

Primary care Prescribing IJB FASC Update

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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

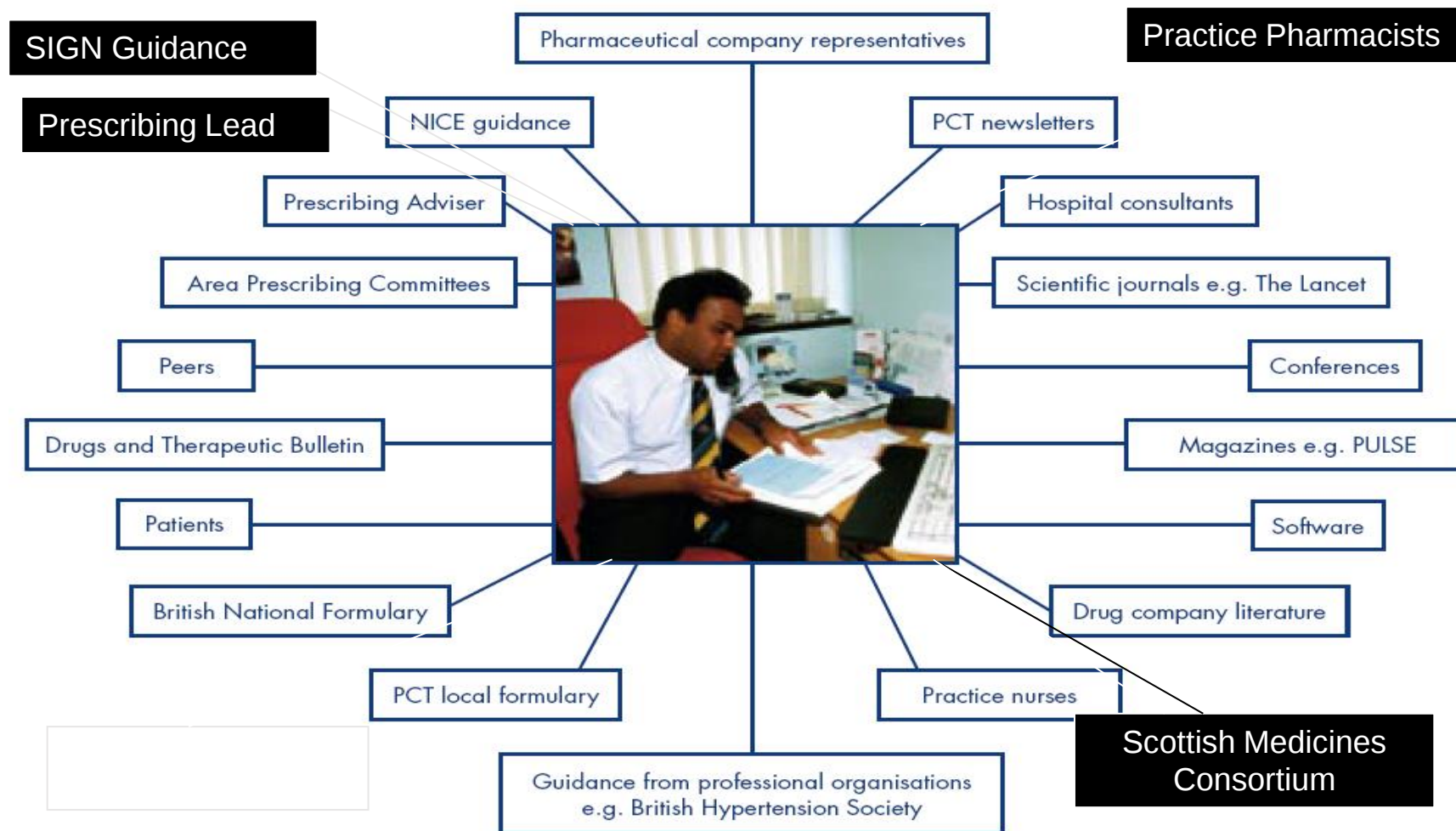
2023/24

