

# Primary care Prescribing IJB FASC Update

Andrew Beattie

HSCP Lead Pharmacist- NE Glasgow

Data & Graphs Originally Presented by Sean MacBride-Stewart, Lead for  
Medicines Management Resources

# Today's Aims

To summarise prescribing budget pressures & influencing factors

To summarise measures which can help contain costs

To highlight the role pharmacy can play in supporting the containment of prescribing costs

# Financial Forecast Glasgow City HSCP

- Prescribing budget in primary care each year has been approx. £131m
- Prescribers are independent clinicians in GPs, dental, community pharmacy & optometry
- 22/23 year end forecast £6.5m overspend

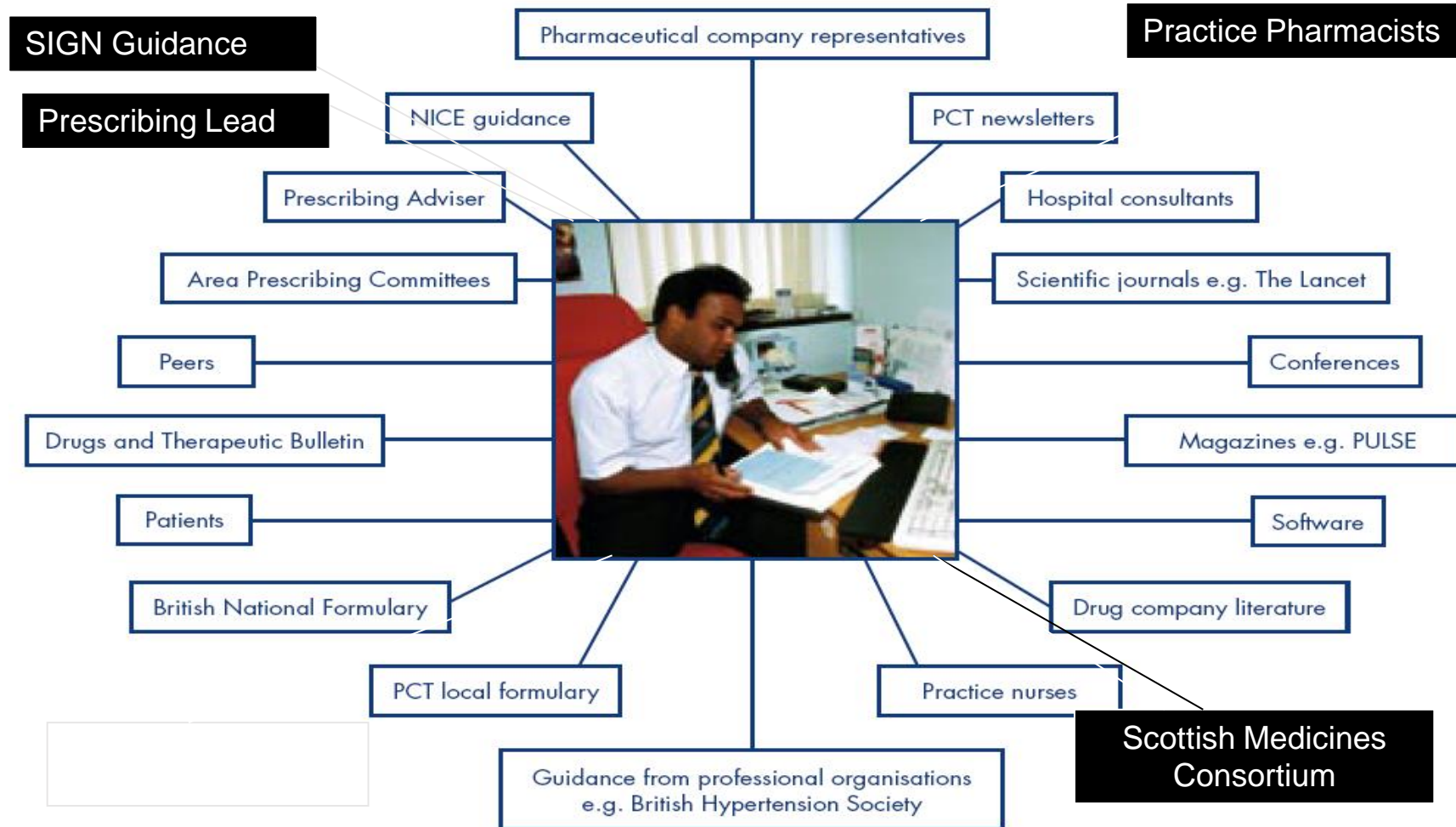
## **2023/24**

- 3% cost per item increase
- 3.5% increase in volume of drugs prescribed
- Carry forward of 2022/23 overspend
- Cost pressure for Glasgow City estimated at £15m
- No indication that SG will provide additional funding for cost pressures
- Cost pressures managed through HSCP savings, general reserves & efficiencies

## **2024/25**

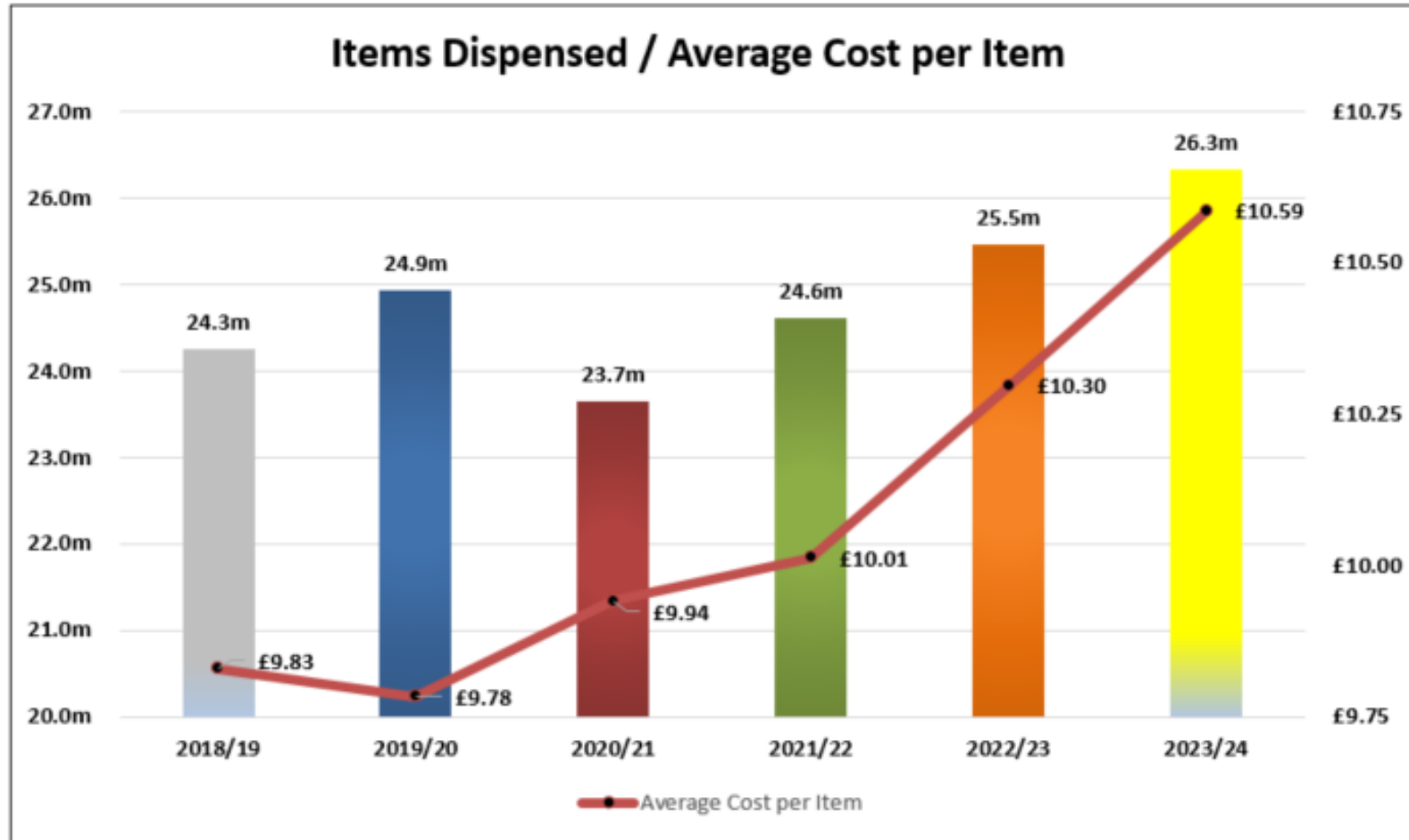
- Situation will be worse, if prescribing costs continue to rise
- HSCP will have limited ability to use reserves and to make wider savings

