Treatment course is 6w for hands (£20.97) and 12-16w for feet (£41.94-£55.92). Cure rates are 70%.

Any additional project with clear cost effective gain which you consider to be worthwhile can be submitted to Dr S Jamieson by 30 Sept 18 for consideration and if possible we will look to financially support this.

**Pharmacist Led Initiatives (Projects for practice which could be done by another member of the practice team including GP trainee, practice nurse, pharmacist/pharmacy technician)**

Non-formulary inhalers use - remains high and is the 2<sup>nd</sup> highest driver to practice spend variation to the HSCP. (Seretide®, Symbicort® and Spiriva® Handihaler®. Switches have been completed elsewhere successfully and switches in line with TAF should be considered.

Scriptswitch suggestions - listed on page 9. Switch all venlafaxine MR to cheapest brand, Cymbalta® GR switch to duloxetine GR, sitagliptin to alogliptin, Arcoxia® 60mg (non-formulary) patient needs a review to ensure all other options explored and Cosopt® switch to Dorzolamide with timolol.

Single drugs meriting pharmacist review: Please review patient on mannitol (on formulary compliance review) - ? Bronchitol® - non-formulary, doxepin (non-formulary) (on formulary compliance review). Alirocumab (ensure prescribed as per TAF guidelines)

## The drugs driving the variation in prescribing costs between your practice and the HSCP

Top 20 Drugs driving variation between Practice & HSCP	2017/18 Q3		Variation to HSCP
	HSCP Average Cost	Practice Cost	
KETAMINE (single patient)	£1,063.00	£8,397.70	£7,334.70
<b>SALMETEROL WITH FLUTICASONE PROPIONATE (Seretide®)</b>	£9,141.80	£14,882.00	£5,740.20
TACROLIMUS (part of regional review)	£4,677.20	£9,460.70	£4,783.50
WOUND MANAGEMENT DRESSING (part of regional review)	£8,078.80	£12,118.20	£4,039.40
FENTANYL (single patient)	£1,700.80	£5,102.40	£3,401.60
<b>NITROFURANTOIN</b>	£1,807.10	£5,102.40	£3,295.30
<b>BUDESONIDE WITH FORMOTEROL FUMARATE (Symbicort®/DuoResp®)</b>	£2,657.50	£5,952.80	£3,295.30
FOODS (part of regional review)	£637.80	£3,507.90	£2,870.10
FOODS FOR SPECIAL DIETS (part of regional review)	£6,378.00	£9,141.80	£2,763.80
<b>PREDNISOLONE</b>	£3,082.70	£5,740.20	£2,657.50
CATHETERS – URETHRAL (part of regional review)	£8,929.20	£11,374.10	£2,444.90
FLUTICASONE PROPIONATE AND FORMOTEROL FUMARATE (Fultiform®)	£1,169.30	£3,507.90	£2,444.90
ROSUVASTATIN (will reduce with recent price drop)	£6,271.70	£8,716.60	£2,444.90
<b>LIDOCAINE</b>	£6,059.10	£8,397.70	£2,338.60
LEVOTHYROXINE SODIUM	£8,078.80	£10,417.40	£2,232.30
INSULIN ASPART (part of regional review)	£4,570.90	£6,696.90	£2,126.00

TIOTROPIUM (Spiriva® Respmat®/Spiriva® Handihaler®)	£4,889.80	£7,122.10	£2,126.00
TRAMADOL HYDROCHLORIDE	£4,252.00	£6,378.00	£2,126.00
NEFOPAM HYDROCHLORIDE	£1,700.80	£3,720.50	£2,019.70
ILEOSTOMY BAGS (part of regional review)	£4,570.90	£6,484.30	£1,913.40

