



AGENDA ITEM NO 16

REPORT NO IJB 41/23

ANGUS HEALTH AND SOCIAL CARE
INTEGRATION JOINT BOARD – 21 JUNE 2023
PRESCRIBING MANAGEMENT UPDATE
REPORT BY GAIL SMITH, 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: -

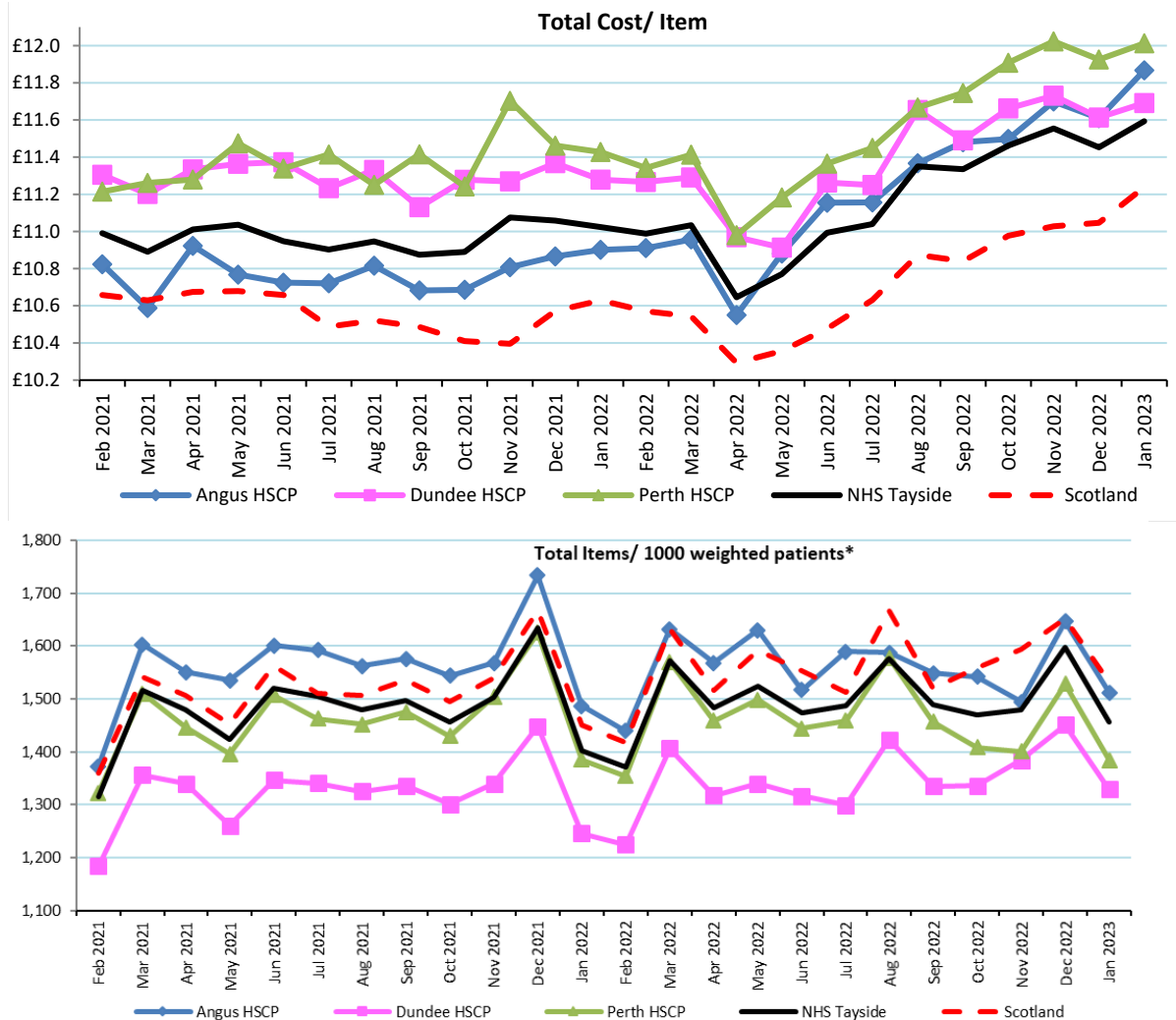
- (i) Scrutinises the content of the paper and the ongoing measures being taken to ensure efficient and effective prescribing within Angus.
- (ii) Acknowledges the increase in prescribing costs and plan for 2023/24 to seek to ensure best value prescribing across Angus.
- (ii) Requests an update to the August 2023 IJB regarding the development of plans to demonstrate how costs can more closely be aligned to available resources.