# What Influences Prescribing?



Source: National Audit Office

# Item Growth & Average Cost Per Item



**Glasgow City HSCP has lowest costs per patient in Scotland**

# Why are Volumes Increasing?

Increasingly elderly population

Increased patient expectation

Faster discharge

Improved IT (i.e. serial prescribing)

More prescribers / More appointments

Clinical guidelines

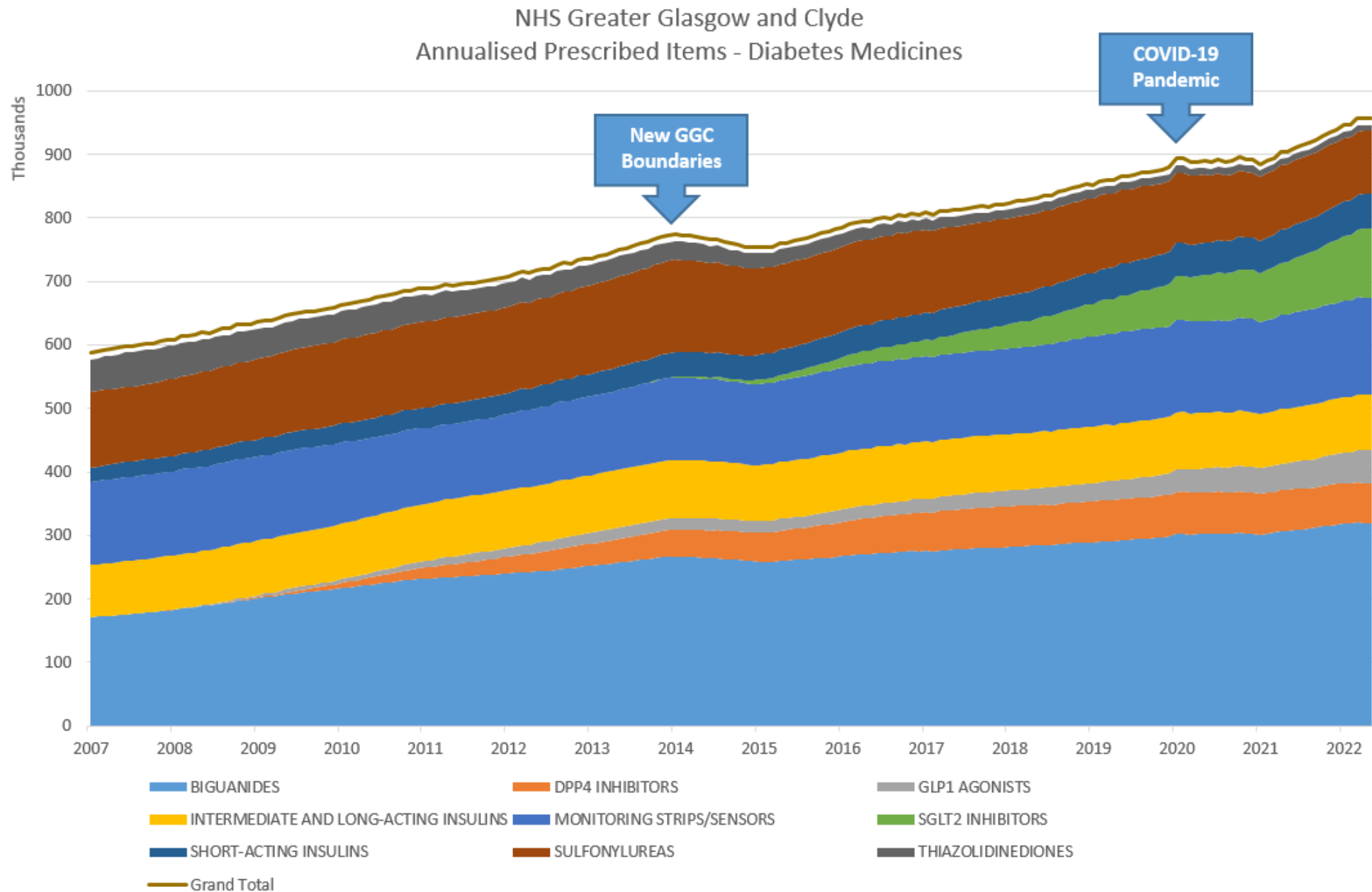
Preventative treatments

Increased access to medicines

Previously untreatable conditions

Increased Screening and diagnosis

