



**ANGUS HEALTH AND SOCIAL CARE**

**INTEGRATION JOINT BOARD – 27 FEBRUARY 2019**

**PRESCRIBING MANAGEMENT UPDATE**

**REPORT BY VICKY IRONS, CHIEF OFFICER**

**ABSTRACT**

This report provides an update to the Integration Joint Board (IJB) on prescribing management 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) approve the attached workplan for 2019/20 attached as Appendix 1;
- (iii) approve the ongoing financial support of £50k to enable clinical reviews related to prescribing priorities as outlined below;
- (iv) request a further update to be provided to the Integration Joint Board in June 2019.

**2. BACKGROUND**

As previously reported FHS (Family Health Service) Prescribing has presented significant financial challenges within NHS Tayside for numerous years, with a significant historical 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 October 2018, both locally and as part of the regional Prescribing Management Group (PMG).

**3. CURRENT POSITION**

In our October 2018 report we highlighted an encouraging decrease in volume and costs associated with prescribing within Angus - this has continued throughout 2018/19, with ongoing movement towards the national average cost per weighted patient. Whilst the improving position is welcomed and continues to provide evidence to support cautious optimism - it is recognised that a number of internal and external factors have the potential to impact significantly on the position and as such ongoing vigilance is required.

It is recognised that this positive change is a result of a significant and sustained level of activity within every Angus general practice with comprehensive clinical leadership and ownership within clusters. Every general practice committed to a series of prescribing initiatives in 2018/19 for completion by the end of January 2019. Practices are in the process of submitting audits which will allow calculation of impact of this approach and sharing of learning between practices via the Prescribing Management Group. Early indications are the approach has continued to deliver significant benefits in terms of financial savings. For

example, 81 of the 143 patients on liothyronine reviewed to date have had their treatment stopped following clinical review, resulting in an annual saving of £59,780. It is intended to issue the third wave of practice specific prescribing reports by May 2019 and support practices to progress another tranche of review programmes in 2019/20. The clinical leadership role has been extended up to March 2020 pending review at that time.

The Angus Prescribing Work plan 2019/20 (Appendix 1) has been updated following extensive review of prescribing data and consultation via the Prescribing Management Group+ and Clinical Partnership Group, taking into account the regional plans agreed through the NHS Tayside Prescribing Management Group.

Progress of note since our last report:-

1. **Cost per weighted patient.** Table One below shows Angus variance to Scottish average cost per weighted patient.

