



**ANGUS HEALTH AND SOCIAL CARE**  
**INTEGRATION JOINT BOARD – 24 OCTOBER 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 ongoing progress being made locally and regionally to address the prescribing overspends;
- (ii) request a further update to be provided to the Integration Joint Board in February 2019.

**2. BACKGROUND**

As previously reported, FHS (Family Health Service) Prescribing has presented significant financial challenges within NHS Tayside for a number of years, with a significant overspend within Angus. The complexities around understanding and managing prescribing is well documented with medicines supply, pricing and prescribing practice within primary and secondary care all driving prescribing spend. Prescribing practice within primary care is the factor within our control locally, while the additional factors require ongoing collaboration at regional and national level to influence.

This report provides an update with regards Angus FHS Prescribing position and actions being taken to address the financial situation following our last report to the IJB in June 2018, both locally and as part of the regional Prescribing Management Group (PMG).

**3. CURRENT POSITION**

Unavoidable delays in accessing prescribing information often results in a 3-6 month time lag in data availability, making tracking of progress challenging. However, in recent datasets there are encouraging indications that Angus has halted the increase in volume and costs of prescribing within Angus, with early signs of incremental movement closer to the national average cost per weighted patient. While there are numerous factors at play, there is cautious optimism that the intensive efforts ongoing in Angus are starting to deliver the outcomes required, recognising that it is likely to take a number of years to bring Angus' prescribing spend closer to the national average.

Clinical engagement and leadership at all levels with regards prescribing within Angus continues to be high. All Angus practices have committed to undertaking additional clinically led prescribing initiatives within their practice, by January 2019, to support the delivery of additional efficiencies, based on the information provided to the practices within their practice specific prescribing report. Ongoing monthly local meetings of the Prescribing Management

Group, and Prescribing Management Group plus clinical colleagues, enables ongoing local review and revision of local plans to both respond to new challenges and share best practice.

All work continues to be collated in the Angus Prescribing Work plan (Appendix 1).

Progress of note since our last report includes:-

- **Lidocaine.** Tables One and Two below show the reduced volume and costs of lidocaine prescribing in Angus by month.



**Table One - Lidocaine items prescribed by month in Angus**

**Table Two - Lidocaine prescribing spend by month in Angus**

- **Edoxaban.** Latest data shows that 61% patients in Angus on direct oral anticoagulants (DOACs) are now on Edoxaban, exceeding the agreed regional target.

Table Three demonstrates the significant work completed by all practices to support the switch to Edoxaban for patients on a DOAC. It is worth noting that overall the rate of DOAC prescribing continues to increase despite warfarin continuing to be first line therapy for non valvular AF in Tayside.



**Table Three- DOAC prescribing spend by month in Angus**

- **Solifenacin.** Recent data shows a 31% reduction in prescribing spend on Solifenacin within Angus between March-May 2018 and the same period in 2016. It is anticipated this cost will fall further due to ongoing patient reviews and an anticipated price drop in December. A recent General Practice Protected Learning Time training event provided additional training with regards management of the overactive bladder.
- **Increased uptake of ScriptSwitch.** We continue to make use of ScriptSwitch as a dynamic prescribing supporting tool to both improving the safety and cost effectiveness of prescribing. For example, ScriptSwitch suggestions in August saved £12,635 after 519 suggestions made were accepted by clinicians.
- **Care Homes.** A range of initiatives have been progressed across Angus Care Homes to support effective prescribing and reduce waste. This includes the development and testing of a 'Care Home Prescribing Good Practice Guide', a move pan Angus away from use of medicine blister packs in care homes, and implementation of an agreed reordering process which has reduced waste by 80%. A 'Homely Remedy' policy has also been developed and is being tested prior to Angus wider roll-out. Named contacts are being

provided between care homes and prescribing champions within General Practices to further support to effective reordering of medicines for care home residents.