2. BACKGROUND

Family Health Service (FHS) Prescribing against the allocated budget has deteriorated over the past 12 months. As the IJB are aware, the drivers behind prescribing spend are multifactorial. New medicines approved for use in Scotland within primary care do create notable volume and cost pressure alongside increases in prescribing volumes for an older population. There are notable workforce pressures within primary care to allow time to invest in prescribing improvement and this must be balanced against a diminishing workforce, being asked to do more.

3. CURRENT POSITION

The Angus HSCP Prescribing Management Quality Assurance Group (APMQAG) continues to provide a framework in which FHS prescribing spend is monitored. As a sub group of the Angus Clinical Care and Professional Governance Group it provides an annual assurance report to that group. Regular reports are also provided to Angus HSCP Executive Management Team. The annual work plan continues to be tracked and reported at each APMQAG meeting. As previously reported, the operational aspect of delivery of the prescribing work plan has been devolved to the GP and practice pharmacy teams at cluster and practice level ensuring that the clinical engagement with prescribing management remains high. It has been identified historically that services in Angus take a more proactive approach to preventative prescribing using cost effective options. The cost per item has notably increased over the previous 12 months across Scotland. This is against a reduction in total number of items prescribed by Angus.



*Weighted spends aim to take account of population differences, such as the age and sex profile and the level of illness in the community to allow comparisons between areas

Fundamentally, the national drug tariff prescribing contract, which links to drugs costs, and wider economics of prescribing are at odds with what we are trying to achieve. As we prescribed fewer items, the cost per item has increased.

Quality Led Management of Prescribing

The progress with quality management systems for prescribing to promote a quality improvement approach to prescribing management continues. Led by an Angus GP Scottish Quality and Safety Fellow, practices have been encouraged to take on longer term cluster level quality improvement work. This collegiate approach to improvement allows for shared learning and population level change in prescribing. Improving safety in areas of high-risk medicines combinations, focussing on safety and deprescribing in the elderly population, and high-cost areas of prescribing highlighted by the Scottish Therapeutics Utility software, available to all practices.

Other practice level Prescribing Improvement

A suite of prescribing incentives schemes has been offered to all Angus GP Practices. These “off the shelf” projects provide practices with ready to go project plans in areas where they may have work to do. With support from the pharmacy teams to undertake patient searches, GPs can review cohorts of patients where there is room for improvement on prescribing. Having the capacity to do this has been challenging for practices given workforce constraints, although there has been some uptake. These were due to be completed June 2023. The mileage in such an approach from hereon in is likely limited.

Practices will continue to be supported and progress monitored with the implementation of Chronic Medication Service (CMS) serial prescribing. When engagement with this is high, it improves quality of prescribing through annual review of patients on polypharmacy.

Improving access to evidence-based alternatives such as social prescribing, and access to evidence based exercise programs remains a strong focus in Angus, acknowledging the benefit this has, not only to the health of the patient, but in reducing reliance on medicines. In one Practise, we are piloting the impact of social prescribing targeted at the highest attending patients. It is anticipated that the benefits of this will be realised by September 2023. There is a suite of other interventions being developed by the Programme Manager for Prevention and Early Intervention aiming to increase access to other non-medicine-based interventions.