### The drugs driving the *growth* in prescribing costs growth for your practice

Top 20 Approved Name Drugs driving Cost	Compare 2017/18 Q3	With 2016/17 Q3	Growth
	Total cost per quarter		
QUETIAPINE (tariff price changes)	£13,287.50	£2,763.80	£10,523.70
AMLODIPINE (tariff price changes)	£7,334.70	£1,594.50	£5,740.20
GABAPENTIN (tariff price changes)	£9,460.70	£4,039.40	£5,421.30
<b>APIXABAN (increased prescribing)</b>	£8,291.40	£3,295.30	£4,996.10
<b>RIVAROXABAN (increased prescribing)</b>	£14,882.00	£10,204.80	£4,677.20
PERINDOPRIL (tariff price changes)	£5,527.60	£956.70	£4,570.90
LEVETIRACETAM (tariff price changes)	£5,527.60	£1,594.50	£3,933.10
GLYCOPYRRONIUM BROMIDE (increased prescribing, Seebri®) switch)	£6,165.40	£2,657.50	£3,507.90
SUMATRIPTAN (tariff price changes)	£4,039.40	£637.80	£3,401.60
OLANZAPINE (tariff price changes)	£3,826.80	£744.10	£3,082.70
FOODS FOR SPECIAL DIETS (increased prescribing, baby milk)	£9,141.80	£6,165.40	£2,976.40
FOODS	£3,507.90	£1,063.00	£2,444.90
BECLOMETASONE DIPROPIONATE/FORMOTEROL (Fostair®)	£7,866.20	£5,421.30	£2,444.90
NITRAZEPAM	£2,444.90	£106.30	£2,338.60
<b>TERBINAFINE</b>	£2,551.20	£318.90	£2,232.30

CATHETERS – URETHRAL (part of regional review)	£11,374.10	£9,248.10	£2,126.00
ALIROCUMAB	£2,019.70	£0.00	£2,019.70
LEUPRORELIN ACETATE	£2,019.70	£0.00	£2,019.70
TWO PIECE OSTOMY SYSTEMS (part of regional review)	£4,145.70	£2,232.30	£1,913.40
<b>TRAZODONE HYDROCHLORIDE</b>	£3,720.50	£1,807.10	£1,913.40

### Quality Indicators Review (Q3 17/18)

*These indicators change annually and replace the Prescribing quality indicator reports*

- Drugs less suitable for prescribing are average and is falling (further information on these drugs are available from your practice pharmacist)
  - PPI prescribing is lower than average and falling. PPI de-prescribing guidelines can be used here if ever needed. <https://tinyurl.com/y96yn95q>
  - Rosuvastatin prescribing is within average and stable
  - Medium/high dose inhaled steroids to children under 12 is within average and stable <https://tinyurl.com/ya5we3fw>
  - Glucose testing strips costs is within average and falling
  - Solifenacin prescribing is within than average and stable– Amber on Formulary <https://tinyurl.com/ycqezftt>
  - Use of ibuprofen/naproxen as % of all NSAIDs is within average and rising
- Generic prescribing rate is lower than average but increasing
  - Esomeprazole prescribing is higher than average but falling–Amber on TAF <https://tinyurl.com/ycvmoptw>
  - DOAC prescribing is lower than average but rising – DOACs are second line on TAF <https://tinyurl.com/y799wsyp>
  - High dose inhaled corticosteroid prescribing is higher than average though falling – see SIGN/BTS Guidelines <https://tinyurl.com/ya5we3fw>
  - SABA use is lower than average but rising <https://tinyurl.com/ya5we3fw>

- Tramadol use is higher than average but falling – tramadol is second line on TAF
- Gabapentin/pregabalin use is below average but rising
- Use of glucose testing strips by patients not on any treatment or only on metformin is lower average but rising
- Using only prednisolone 1mg and 5mg tablets (versus soluble or 25mg) is lower than average but rising
- Mirabegron prescribing is lower than average but rising <https://tinyurl.com/y73mc8qb>
- Hypnotics and anxiolytics prescribing is higher than average and rising.
- Oral NSAID use is higher than average and stable