- 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

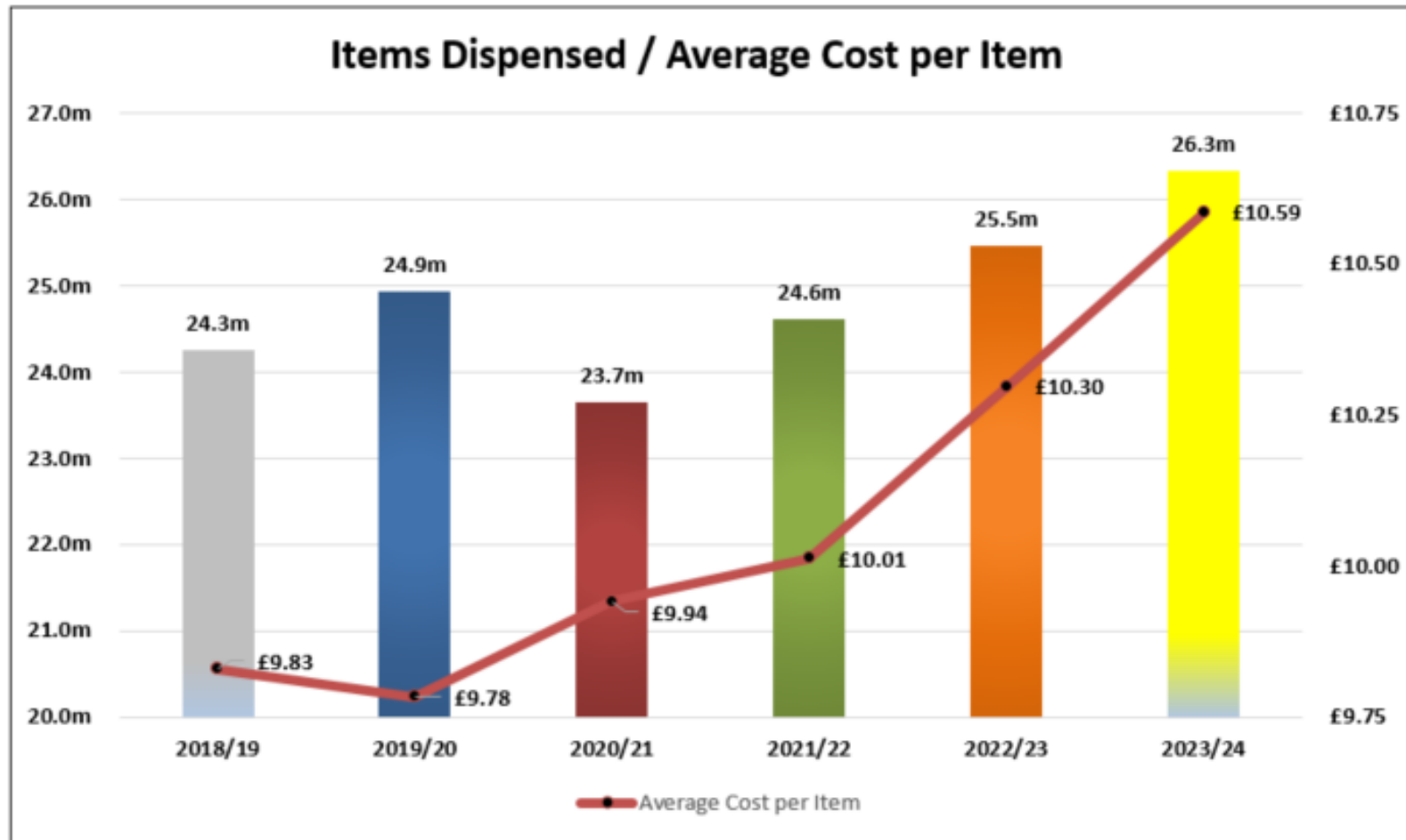
- Situation will be worse, if prescribing costs continue to rise
- HSCP will have limited ability to use reserves and to make wider savings