# Example of an increase in items prescribed



# Why Are Costs Increasing?

## Supply & Demand

- Scottish Drug Tariff designed to regulate overall spend
  - Based on what community pharmacies have to pay for medicines
  - Designed to ensure an agreed profit margin for contractors to ensure continued provision.

## New Medicines are more expensive (£4 average generic vs £30 average branded medicine)

- Return on investment for Research & Development

## Increased production costs

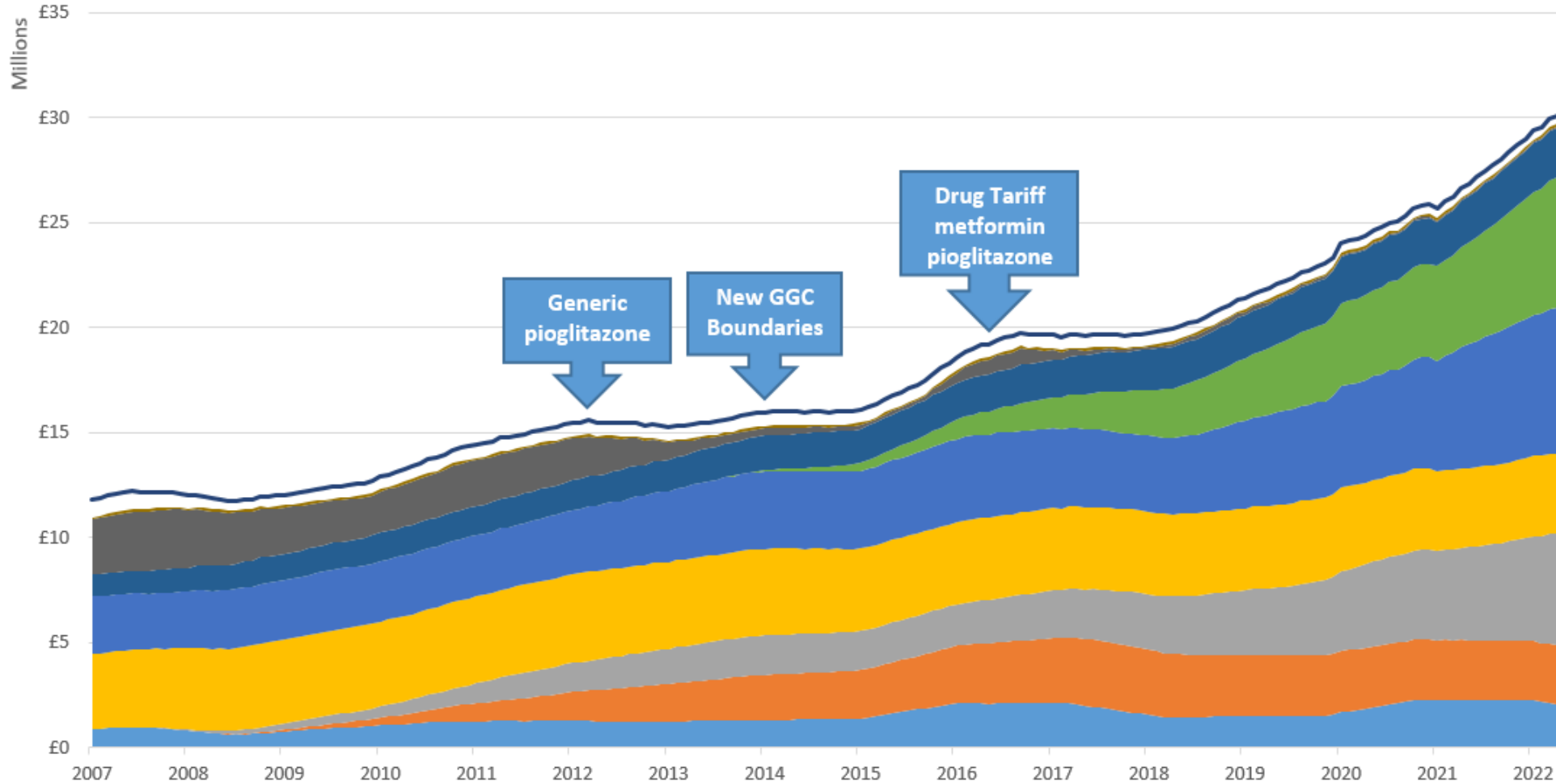
- Raw ingredient costs influenced by the global market (i.e. China & India)
- Inflation within the UK & Europe where our medicines are produced.