- **Public engagement.** After an initial very successful public meeting held in August 2018, where public members showed a keen interest in supporting effective prescribing and reduction in waste, further conversations are planned as part of a wider campaign 'Value your Medicines'. Patient resources, consistent with national policies, are being developed and will be launched at the forthcoming Continuing the Conversation events in October.
- **Freestyle Libre** has been approved for use by NHS Tayside in appropriate patients, following appraisal of the flash blood glucose monitoring technology by the Health Technology Group nationally. A shared care agreement has been developed to support the process, with the financial impact sitting within secondary care, thus avoiding a further significant financial burden on FHS budgets.
- **Pharmacotherapy.** As part of the 2018 GMS Contract and associated Memorandum of Understanding, Health & Social Care Partnerships (HSCPs)/NHS Boards are required to deliver a range of pharmacotherapy services to each General Practice. Tests of change are currently underway in each HSCP in Tayside to inform the staffing skill mix required to deliver the range of services directed. The tests of change in Angus are progressing well, with early learning used to inform pharmacy team recruitment in 2018/19. An evaluation is underway and a report will be shared in November.
- **Assurance group established regionally,** chaired by Dr Jamieson, to review the use of all prescribed non-medicines. The workplan for this group is significant, given the spend regionally on Oral Nutritional Support diabetes consumables, wound care, continence products, gluten free foods, stoma care and specialist baby milks is £7.95million.
- **Realistic Prescribing Work stream** planned within NHS Tayside, as a collaborative exercise involving acute services and the HSCPs. As primary care prescribing is impacted significantly by recommendations made within acute services, this system wide approach to supporting realistic medicine is welcomed.

Prescribing practices does not happen in isolation, but as part of a pathway of care for all patients, be that an acute or chronic episode of care. All clinical pathways are aimed at supporting proactive evidence based care which empowers self-management; taking into account both realistic medicine and prescribing implications. The Angus HSCP Strategic Plan will ensure an ongoing focus on supporting and prioritising prevention and promotion of wellbeing, which will continue to increase the adjuncts or alternatives to prescribing available locally.

An example of this would be the management of chronic pain, a condition which affects up to 18% of the population (SIGN 136). Chronic pain has been an identified area of priority for Angus HSCP for a number of years with a focus on the provision of non-pharmacological options to compliment pharmacological approaches and in some instances reduce requirement for medicines.

TENS (transcutaneous electrical nerve stimulation) machines were provided to participating practices in November 2017 with training provided to staff. In the first six months over 100 TENS machines were issued by practices to patients for trial, with approximately 30% patients subsequently purchasing the machines.

Pain Association Scotland (PAS) continues to deliver monthly drop in and 5 week intensive self-management courses for people living with chronic pain with ongoing reported benefits in pain self-efficacy and reductions in symptoms such as anxiety and depression. An online course, Pathway through Pain, is available for those unable to attend the PAS courses. These courses are complemented by additional programmes such as the Fatigue Management programme and Arthritis Forums which provide patients with access to more condition specific support.

In collaboration with AngusAlive, and supported by funding from Tayside NHS Board Endowment Funds, a range of approved chronic pain resources are available in all Angus libraries, including mobile units. This collection was enhanced this year thanks to a second successful endowment bid.

The North West cluster is leading a test of change with a Pain Coach supporting functional rehabilitation of people living with chronic pain. Initial findings are reporting positive outcomes from this service development with specific feedback from patients with regards impact on use of chronic pain medication including the following:

*“I have come off my medication completely and have tried successfully to change my thinking to be more positive”*

*“Tens machine purchased and used”*

*“I no longer take Tramadol - I was taking 400mgs a day previously”*

Many practices have proactively reviewed prescribing related to chronic pain management, particularly medications where there is known to be associated risks, with good outcomes.

Appendix Two outlines the 50 prescribed items we spend most money on within Angus, accounting for 50.2% of the total spend.

#### **4. FINANCIAL IMPLICATIONS**

While Angus remains an outlier in terms of Prescribing spend per weighted populations, the scale of the variance to national averages has reduced from over c14% at times during 2017/18 to nearer 12% when 3 month averages to April 2018 are considered. There has been some further reduction in the variance to national averages since then but due to one-off factors it is difficult to determine how embedded more recent patterns are.

The above progress partly reflects good work to develop long term clinical buy-in for changing the way we prescribe, the considerable work being progressed by local General Practices, and those involved locally with Prescribing and the effect of efforts co-ordinated through the Tayside Prescribing Management Group.

