



ANGUS HEALTH AND SOCIAL CARE
INTEGRATION JOINT BOARD – 21 FEBRUARY 2024
PRIMARY CARE PRESCRIBING MANAGEMENT UPDATE
REPORT BY JILLIAN GALLOWAY, 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) Scrutinise the content of the paper and the ongoing measures being taken to ensure high quality prescribing within Angus;
- (ii) Acknowledge the increase in prescribing costs and the ongoing work to ensure best value prescribing across Angus; and
- (ii) Consider what further support may be offered in light of increasing costs of medicines against ongoing improvements in prescribing quality.

2. BACKGROUND

Family Health Service (FHS) Prescribing against the allocated budget has deteriorated over the past 18 months. As Angus IJB are aware, the drivers behind prescribing spend are multifactorial though of late has mainly been driven by increase in the costs of medicines. New medicines approved for use in Scotland within primary care are also part of this. With an obligation to support provision but with no uplift to do so, this creates a cost pressure. There are notable workforce pressures within primary care to allow time to invest in prescribing improvement and a diminishing workforce must therefore be balanced against provision of more complex care for an aging population.

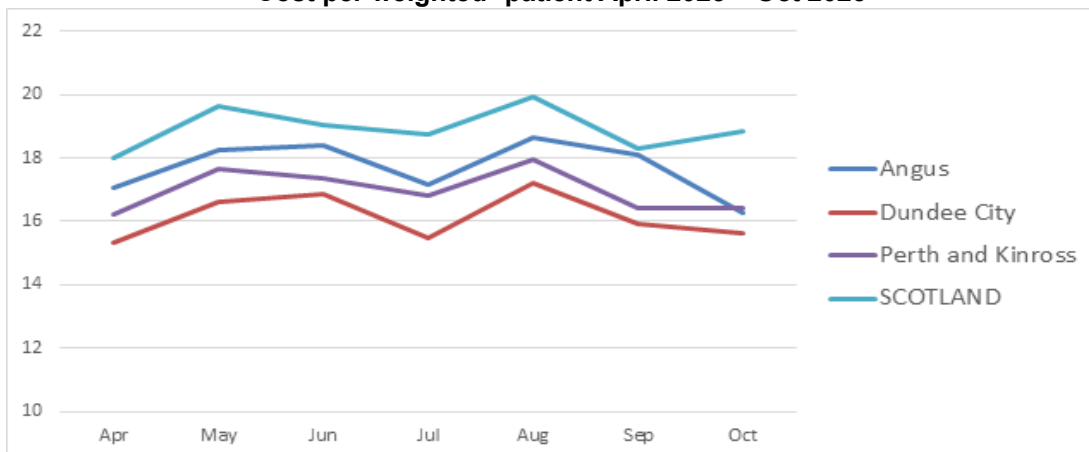
3. CURRENT POSITION

The Angus HSCP Prescribing Management Quality Assurance Group (APMQAG) continues to provide a framework in which FHS prescribing spend is monitored. As a subgroup of the Angus Clinical Care and Professional Governance Group it provides an annual assurance report to that group. Regular updates are also provided to Angus HSCP Executive Management Team. The 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. This has positively impacted upon the quality of prescribing within the [National Therapeutic Indicators](#).

For much of 2023, due to national reporting issues, we were unable to access data to affirm our ongoing prescribing position. This has not stopped continued work to deliver best value prescribing but impeded our ability to affirm the impact.

We are also challenged with the increase in medicines cost set out [here](#) which highlights the 33% increase in medicines cost over the past 10 years – with a 5.8% increase in last financial year. This funding covers the costs of medicines and funds Community Pharmacies in Scotland.

Cost per weighted* patient April 2023 – Oct 2023

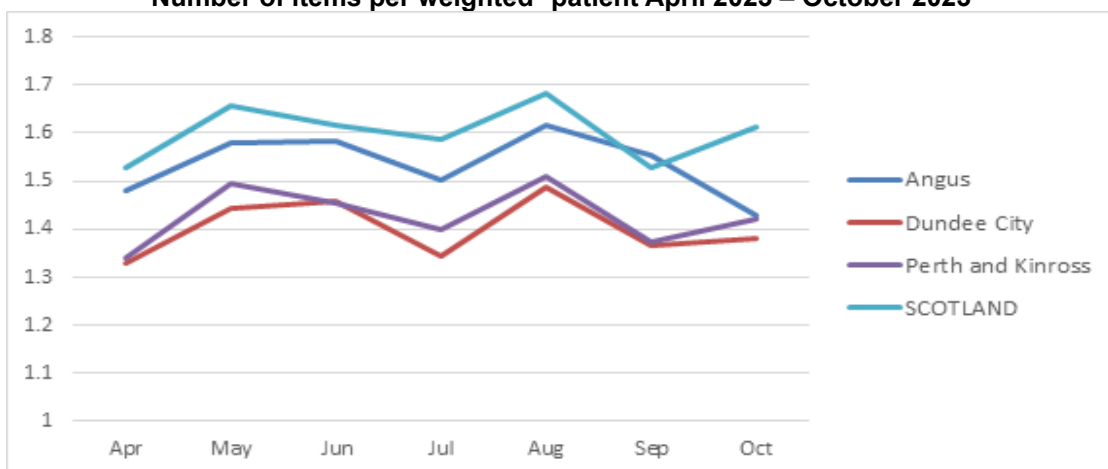


**Weighted spends aim to take account of population differences, such as the age and sex profile and the level of illness in the community to allow comparisons between areas*

Data on prescribing has become increasingly available again from the start of 2024. Whilst this data is still very ‘new’ to be released, and there a number of data classification issues to resolve, the current information regarding Angus HSCP spend on medicines is shown above. We remain in active collaboration with NHS Tayside Prescribing Support Unit to affirm the accuracy of the data and understand differences from previous data available.