## Profiteering (e.g. [CMA- Hydrocortisone Price Fixing](#) )



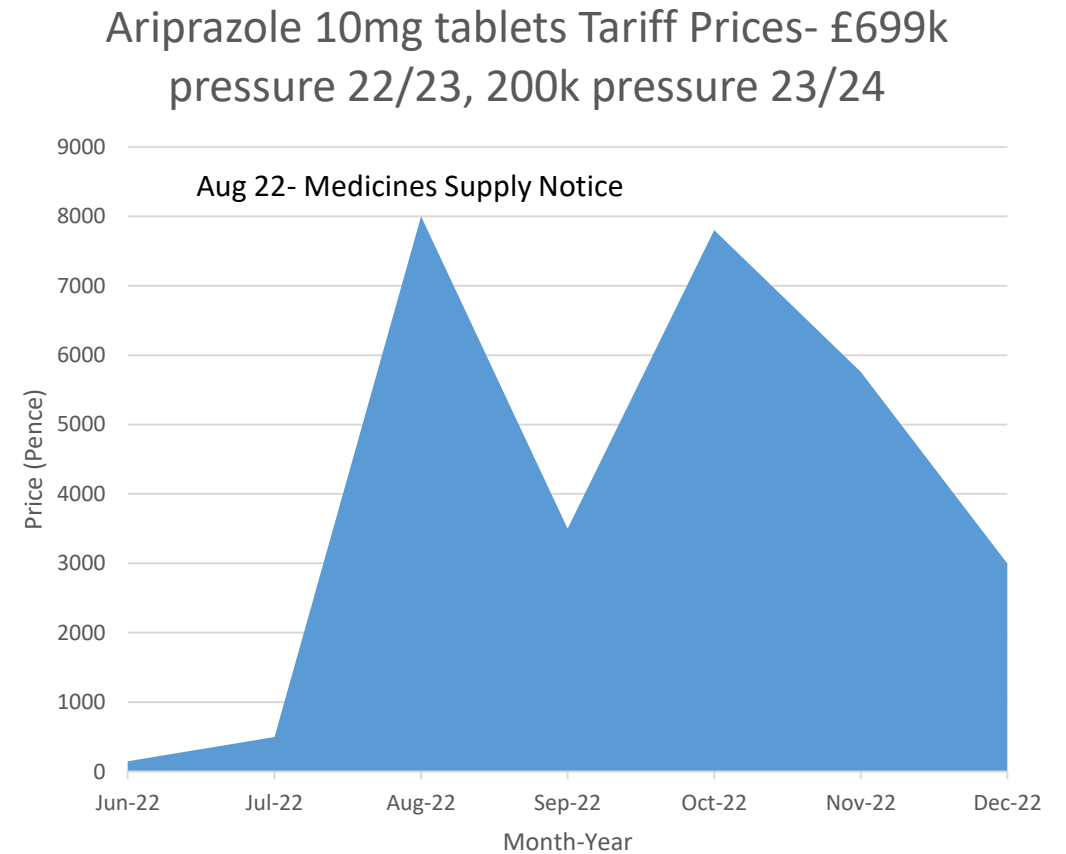