The IJB will continue to progress Prescribing action plans in line with information shared with the IJB previously (which is consistent with previously shared Prescribing financial plans) and will also progress actions reflecting other current developments.

Within the IJB's overall 2018/19 Prescribing plans there has been a considerable reliance placed on Pregabalin related savings (planned at c£500k). It is now apparent that, due to changes with Scottish Government pricing of a range of drugs, including Pregabalin, those savings will only be partly delivered. The IJB has experienced a short term benefit of work undertaken (see reference to variance to national average noted above), but this will not continue at the same level. This situation is replicated across Tayside. A number of other regional initiatives (e.g. Wound care and Stoma) will see projected financial impacts re-assessed as the year progresses, and some of these are expected to deliver lower levels of savings than originally planned.

However despite the situation regarding Pregabalin, and with some other programmes potentially under-delivering, early information for 2018/19 suggests that volume and price patterns in Angus are relatively favourable for the year to date. This will reflect the breadth of work currently underway and does provide grounds for some optimism. Should further progress be made regarding the IJB's Prescribing position then, from a financial planning perspective, this will start to make a difference in the IJB's reported financial position in 2018/19 compared to previous years.

Due to the stage in the financial year, projections regarding Prescribing budgets are high level at this stage with an overspend of £1.9m projected compared to last year's underlying overspend of c£3.3m. As noted in separate reports, this projection in particular will be subject to further review, is subject to ongoing risks regarding price and tariff changes and is partially dependent on continued progress with prescribing initiatives locally and regionally.

## 5. OTHER IMPLICATIONS

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

**REPORT AUTHOR:** Rhona Guild, Primary Care Manager/Long Term Conditions Lead  
Dr Alison Clement, Clinical Director  
Alexander Berry, Chief Finance Officer

**EMAIL DETAILS:** [hsciangus.tayside@nhs.net](mailto:hsciangus.tayside@nhs.net)

**October 2018**

### **List of Appendices:**

1. Angus HSCP Prescribing Work Plan October 2018
2. Angus HSCP March-May 2018 Top 50 GIC review

Appendix 1

Angus HSCP Prescribing Management Plan: Active Interventions 2018/19 - October Update

Initiative	Rationale	Actions	Lead	Status (RAG)
<b><i>Being dynamic to change</i></b>				
<b>Practice review report</b>	Provision of key information to practices to enable discussion and identify areas to address	Plans to be issued to all practices by June 2018	<b>SJ</b>	<b>Completed</b>
		Practice priorities for action in 2018/19 to be submitted to HSCP by 30 <sup>th</sup> June 2018	<b>MLR</b>	<b>Completed</b>
		Audits and claims for all actions completed to be submitted by 31 <sup>st</sup> January 2019	<b>RG</b>	
		Audits to be used to inform 2019/20 priorities	<b>SJ</b>	
		GP Prescribing/Pharmacist Led initiatives – see subsection	<b>SJ</b>	
<b>Maintaining momentum</b>	To maintain profile and momentum around prescribing position in relation to prescribing	Prescribing as a standing item with a written report at each Clinical Partnership Group meeting.	<b>MLR</b>	
		Continued review of top 50 GIC every quarter to monitor and adapt ongoing plans.	<b>SJ</b>	
		Annual PLT programme on prescribing topics to support high quality prescribing and realistic medicine	<b>RG/SJ</b>	
<b>Monitoring of formulary compliance</b>	Formulary choices are based upon cost effectiveness and clinical best practice	Quarterly review of data by practice, cluster and Angus wide, with inclusion within Clinical Partnership Group reporting where required.	<b>MLR/BM</b>	
<b>Establishment of Prescribing of Non-Medicines Advisory Group</b>	To ensure cost effective use of prescribed non-medicines	A regional group co-chaired by Angus' Prescribing Clinical Lead, will identify further areas of improvement for Non-medicines prescribing within 2018/19	<b>SJ</b>	
<b>Technical prescribing efficiencies</b>	Ensure opportunities are identified to maximise technical efficiencies/switches	Regionally coordinated and locally implemented switches are expedited where clinically safe and approved by local prescribing leads	<b>SJ/MLR/MB</b>	
<b>Horizon scanning</b>	Ensure early identification in event of pricing changes and/or local deterioration in prescribing position	Clinical lead and Prescribing Support Unit monitoring and actioning on a weekly basis.	<b>SJ/MB</b>	
<b><i>Making best use of resources</i></b>				
<b>Pharmacotherapy service development</b>	A requirement of the 2018 GMS contract this will create capacity and the potential to support consistency in prescribing and management of prescribing processes pan Angus.	Implementation of the pharmacotherapy actions as outlined in the Primary Care Improvement Plan.	<b>MLR/AC/RG</b>	
<b>Improved prescribing of psychotropics through improved mental health pathways</b>	Key priority for 2018/19 regionally recognising impact of mental health prescribing on variation and spend - with risk in some cases of harm	Angus will support the ongoing use of psychotropic medications and making best use of non-drug options.	<b>RB/AC/SJ</b>	
<b>Diabetes Pathway Reviews</b>	Key regional priority for 2018/19 recognising variation in spend and potential harm	Angus will support the development, testing and implementation of new regional pathways with an increased emphasis on supporting lifestyle	<b>CS/AC/SJ</b>	