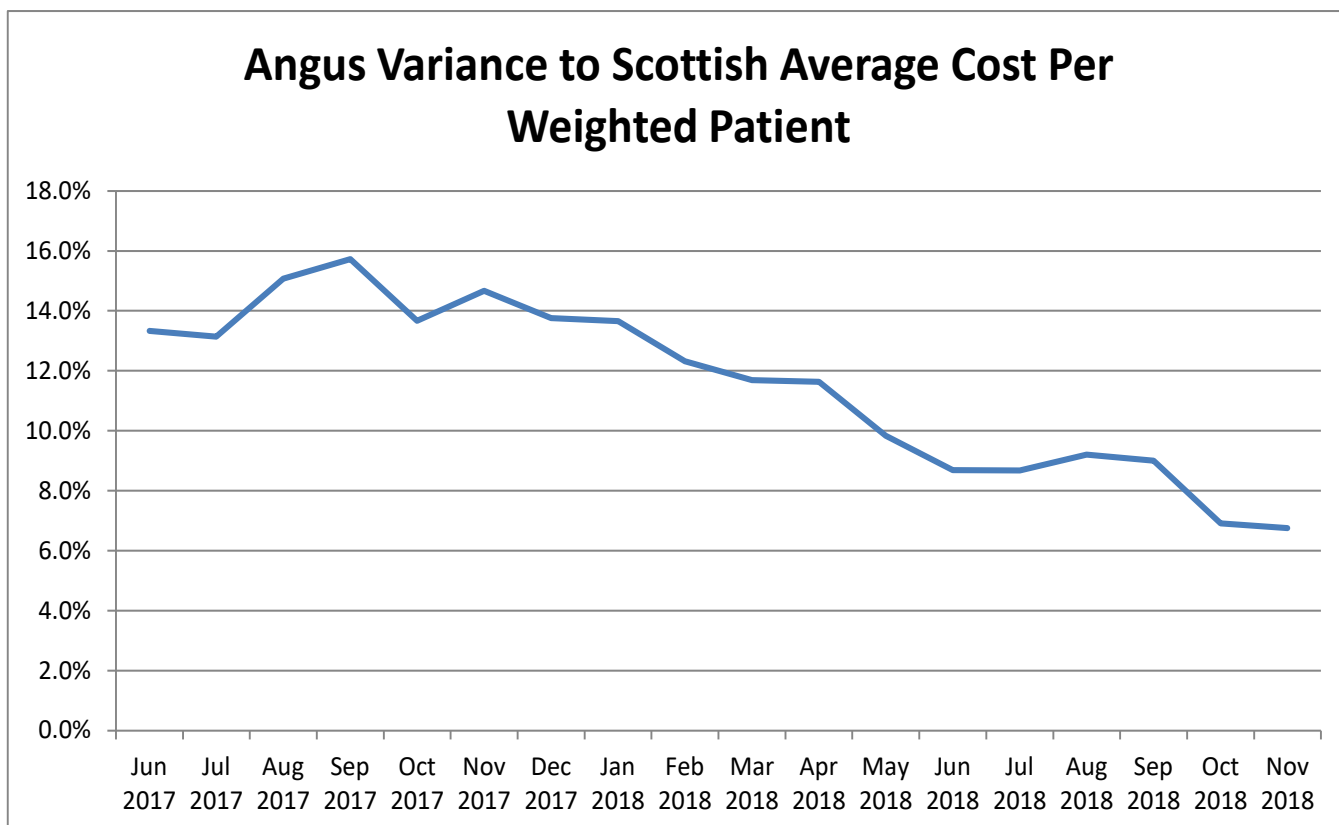


Table One: Angus Variance to Scottish average cost per weighted patient

2. **Top 50 GIC** (Gross Income Costs). Appendix 2 outlines the 50 prescribed items in Angus responsible for £2,571,150 spend over the last quarter in Angus and the actions being undertaken to progress. While the content of the top 50 prescribed items does vary, making it difficult to make like-for-like comparison, there has been a reduction of 18% spend over the last 12 months in spend on the top 50 GIC items.

Summary of additional initiatives completed since our last report: -

1. **Care Homes.** The work undertaken within care homes which has successfully reduced medicines waste, reported in our last update has been promoted by the Care Inspectorate as best practice via social media. Details can be found at : <http://www.careinspectorate.com/index.php/guidance/9-professional/4752-medicine-waste-in-care-homes>
2. **Public Engagement.** Building on the successful public event held in August 2018, further conversations with the public regarding medicines management have been held as part of the Angus Care Model Continuing the Conversation events held in October 2018.

Promotional materials have been developed and distributed widely to encourage patients to understand their medicines and order only what is needed.

3. **Prescribing Protected Learning Time.** An interactive PLT was held on 21<sup>st</sup> November 2018.
4. **Ongoing engagement within regional Prescribing Management Group activities,** including delivery of a Realistic Prescribing Workshop in November. Participants were unanimously supportive of exploring how to take forward realistic medicine principles within prescribing to promote more holistic, evidence-based patient care. The programme is being progressed regionally and shall support consideration of prescribing within wider care pathway planning.

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

As noted previously, historically Angus has been an outlier in terms of Prescribing spend per weighted populations. While the variance to national averages was at c14% at times during 2017/18, it has now reduced to under 10% based on more recent 2018/19 information.

The above progress continues to reflect the 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 the efforts of those involved locally with Prescribing alongside the co-ordinated work through the Tayside Prescribing Management Group (PMG).

The IJB will continue to progress Prescribing action plans in line with information shared in this report. At this stage in the financial planning cycle the IJB would have routinely expected to be able to share an initial 3-year Prescribing plan with the IJB. For 2019/20 this information is not yet available and work continues through the PMG to conclude this. Issues that will be reflected in the plan will include assessing latest information about drug pricing, estimates of likely drug volume trends and assessing the impact of further local and regional initiatives. Ultimately the Prescribing financial plan will be incorporated into the overall IJB Strategic Financial Plan.

The latest financial position of a projected year end overspend of c£1.5m is noted in the February 2019 Finance Report. That report made reference to potential issues regarding short supply. Information that has become available since the February Finance report (based on December 2018 information) was compiled does suggest an increase in more recent drug prices. It is not yet possible to be clear if this is a short term effect or the cause of the increase. Any effect that is longer term (e.g. a return to short supply impacts of 2017/18) could have an impact on future IJB financial planning.

It remains important to note the underlying progress in reducing variation to national averages. This has helped reduce the forecast Prescribing overspend an underlying overspend of c£3.3m in 2017/18 to the current projection of c£1.5m this year. While there are still risks associated with this projection it is a marked improvement from the previous year.

#### **5. OTHER IMPLICATIONS**

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

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List of Appendices:

1. Appendix 1: Angus HSCP Prescribing Management Plan
2. Appendix 2: Top GIC spend