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

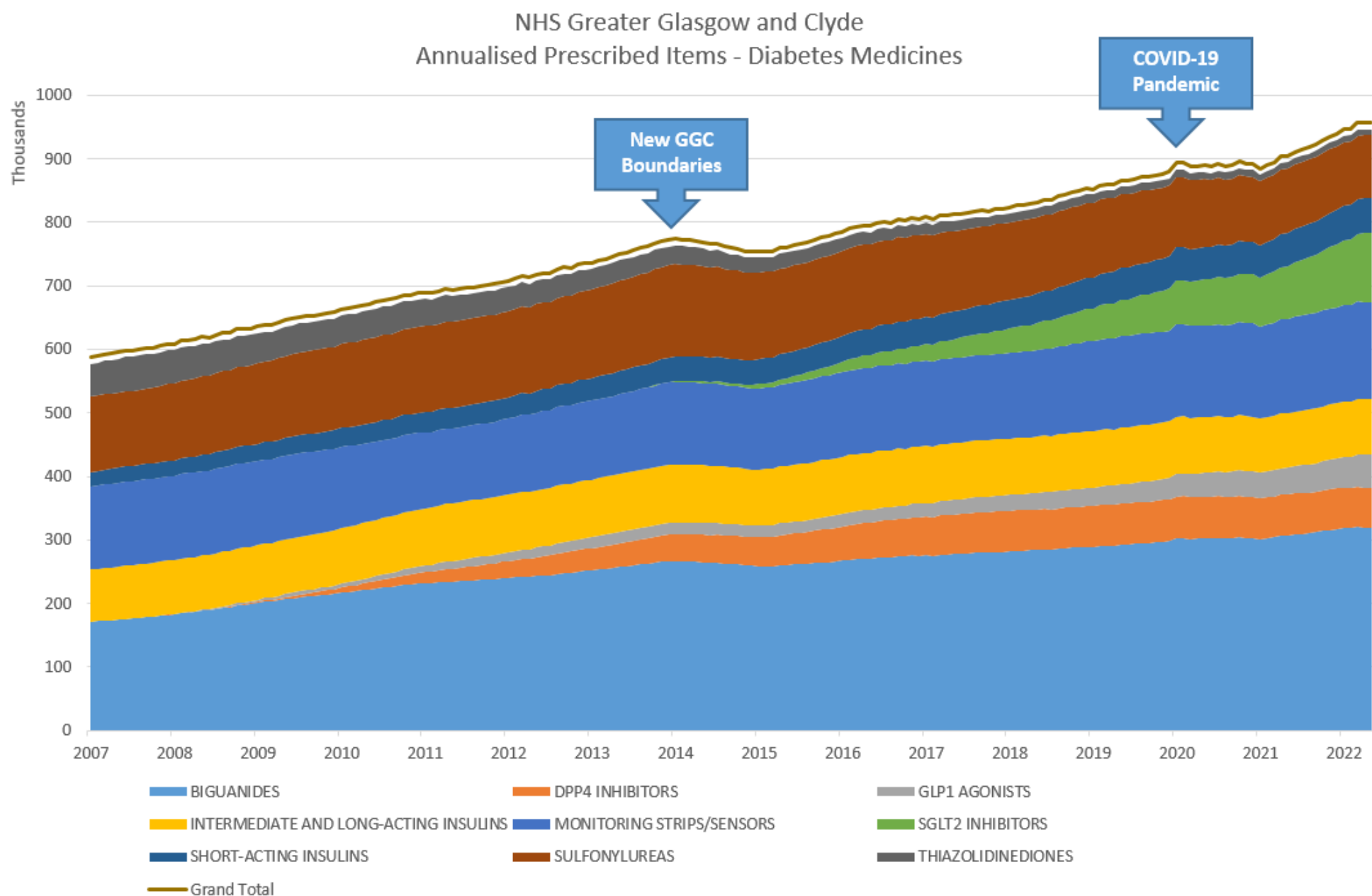
Preventative treatments

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