Pharmacotherapy Service

The pharmacotherapy aspects of the GMS Contract have placed an additional workforce and recruitment pressure on the pharmacy team. There are challenges in recruiting sufficient staff to deliver traditional prescribing support activity in addition to the contractual requirements of pharmacotherapy. The pharmacy team in Angus continues to focus on delivery of medicines reconciliation of discharge medicines and outpatient clinic medicines. There is a contract requirement to additionally manage medications requested which are not on repeat. The volume of these is beyond the practice pharmacy resource, although is part of the GMS contract. The fundamental issues with the contract itself are a limiting step in progressing here and this has been recognised by GPs. Scottish General Practitioners Committee and the Chief Pharmaceutical Officer are both aware of this issue and they will continue to work together to overcome this challenge.

Emerging High Cost Prescribing

National approvals continue for some high-cost medication choices. Although well intended, some medicines recommended by guidelines come at a notable cost. Within a more elderly population, we continue to see steady increases in newer anticoagulation options, which are easier to take and are now first line. With more diabetics, the costs of the broadening suite of medications approved for a growing number of scenarios also increases. National guidance also plays a factor, with promotion of polypharmacy approaches to COPD/asthma to optimise control. Alongside this, in the coming 12 months medications for obesity will again come with it considerable cost pressures.

With no additional funding this will carry a financial risk to the whole system given likely Scottish Government expectation of the adoption of this new drug treatment. The IJB is again asked to take cognisance of this emerging risk.

4. PROPOSALS

Angus Health and Social Care Partnership – alongside Angus Council and NHS Tayside - face significant financial challenges. This reflects a combination of cost, volume and service requirement pressures contrasting with the forecast available funding.

Angus Health and Social Care Partnership has refreshed its Strategic Commissioning Plan and Strategic Financial Plan. Both seek to address how we collectively can deliver all we wish to deliver from within available resources. Alongside this, however, some of our latest projections suggest that by 2025/26 our projected spend could be about 11% above our projected funding, equating to a gap of around £2.6m.

With regard to prescribing from General Practices, Angus currently spends more than £22m per year on this. Prescribing experiences financial pressure from the likes of increased prices, short supply, volume changes and the introduction of new drugs.

There are a number of ways saving can be found including:

- Continue to reduce total volumes of medicines prescribed & reducing medicines waste
- Addressing polypharmacy.
- Diligent review of care home patients.
- More serial prescribing.
- Making best use of non-drug approaches, for example nature prescribing.
- Checking anomalies in high-cost items supported by the pharmacy team.
- Good medication review practices for all patients.

Funding is available to support practices with some additional work they may identify. Good systems and process in relation to the list of potential savings is required.

Practices who have higher serial prescribing rates have utilised this to do more proactive reviewing of medications.

All practices will be provided with an individual list of their highest spend items. This may help identify areas for review.

Ensure links made across whole system linking savings in prescribing to funding for evidence-based alternatives e.g. social prescribing, access to evidence based exercise.

Contribute to regional discussion regarding improving the process for the management of the introduction of new drug treatments.

- Current controls which are in place to control and manage the risk include:
- Active participation in regional Prescribing Management Group (PMG).
- Implementation of agreed PMG prescribing strategy.
- APMQAG as an established group with ongoing development and implementation of the Angus Prescribing Work Plan at its core.
- Angus GP prescribing lead post now absorbed within the new Associate Clinical Director post.
- Angus prescribing work plan including practice specific reports which allow GPs to engage with projects tailored to the needs of their practice population.
- Drug switch programme supported by pharmacy technicians in place.
- Polypharmacy review programme is well implemented.
- £50k support to practices agreed by IJB to continue to support GPs to reduce prescribing costs where they have capacity to do bespoke extra projects.
- Raising awareness of the issues within GP practices.
- Identified Project support from the Improvement & Development Team to support 3 practices with the highest variance.
- Pharmacy teams continue to maximise technical switch opportunities with several projects in progress including switches for antacid treatments and vaginal oestrogens.

The local working group will develop a plan that increasingly demonstrates how the above controls will individually and collectively deliver the changes required to demonstrate that costs can more closely be aligned to available resources. An update on this will be reported back to the IJB in August 2023 as part of Strategic Financial Planning updates.

5. FINANCIAL IMPLICATIONS

The overall FHS Prescribing (combining GP Prescribing and GPS Others) position to March 2023 shows a cumulative overspend of £0.421 million. This reflects adjustments following receipt of actual prescribing data for April 2022 to January 2023 and accruals for February and March.