### Antibiotic and Controlled Drug reporting (Oct – Dec 17)

*More detail can be provided on these parameters upon request*

Antibiotic items per 1000 patients per day	1.75 - Above average (target 1.6)
Quinolone DDDs per 1000 patients per quarter	26 – Average (Angus HSCP 26, Tayside 25, Scotland 43)
Co-amoxiclav DDDs per 1000 patients per quarter	39 – Below average (Angus 52, Tayside 51, Scotland 79)
Cephalosporins DDDs per 1000 patients per quarter	6 – Average (Angus 6, Tayside 5.8, Scotland 14.2)
Clindamycin DDDs per 1000 patients per quarter	0.8 – below average (Angus 2, Tayside 2.8, Scotland 4.4)
Schedule 2 controlled analgesic items per 1000 patients	Above average and increasing
Opioids equivalent to >120mg morphine/day	Above average and steady (2.6%)
Long term opioids (>2 years)	Above average and rising (27%)
Fentanyl items per 1000 patients	Above average and steady
Fentanyl as % of all fentanyl and morphine	Above average and rising
Buccal/sublingual/nasal fentanyl per 1000 patients	Average and falling
Oxycodone items per 1000 patients	Average but rising
Oxycodone as % of oxycodone and morphine	Average and steady



ADHD drugs per 1000 patients	Average but rising
Tramadol items per 1000 patients	Above average but falling
Buprenorphine items per 1000 patients	Average and falling
Midazolam items per 1000 patients	Average and rising
Temazepam items per 1000 patients	Average but rising
Diazepam 2mg as a % of all diazepam tablets	Average but rising
Codeine items per 1000 patients	Above average and rising
Dihydrocodeine items per 1000 patients	Average and falling
High strength co-codamol per 1000 patients	Above average and steady
High strength co-dydramol per 1000 patients	Above average but falling

### Formulary Compliance Review (January 2018)

The use of First line formulary items is 53%. Overall, 92% of all prescribed items are within formulary.

	Number of paid items	% of total items	Expenditure	% of total expenditure
First Line Formulary Choice Items	7,258	53.45%	£45,526	34.14%
Other formulary items	5,207	38.34%	£68,098	51.06%
Non-Formulary items	1,115	8.21%	£19,733	14.80%

	Expenditure	Number of paid items
SALMETEROL WITH FLUTICASONE PROPIONATE Seretide® (Non-formulary in adults)	£4,600	85
BUDESONIDE WITH FORMOTEROL FUMARATE Symbicort® (non-formulary versions)	£1,484	33

MELATONIN (non-formulary in adults)	£1,325	37
TRAZODONE HYDROCHLORIDE (Amber on TAF)	£921	3
BECLOMETASONE DIPROPIONATE (non-formulary versions) Clenil®	£900	96
CO-CODAMOL (non-formulary versions)	£529	95
NITRAZEPAM	£496	10
CO-DYDRAMOL	£465	36
MANNITOL	£463	1
DOXEPIN	£388	2

### HSCP Prescribing Projects Tracker (May 18)

Generics	Formulary Compliance	Rosuvastatin	Seretide to Fostair	>8 Salbutamol repeats	Solifenacin	Emollients	Polypharmacy reviews	Lidocaine	Neuropathic pain	ONS*
3	5	5	No answer	2	2	5	2	3	1	1

1. Project planned (where this code is used please insert planned start date)
2. Project underway (where this code is used please insert planned completion date also)
3. Project completed (where this code if used please insert planned completion date also)
4. Not a priority for action
5. Ongoing initiative/maintenance phase

### ScriptSwitch Acceptance (March-April 2018)

	HSCP	Practice
Acute medication acceptance rate	37%	45%
Repeat Medication acceptance rate	22%	31%

**Drugs being declined by practice which could be reviewed:**

Venlafaxine all switched to cheapest brand (Venlalic XL®) (2 acute & 8 repeat) - Cost benefit to switch £993.88 [identical drug]

Cymbalta GR® 60mg to Duloxetine GR 60mg (2 acutes, 1 repeat) – Cost benefit to switch £194 [identical drug]

Sitagliptin to Alogliptin (2 acute, 2 repeats) – Cost benefit to switch £186

Arcoxia 60mg to ibuprofen (2repeat) – Cost benefit to switch/review £452

Cosopt® to Dorzolamide with timolol (1 repeat) – Cost benefit to switch £784 [identical drug]