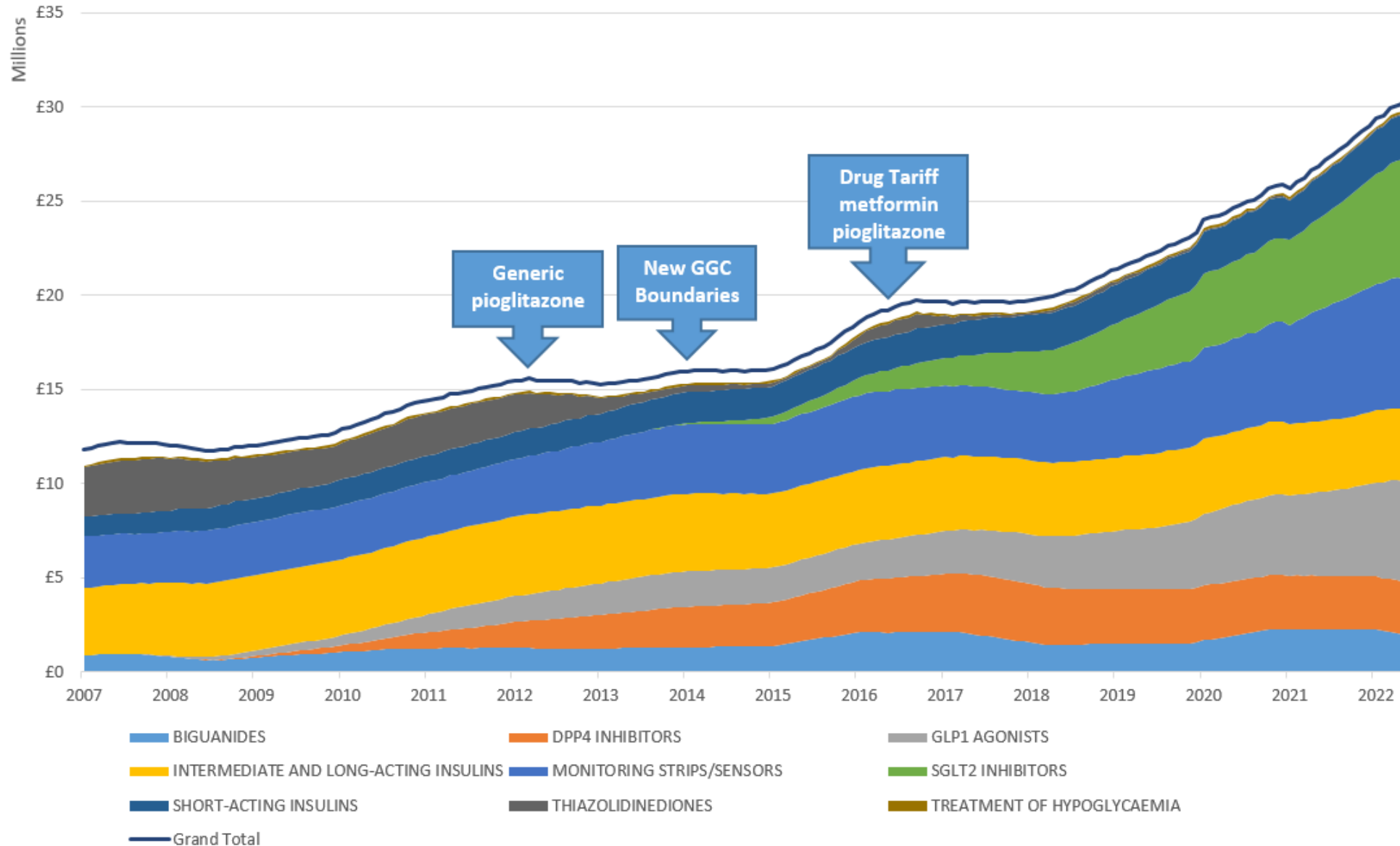
Increased production costs

- 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](#))