		changes and a more personalised approach to diabetes management.		
<b>Quality Improvement of Practice Prescribing</b>				
<b>Medicines of low clinical value</b>	Support cost effective and efficient prescribing	Angus will support the planning process regionally and ensure implementation of recommendations locally.	<b>SJ</b>	
<b>P-DQIP</b>	Improved use of P-DQIP will can improve the safety pf prescribing	Ongoing roll-out of P-DQIP to practices. Integration of this tool within Pharmacist polypharmacy reviews	<b>MLR</b>	
<b>Supporting Effective Communications</b>				
<b>Improve both internal and external communication of prescribing changes</b>	To ensure accurate and consistent communication re current status to all prescribers and public members in Angus	Ongoing updates of ScriptSwitch to reflect current prescribing plans	<b>SJ</b>	
		Primary Care Prescriber bulletin developed monthly by Prescribing Lead and circulated to all prescribers	<b>SJ</b>	
		Monthly update to CPG on prescribing status	<b>MLR/SJ</b>	
		All technical switches discussed within practices with practice lead prior to initiation	<b>MLR/MB</b>	
		Series of public communications plan which are complimentary to NHS Tayside wide communication plans	<b>RG/AC</b>	
		Creation of 'Value my Medicines' public prescribing document to form the foundation of 'ground up' Realistic Medicine covering a breadth of public prescribing initiatives.	<b>SJ/AC RG/</b>	
<b>June 2018 – Jan 2019 GP Prescribing Initiatives</b>				
<b>Polypharmacy</b>	Harm associated with polypharmacy is well evidenced.	Practices encouraged to consider GP led Level 3 polypharmacy reviews for all high-risk patients as outlined in project plans provided for 2018/19.	<b>RG/SJ</b>	
<b>Nitrofurantoin</b>	Variation in practice pan Angus. Risks associated with long term use.	Practices encouraged to consider reviewing all patients on repeat prescriptions.	<b>RG/SJ</b>	
<b>Lidocaine</b>	Despite significant reduction in spend, prescribing rates in Angus remain above national average. Limited evidence base for effectiveness has resulted in discontinuation of support for prescribing.	Practices encouraged to consider reviewing all patients on repeat prescriptions, with support provided for non-pharmacological interventions.	<b>RG/SJ</b>	
<b>Solifenacin</b>	Reduce anticholinergic burden in patients. High reduction in rates of prescribing in practices who have completed reviews.	Practices who have not yet completed reviews encouraged to consider reviewing all patients on repeat prescriptions. Supporting materials provided.	<b>RG/SJ</b>	
<b>Trazodone</b>	Amber in Tayside Area Formulary. Significant variation in prescribing.	Practices encouraged to review any patients not recently reviewed. Alternatives suggested where prescribing cannot be stopped.	<b>RG/SJ</b>	
<b>Edoxaban</b>	Edoxaban approved as first line DOAC for NVAf. High switch rates achieved - stretch target applied to maximise gain	Practices encouraged to continue to review patients and consider for switching DOAC to Edoxaban. Deadline for submission of claims extended to July 2018	<b>RG/SJ</b>	<b>Completed-Maintenance Phase</b>