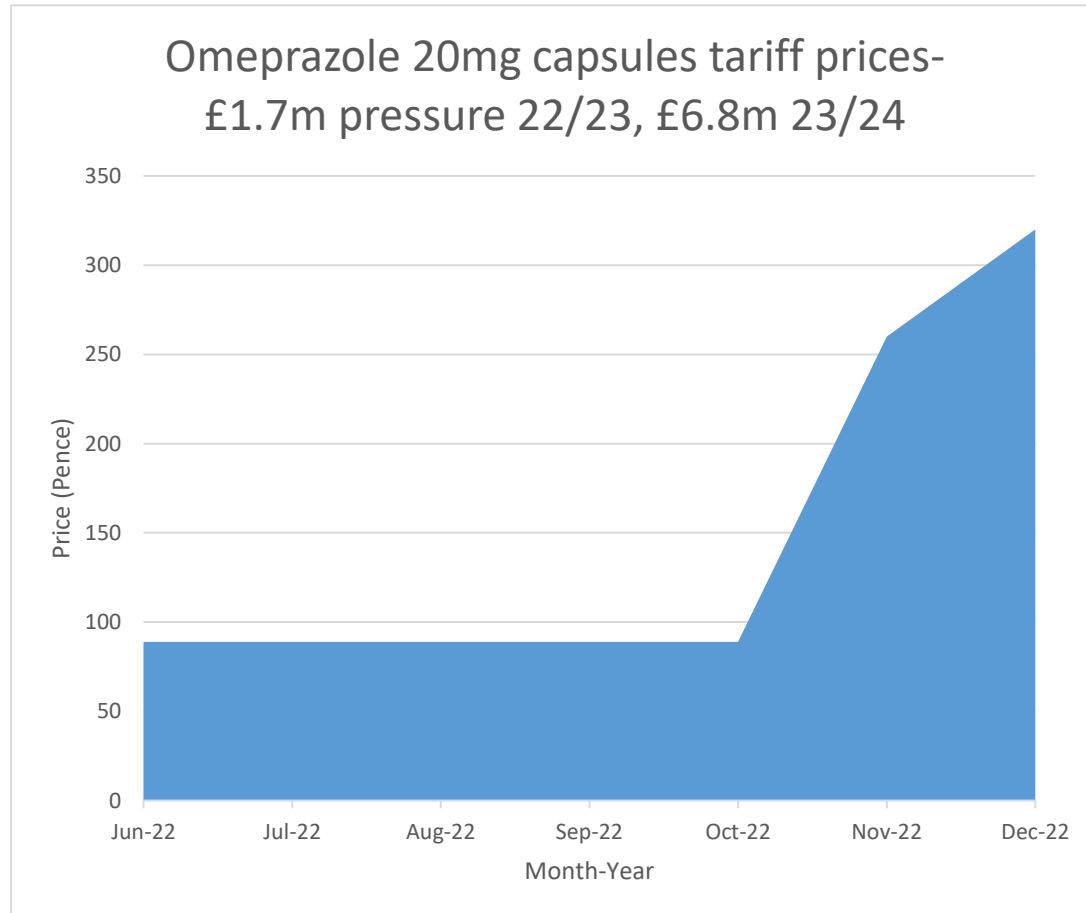
# Example of an increase in price of drugs