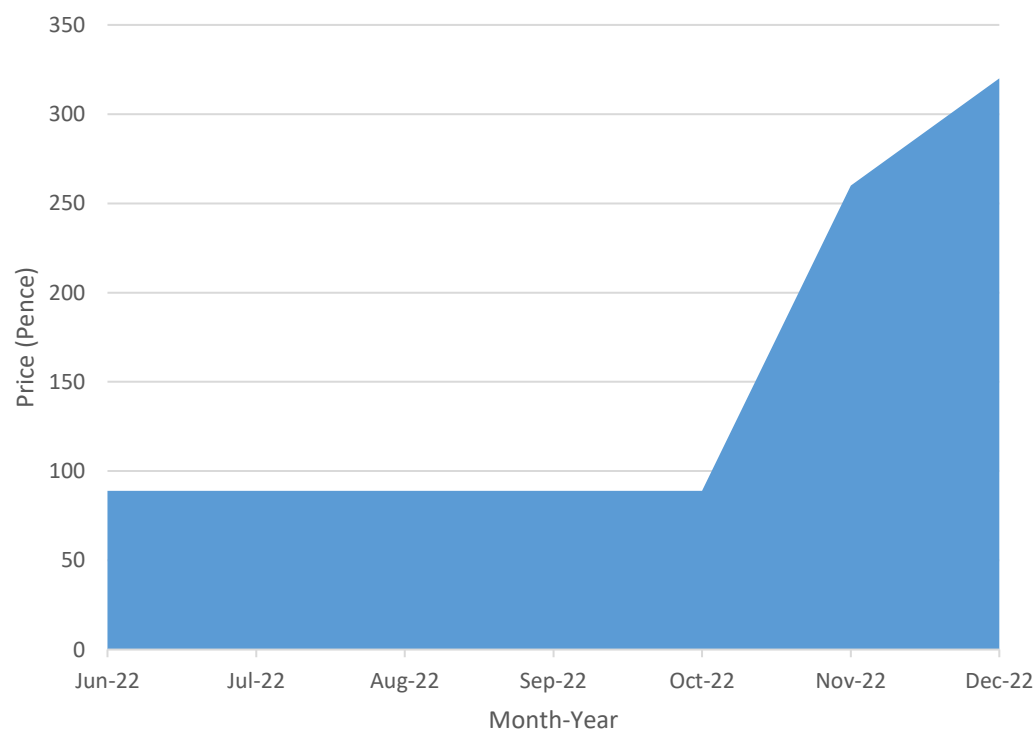
Example of an increase in price of drugs