<b>Liothyronine</b>	High spend – largely secondary care initiated. Limited evidence base for effectiveness with discontinuation of support for prescribing.	All practices invited to review patients on Liothyronine, involving specialist services where required.	<b>RG/SJ</b>	
<b>Branded generics</b>	Consider whether branded prescribing would be supported by <a href="#">UKMI</a> or <a href="#">PresQIPP guidance</a>	Tramadol MR should be switched to Marol®. Explore whether Quetiapine should be switched to Sondate XL®.	<b>MLR/SJ</b>	
<b>Pharmacist-Led Initiatives</b>				
<b>High value, non-formulary prescribing monitoring</b>	Identify scale and governance processes related to this area of prescribing	In June-July a scoping exercise of all high value, non-formulary prescribing will be completed by pharmacy teams, the results of which will be considered at Angus PMG for further action	<b>MLR/SJ</b>	
<b>Regional implementation plans</b>				
<b>Oral nutritional support</b>	Supported review of all patients on ONS to ensure a 'food first' approach and management in line with revised ONS formulary	Roll out in South East Angus	<b>JW/RG</b>	
		Roll out in South West Angus	<b>JW/RG</b>	
		Roll out in North West Angus	<b>JW/RG</b>	
		Roll out in North East Angus	<b>JW/RG</b>	
<b>Stoma Accessories</b>	Supported review of all patients to ensure management in line with revised formulary	Programme review within PONMAG - for proposed implementation 2019	<b>RG/SJ</b>	
<b>Emollients</b>	Improve use of cost effective emollients. Sustain and further improve on significant savings already delivered	Clinical lead monitoring price changes and ensuring ScriptSwitch guidance accurate	<b>SJ</b>	
		Improved links with Primary and Secondary care choices including Formulary revision	<b>SJ</b>	
		Reinforcement of key messages & highlighting variance via Clinical Partnership Group and Primary Care Prescriber	<b>SJ</b>	
		Practices with high levels of spend encouraged in practice reports to address.	<b>SJ</b>	
<b>Wound and catheter care</b>	Potential reduction in costs and wastage associated with moving from prescribing wound/catheter care to accessing via stock order	Service manager in Angus tasked with scoping, implementing and maximising roll out of regional programme in Angus.	<b>LM</b>	

#### **Lead abbreviations**

AC – Dr Alison Clement, Clinical Director Angus HSCP  
 MLR – Michelle Logan-Rena, Pharmacy Lead Angus HSCP  
 BM – Brian McGregor, Pharmacy Data Analyst, PSU NHS Tayside  
 MB – Mark Batey, Prescribing Support Technician, NHS Tayside

SJ – Dr Scott Jamieson, Prescribing Lead Angus HSCP  
 RG – Rhona Guild, Primary Care Manager, Angus HSCP  
 RB – Dr Roger Blake, Lead Clinician for General Adult Psychiatry  
 LM- Liz Murray, Service Manager  
 LM- Liz Murray, Service Manager