NHS Greater Glasgow and Clyde  
 Annualised Prescribing Costs - Diabetes Medicines

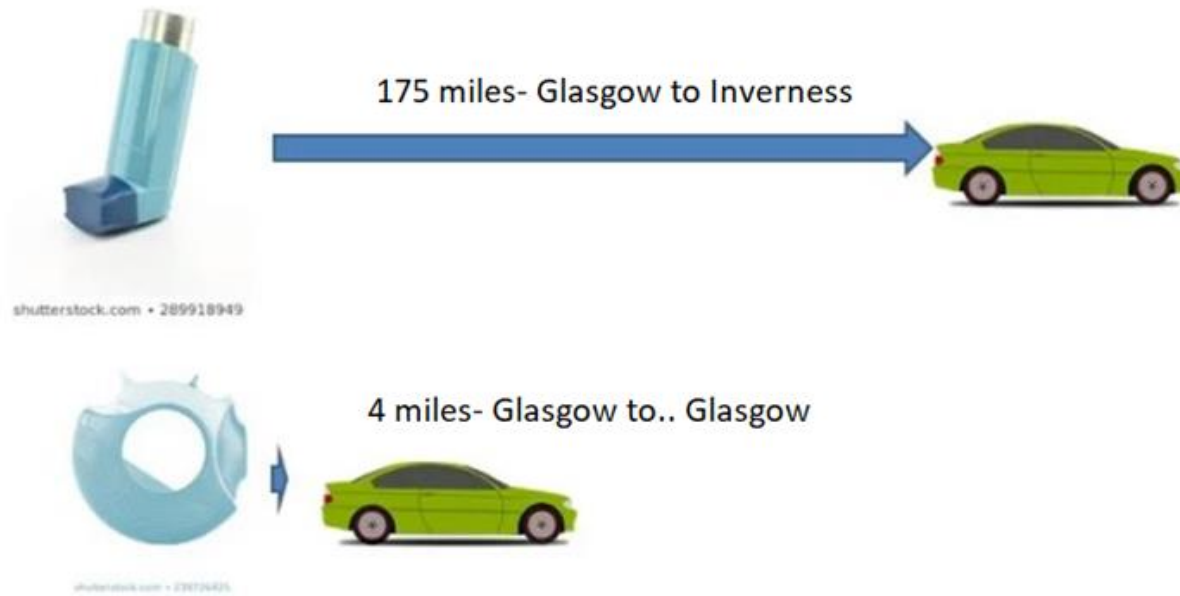


- BIGUANIDES
- INTERMEDIATE AND LONG-ACTING INSULINS
- SHORT-ACTING INSULINS
- Grand Total
- DPP4 INHIBITORS
- MONITORING STRIPS/SENSORS
- THIAZOLIDINEDIONES
- GLP1 AGONISTS
- SGLT2 INHIBITORS
- TREATMENT OF HYPOGLYCAEMIA

# Medicines- Supply/Demand In Action



# Competing Priorities- reducing our Carbon Footprint in Glasgow



- 3% of NHS Scotland’s Carbon footprint results from the use of metered dose inhalers (MDI)
- National indicator supporting a reduction in MDI use to support net zero by 2040
- Glasgow City use in line with national average (67%)
- If Glasgow City only prescribed salbutamol (common reliever inhalers) as dry powder inhalers (DPI) this could create an additional £1.2m pressure.

*Graphic adapted from East Sussex CCG Green Inhaler Guide*

# Glasgow City Primary Care Pharmacy Team(s)

## 3 Locality Lead Pharmacists

- Jennifer Allardyce (S)
- Andrew Beattie (NE)
- Sheila Tennant (NW)

## Previous Prescribing Teams

- Advanced Pharmacists (~20 In Glasgow City HSCP)
- Now our team leads, managers and delivering direct patient care.
- Prescribing Support Technicians (~8 in Glasgow City HSCP)

## PCIP Funded Primary Care Pharmacy Teams – major expansion since 2018 to support General Practice

- 144.7 staff
  - 54 Pharmacists, 66 Pharmacy Technicians
  - Pharmacy Support Staff

## Central Prescribing Team in Pharmacy Services

- Development of GG&C Prescribing Initiatives
- Data analysis of prescribing and pharmacotherapy activity
- Provision of data to practices and pharmacy teams

# Prescribing Improvement actions 2023-24

## Prescribing Initiatives & others:

- Invest to save; £1,000 per 1,000 treated patients

## Polypharmacy Reviews (people on more than 4 medicines):

- Aim to Focus on frail patients with polypharmacy to stop medicines that increase the risk of falls, delirium or frailty

## Respiratory Medicine:

- Switch patients prescribed separate inhalers to a single inhaler with all three medicines
- Reduce over ordering of reliever inhalers (Alter prevention)

## Diabetes Blood Glucose Testing Strips:

- Switch to newly listed formulary recommended test strips

## Other:

- Targeted communication with prescribers about the increasing costs of drugs and to engage their support to deliver savings
- Focus on regular visits to general practice to support improvement
- Improve overall formulary (preferred) compliance
- Improve Medicines Use and action to reducing wastage
- Ensure medicines supplied via other services are included in patient's medication history
- Improve serial prescribing - an extended repeat prescription that can be dispensed every 4 or 8 weeks for up to 52 weeks

# Questions?