

REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD – 14 FEBRUARY 2018

PRESCRIBING

1 Recommendation

It is recommended that the IJB:-

- 1.1 **Endorse the changes to prescribing recommended by the Grampian Primary Care Prescribing Group.**
- 1.2 **Instruct Officers to bring a further report to the IJB setting out further proposed changes to prescribing within Aberdeenshire.**

2 Risk

- 2.1 IJB Risk 1 (Sufficiency of Resources). The growth in medicine use and its associated costs continue to bring pressures to prescribing budgets in primary and secondary care. The recommended actions are required to ensure that those medicines that are evidence based and required are prescribed in the most cost efficient way. Any medicine that does not have a clear evidence base will be unavailable to new patients and measures taken to de-prescribe from existing patients.

3 Background

- 3.1 Growth in medicines use and its associated costs continues to bring above inflation pressure to prescribing budgets in primary and secondary care. NHS Grampian is committed to meeting the clinical needs of its local population to maximise potential for health gain. Aberdeenshire HSCP along with the other HSCPs in Grampian are facing significant overspends in the prescribing budgets. The current projection is that overspend in 2017/18 will be approx £1.8Million. The overspend up to December is £1.365M
- 3.2 The actual monthly volume increase has been slightly greater than expected for the year to November and is estimated at overall 0.8% greater than the same period in 2016/17. This volume increase is only marginally greater than that anticipated in the budget setting process 0.79%. The volume increase has exacerbated total cost by coinciding with an increase in average unit price from £11.32 in April to £11.52 in May to £11.72 in August although this then fell to £11.59 in September. This is attributable largely to the impact of short supply items and pricing impact. An average price of £11.59 has been estimated for October and November onwards in recognition that the previously anticipated short term nature of this may not transpire. The current overall negative impact of unprecedented numbers of short supply items,

medicines coming off patent with lower price reductions than expected and delay in tariff reductions compared to budget expectations has been subject to review at a national level which has reaffirmed the impact of these factors.

The Grampian Primary Care Prescribing Group has undertaken review work on behalf of all three IJBs within the Grampian area. The paper examines products from all of the IJBs and not all of the products are used in all of the three areas. However, the paper presents all of the products that collectively will be changed within the Grampian area.

4. Saving Estimates

- 4.1 NHS Grampian supports cost effective prescribing through a range of business as usual interventions such as Scriptswitch, medication review and focussed pieces of work on particular areas such as adoption of generic medicines in place of branded ones, exploring new supply routes to maximise efficiency and public campaigns to reduce waste. These interventions are supplemented by data sharing to identify performance outliers. All of these interventions are supported by the H&SCP Pharmacy teams and the Pharmacy & Medicines Directorate.
- 4.2 Full implementation of the recent decision to only offer generic medicines, where they are available and where there are no bioavailability issues (e.g. for epilepsy) in NHS Grampian would deliver further potential savings of around £500K if fully achieved. The estimate for Aberdeenshire would be savings of £263k to £390k. The larger figure dependent on discussions regarding mycophenolate.
- 4.3 Implement a policy of no new patients and a deprescribing strategy for existing patients for those receiving prescriptions for lower value drugs who do not have sufficient evidence to support their use. These are-
- a) Glucosamine and Chondroitin
 - b) Herbal Treatments
 - c) Lutein and Antioxidants
 - d) Omega-3 fatty acid compounds
 - e) Oxycodone and Naloxone combination product
 - f) Paracetamol and Tramadol combination product
 - g) Perindopril Arginine
 - h) Rubefacients
 - i) Trimipramine
 - j) Once Daily Tadalafil
 - k) Lidocaine plasters (in un-licensed indications)
 - l) Liothyronine

This could lead to an estimated cost saving in Aberdeenshire of £80k. If we manage to stop lidocaine plaster £10k and liothyronine an additional £64k. Both k) and l) are dependent on discussion with the Pain Clinic and Endocrinology,.

Over the counter products, which can be purchased by patients, will be considered at the Grampian Primary Care Prescribing Group, and a further report will be brought back to the IJB in the future setting out the scale and opportunities against this work.

- 4.4 NHS Grampian are launching A Good Prescribing Guide. The document contains a wide range of practical guidance to help prescribers optimise medicines use and management processes within their practice including:
- recommended prescribing quantities
 - recommendations for travelers and those going overseas
 - private prescriptions for NHS /private patients
 - primary/secondary care interface prescribing
- 4.5 A review of Oral Nutritional Supplement prescribing has evidenced cost savings and safer prescribing when this is undertaken by dieticians. A pilot is ongoing which has demonstrated an increased dietician workforce spend would lead to savings greater than the cost.

5 Equalities, Staffing and Financial Implications

- 5.1 An equality impact assessment is not required because the paper is to endorse changes to the policies of prescribing for all patients.
- 5.2 The Chief Officer, along with the Chief Finance Officer and the Legal Monitoring Officer within Business Services of the Council have been consulted in the preparation of this report and *their comments* have been incorporated within the report.

Chris Allan
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Aberdeenshire Health and Social Care Partnership

APPENDIX 1

Indications for Use

- a) Glucosamine and Chondroitin – used for OA, possible preserve cartilage. Unregulated and should not be being prescribed.
- b) Herbal Treatments – various uses but lack evidence to support prescribing
- c) Lutein and Antioxidants – supplement, research in cataract and macular degeneration.
- d) Omega Fatty acid compounds – supplement used in cardiovascular disease and other uses. Lack evidence of benefit
- e) Oxycodone and Naloxone combination product – pain. Oxycodone advised alone.
- f) Paracetamol and Tramadol combination product – pain but prescribed separately is cheaper
- g) Perindopril Arginine – hypertension, heart disease, chronic kidney disease. Alternative ACE inhibitors on formulary cheaper.
- h) Rubefaciants – eg Deep Heat and menthol gels. Available over the counter.
- i) Trimipramine –antidepressant, pain relief and migraine. Cheaper alternatives on formulary.
- j) Once Daily Tadalafil
- k) Lidocaine plasters – post herpetic neuralgia but being used off license for other pain conditions
- l) Liothyronine – hypothyroidism not supported by NHSG. Convert to levothyroxine which is cheaper.