## Appendix 2: Angus HSCP March 2018 - May 2018 Top 50 GIC review (50.2% of total spend)

Approved Name	GIC (Paid)	Cost Difference vs 2016*	% reduction	Plan
<b>PREGABALIN</b>	156,447	120941	44%	Techs are switching back to alzain, if price is stable in 6 months may consider applying for this to be 2nd line in the formulary for neuropathic pain
<b>BECLOMETASONE DIPROPIONATE/FORMOTEROL FUMARATE (FOSTAIR®)</b>	146,014	-48202	-49%	Expected increase - encouraged switch from Non-formulary versions (Seretide®)
<b>QUETIAPINE**</b>	<b>118,431</b>	<b>-67</b>	<b>0%</b>	Tariff increase in price. Switch to branded generic Sondate XL® for those on MR. Needs to be part of improving mental health pathways review.
<b>ENTERAL NUTRITION (Mostly ONS. Also feeds)</b>	113,730	21126	16%	PMG/PONMAG review ongoing, note trends good so lower priority for PONMAG than other projects
<b>RIVAROXABAN</b>	100,669	28370	22%	Expected reduction with move to Edoxaban. Further reduction expected next quarter, DVT pathway went to MAG re drug choices
<b>WOUND MANAGEMENT DRESSINGS</b>	94,861	3347	3%	PMG/PONMAG review ongoing, progress being made with move to enhanced stores with dual use in co-located practices
<b>BLOOD GLUCOSE TESTING STRIPS</b>	91,042	-2766	-3%	HSCP/PONMAG review pending, 2 outlying practices are being reviewed
<b>CATHETERS - URETHRAL</b>	88,942	-7700	-9%	PMG/PONMAG review beginning Sept 18, catheter passport work needs to continue, technician switches underway.
<b>EDOXABAN</b>	82,576			Expected increase - switch from other DOACs taking advantage of PCRS. Further increase expected in next quarter (excludes rebate value). Warfarin remains 1st line for non valvular AF

<b>LEVOTHYROXINE SODIUM</b>	79,145	3951	5%	Small reduction.
<b>GLYCOPYRRONIUM BROMIDE (SEEBRI®)</b>	74,987	-32574	-77%	Expected increase - encouraged to switch from Non-formulary choice (Spiriva® Handihaler)
<b>FOODS FOR SPECIAL DIETS (Neocate®/Nutramigen® etc)</b>	68,644	-14639	-27%	Continued increase. Under active PONMAG review from July 18.
<b>APIXABAN</b>	63,447	-6896	-12%	Expected reduction next quarter with switch to Edoxaban
<b>LIOETHYRONINE SODIUM</b>	<b>62,860</b>	<b>196</b>	<b>0%</b>	GP led reviews with secondary care support being implemented
<b>SALMETEROL WITH FLUTICASONE PROPIONATE (SERETIDE®)</b>	55,800	61484	52%	Expected reduction with further to come - encouraged to switch from Non-formulary versions
<b>LIDOCAINE (Ralvo®)</b>	<b>55,037</b>	<b>20557</b>	<b>27%</b>	Ongoing reduction in prescribing. Now moved to Amber and GPs are reviewing with view to stopping where possible.
<b>VENLAFAXINE</b>	<b>53,210</b>	<b>-2909</b>	<b>-6%</b>	Move to branded generic (505 scripts for generic). Needs to be part of improving Mental Health pathways review.
<b>PARACETAMOL</b>	51,812	12657	20%	Ongoing reviews as part of polypharmacy reviews and public campaigns
<b>INSULIN ASPART (Novorapid®) DUMMY</b>	<b>48,021</b>	<b>-2195</b>	<b>-5%</b>	Plans being progressed as part of regional diabetes pathway
	47,862	-3824	-9%	
<b>SOLIFENACIN</b>	47,319	21732	31%	GP reviews with view to stopping/switching ongoing. Price drop likely to occur in December when falls to tariff, need to progress OAB pathway
<b>OLANZAPINE**</b>	<b>46,896</b>	<b>-2320</b>	<b>-5%</b>	Tariff price increase. Needs to be part of improving Mental Health pathways review.
<b>COLOSTOMY BAGS</b>	46,105	-4312	-10%	PMG/PONMAG review ongoing
<b>CO-CODAMOL</b>	<b>45,940</b>	<b>3797</b>	<b>8%</b>	Ongoing reviews as part of polypharmacy reviews. Could be part of HSCP regional reduction effort.
<b>TACROLIMUS (Prograf® etc)</b>	45,926	-304	-1%	Move to Alport® rather than Prograf® pending from Edinburgh transplant unit, Edinburgh/Ninewells will do this
<b>LIRAGLUTIDE (Victoza®)</b>	<b>45,636</b>	<b>-1020</b>	<b>-2%</b>	Diabetes pathway review pending from Dr C Schofield.
<b>EMPAGLIFLOZIN</b>	<b>44,772</b>	<b>-11774</b>	<b>-36%</b>	Diabetes pathway review pending from Dr C Schofield.