The number of items is reassuring and remains under Scottish average.

Number of items per weighted* patient April 2023 – October 2023



General Practice Clinical Pharmacy Service

The 2018 General Medical Services (GMS) contract mandated the movement of some prescribing tasks from general practices to pharmacy teams – known as the ‘pharmacotherapy services’. As a task/contract driven change, the work moved practice pharmacists from clinical work improving prescribing quality within practice-based teams to task driven work. This was supported by a broader team of pharmacy technicians.

However, outcome/task driven ‘improvement’ can come at a cost. Without workforce planning for this change, the ask has become undeliverable. There is now a net reduction in pharmacists working within Angus since this started resulting in multiple unfilled posts.

In January 2024 all GP practices in Tayside met with NHS Tayside to discuss the future direction alongside representation from pharmacy, the GP Subcommittee and Local Medical Committee. All agreed to step back from a contract driven collaboration to focussing on quality of care. With this, some GMS contract aspects may be retained, but the focus of care will be on good quality person-centred pharmacy care. This may help us going forward attract staff wishing to work with a different focus.

Emerging High-Cost Prescribing

There continues to be approval for some high-cost medication choices used in primary care. Although well intended, some medicines recommended by guidelines come at a notable cost. Provision of Scottish Medicines Consortium approved medicines by Health Boards is mandated to ensure equitable access to medicines within the NHS ([here](#)). As an example, 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 6 months medications for obesity will likely bring considerable potential cost pressures.

With no additional funding this will carry a very challenging financial risk to the whole system given likely Scottish Government expectation of the adoption of this new drug treatment. Angus IJB is again asked to take cognisance of this emerging risk and to note this in the context of existing Angus IJB action points.

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.

Regarding prescribing from General Practices, Angus currently spends more than £25m per annum. Prescribing experiences financial pressure from the likes of increased prices, short supply, volume changes and the introduction of new drugs.

At the June 23 Angus IJB (report 41/23), Angus HSCP were asked to report on improving the environmental impact of medicines. Following this, the Tayside Area Formulary was updated to now list all inhalers alongside their environmental impact. Moreover, the [National Therapeutic Indicators](#) now displays the CO2 equivalent inhaler emissions down to practice level. With a change to formulary and the data only recently becoming available showing data to June 23, it may take some time for improvement to be demonstrated. However, this is a promising development.

We are aware of historic patterns of GP Practices which have slightly higher than expected volumes of prescribing. Noting this, since the last Angus IJB we have had a small amount of project support 1 day a week to work with three practices to assess the causes of this. This has proven to be fruitful and well received. The work has mainly focussed on prescribing systems which have been improved to ensure the best practices outlined below can be delivered.

4. PROPOSALS

A number of actions have been identified to support prescribing management as part of a quality improvement approach. Appendix 1 shows the driver diagram aligned to this work.

- Reduce total volumes of medicines prescribed where possible
- Reducing medicines waste
- Addressing polypharmacy
- Improving the quality of prescribing quality (e.g. as described in National Therapeutic Indicators).
- Diligent review of care home patients
- More serial prescribing to prompt medication reviews
- 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

A separate briefing will be provided to Angus IJB members describing Angus performance against the National Therapeutic Indicators.

Funding is available to support practices with some additional work they may identify though has not been utilised by practices. Good systems and process in relation to the list of potential savings is required.

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.

We also contribute to regional discussion regarding improving the process for the management of the introduction of new drug treatments.

The local working group will continue to progress the 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.

A further update regarding Prescribing will be provided to Angus IJB as per the 2024/25 Workplan.

5. FINANCIAL IMPLICATIONS

The overall FHS Prescribing (combining GP Prescribing and GPS Others) projection to March 2024 shows a forecast overspend of £2.082m million. This reflects actual information for period to September 2023 and estimates from October to March 2024. This is a major deterioration from 2022/23 when the budget was c£0.4m overspent, albeit it is an expected deterioration.

There continues to be volatility in monthly costs with clear patterns hard to distinguish. Early forecasts for prescribing financial positions in future years suggests overspend of potentially:-

2024/25 - c£3.6m (15.2%)
2025/26 - c£4.0m (17.0%)
2026/27 - c£4.5m. (18.8%)

As is evident from separate financial reports, this scale of overspend is unmanageable and the need for the interventions described in this report to bring spend closer to budget remains. Alongside that, it is disappointing to note that, unprecedentedly, from 2024/25 the Scottish Government have intimated they will provide a 0% inflationary uplift to Health Board prescribing budgets. Given the well-documented prescribing pressures across Scotland this presents a difficult position for all Health Boards and IJBs to manage. Prescribing is therefore a major factor in the overall financial pressures Angus IJB has to manage through the duration of this plan. This underlines the importance of an overall Angus prescribing workplan, as described in this report, that can demonstrate that costs can more closely be aligned to available resources.

However, given the financial gap, it is unrealistic to expect the proposed workplan to close out the full financial gap in the short term. This is particularly the case given that for the majority of actions described, it has proved challenging to set out associated financial targets or expectations. Given the Scottish Government's 2024/25 funding uplift for Prescribing, the IJB may, in due course, need to consider its position regarding the future funding of Prescribing.

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.

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	The risk has been reviewed by CCPG and accepted at the levels described above

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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Appendix 1 – Driver Diagram