NHS Greater Glasgow and Clyde
Annualised Prescribing Costs - Diabetes Medicines

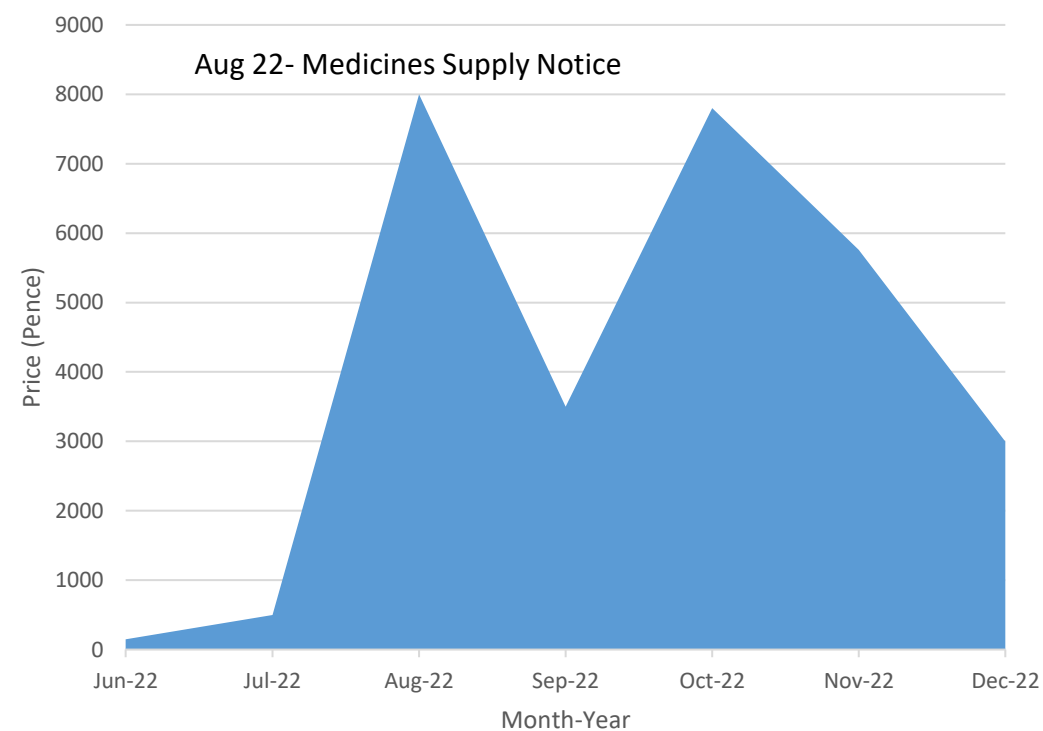


Medicines- Supply/Demand In Action

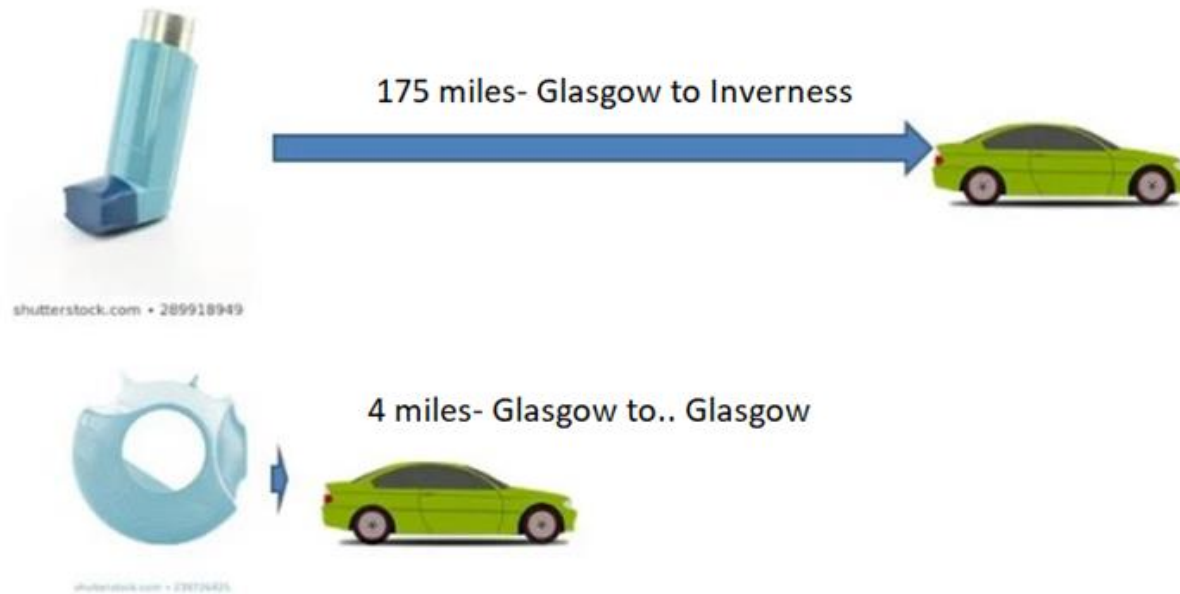
Omeprazole 20mg capsules tariff prices-
£1.7m pressure 22/23, £6.8m 23/24



Ariprazole 10mg tablets Tariff Prices- £699k
pressure 22/23, 200k pressure 23/24



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?