<b>ILEOSTOMY BAGS</b>	44,462	1035	2%	HSCP/PONMAG review pending
<b>BECLOMETASONE DIPROPIONATE (QVAR®/CLENIL®)</b>	44,127	-312	-1%	Stable prescribing
<b>LEVETIRACETAM**</b>	43,438	17739	29%	Tariff price increase, then decrease. Small amount to save by switching those on Keppra® to generic
<b>METHYLPHENIDATE HYDROCHLORIDE</b>	42,091	-3583	-9%	Move to Xaggitin® from Concerta® still to come through. Adult ADHD increase in use noted, needs to be addressed through conversation with services
<b>MESALAZINE (Pentasa® SR etc)</b>	<b>41,340</b>	<b>3077</b>	<b>7%</b>	Need to encourage switch to Octasa® MR, majority is still Pentasa® SR)
<b>INSULIN GLARGINE (Lantus®)</b>	<b>40,785</b>	<b>5361</b>	<b>12%</b>	Diabetes pathway review pending
<b>TRAMADOL HYDROCHLORIDE</b>	<b>40,353</b>	<b>2811</b>	<b>7%</b>	Ongoing reviews as part of polypharmacy reviews. Could be part of HSCP regional reduction effort. Saving by switching MR to branded (Marol®)
<b>HYDROCORTISONE (tablets)</b>	39,583	5903	13%	Stable prescribing. (Addison's)
<b>SITAGLIPTIN</b>	<b>39,537</b>	<b>8973</b>	<b>18%</b>	GP switch to alogliptin. Diabetes pathway review pending
<b>EMOLLIENTS</b>	39,005	16620	30%	Marked reduction with ongoing moves to more cost effective options. Pending technical switches.
<b>METFORMIN HYDROCHLORIDE</b>	38,671	15516	29%	Tariff price reduction. Diabetes pathway review pending
<b>ATORVASTATIN</b>	33,304	-2357	-8%	Increase in high dose prescribing in secondary prevention
<b>OMEPRAZOLE</b>	33,183	22524	40%	GP led de-prescribing reviews ongoing and very successful
<b>PERINDOPRIL**</b>	32,930	12598	28%	Tariff price increase then reduced slightly. Some practices considering move to alternative ACEi
<b>OXYCODONE</b>	32,596	12185	27%	Move to Longtec®/Shortec® from GP switching ongoing success
<b>CALCIUM WITH VITAMIN D</b>	32,362	-164	-1%	Suspect element of overdiagnosis here? trial of discontinue to proceed in Ravenswood - outcome awaited.
<b>MELATONIN</b>	<b>32,191</b>	<b>-1695</b>	<b>-6%</b>	Use in CAMHs noted. Pending MAG review
<b>GABAPENTIN</b>	31,571	2628	8%	Tariff price increase, concerns re Tayside outlier in gabapentinoid use, ? Role for pharmacotherapy service in prioritising review of these meds/rationalisation etc

<b>TAMSULOSIN HYDROCHLORIDE</b>	31,053	-1789	-6%	Being reviewed with catheter technician review, need to also consider wider work on continence and urology pathways in the system at present
<b>SUMATRIPTAN</b>	28,752			Tariff price increase. New in top 50 last quarter and this quarter
<b>EMOLLIENT AND BARRIER PREPARATIONS (2nd listing)</b>	28,403			New in Top 50 due to movement to alternative cheaper emollients. Pending technical switches.
<b>SALBUTAMOL</b>	28,342	2737	9%	Improved prescribing
<b>TIOTROPIUM (Spiriva® Respmat)</b>	28,193	45532	62%	Expected change in switch from Spiriva® to Seebri®.
<b>EYE PRODUCTS (Hylo-forte®, Hylo-tear® etc)</b>	28,118			New in top 50 GIC last quarter or last year
<b>Total</b>	<b>2,830,517</b>			
<b>Reduction in top 50 GIC spending compared to last quarter</b>	<b>195,366</b>	<b>7%</b>		
<b>Reduction in top 50 GIC spending compared to same period last year</b>	<b>212,394</b>	<b>7%</b>		

\*\* Not in top 50 last year. Comparison is to last quarter