There continues to be volatility in monthly costs with clear patterns hard to distinguish. However, generally Angus continues to see costs per weighted patient running at 5% to 6% above the Scottish average, with monthly figures varying around that.

	Overall FHS Prescribing (GP Prescribing & GPS Others)			
	Annual Budget	Expenditure to Date	(Over)/Under to date	Financial Plan Full Year Forecast (Over)/Under
	£000	£000	£000	£000
Angus	22,310	22,731	(421)	135

While the above shows the position at the financial year end, it is important to note that the IJB's financial position regarding prescribing changed markedly throughout 2022/23. For the period up to August full year forecasts reflected an anticipated under spend of c£0.5m. From September onwards, as more actual Prescribing data became available, average unit prices continued to increase to c14% above financial plan prices. With volumes remaining slightly lower than plan the overall impact was a deterioration in the position month on month, with a small forecast overspend reported in October increasing to £0.421m by March.

All of that will impact into 2023/24 and with Prescribing costs forming about c10% of the IJB's overall resource, close and effective monitoring of these resources remains essential to meet both operational and strategic requirements. In April 2023, the IJB's Strategic Financial Plan for 2023/24 to 2025/26 noted that Prescribing budgets are forecast to overspend by c£2.0m in 2023/24 increasing to c£2.6m by 2025/26. This is therefore a major factor in the overall financial pressure the IJB has to manage through the duration of this plan. This underlines the importance of an overall Angus prescribing control framework, as described in this report, that can demonstrate that costs can more closely be aligned to available resources.

6. RISK

The Angus Prescribing risk was recently updated. This risk is now managed by the Angus Prescribing Management Group.

As a result of the increasing medicine costs and volumes of prescribing within Angus beyond the funded uplift, prescribing costs will exceed the available resource. This could impact on wider service provision by the Angus IJB.

Angus currently spends more than £22m per year on Prescribing in General Practices (this is more than 10% of the Partnership overall spend). Prescribing experiences financial pressure from increased prices, short supply, volume changes and the introduction of new drugs. There is a risk that if we do not change current prescribing practices, our projected spend on prescribing could be more than £2m above our available funding in the near future.

The causes this risk include:

- Increase in cost of medication with a steady in volume of medication being prescribed
- Introduction of new drugs with no commensurate funding stream.
- Significant increase in Primary Care Activity across General Practice and Pharmacy Teams
- GMS contract encourages pharmacy technicians to focus on discharge medication reconciliation rather than reducing polypharmacy and hospital admissions
- Reduction in available real-terms funding due to Scottish Government funding uplifts.

Risk Description	Prescribing Management
Risk Category	Resource - Financial
Inherent Risk Level	Likelihood 5 x Impact 5 = Risk Scoring 25 (which is a High Risk Level)
Mitigating Actions	<ul style="list-style-type: none"> - Further engagement and communication to be developed at Tayside and Angus level - Prioritisation of prescribing throughout Angus HSCP including within the role of Lead Nurse and Associate Clinical Director - Strong clinical engagement via GP clusters - Prescribing is considered within the context of the overall pathway of care for a patient in Angus - Developing public engagement and communication around prescribing within AHSCP - PMG every 3 months
Residual Risk Level	Likelihood 4 x Impact 4 = Risk Scoring 16 (which is a High Level)
Planned Risk Level	Likelihood 2 x Impact 4 = Risk Scoring 8 (which is a Minor Risk Level)
Approval recommendation	Given our developed understanding of the situation and in line with the IJBs risk appetite, the risk is deemed to be manageable.

7. OTHER IMPLICATIONS (IF APPLICABLE)

Not applicable.

8. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment is not required.

9. DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in Section 26 to 28 of the Public Bodies (Joint Working) (Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Angus Council and NHS Tayside.

Direction Required to Angus Council, NHS Tayside or Both	Direction to:	
	No Direction Required	X
	Angus Council	
	NHS Tayside	
	Angus Council and NHS Tayside	

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