

## WEST DUNBARTONSHIRE COUNCIL

Report by the Director of Community Health & Care Partnership

Community Health & Care Partnership Committee: 6 June 2012

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### Subject: Prescribing Costs within West Dunbartonshire CHCP

#### 1.0 Purpose

- 1.1 Provide background to the Committee on the current situation regarding prescribing costs within West Dunbartonshire CHCP
- 1.2 Provide information to the Committee on the current cost pressures and ongoing work in relation to prescribing within the CHCP

#### 2.0 Background

- 2.1 Prescribing is an area of activity, key to the operational and financial efficiency, and clinical effectiveness of healthcare organisations. Decision-making occurs within a complicated environment of Health Board and national guidelines and formularies, clinical autonomy, local established practice, new therapies, changes in the costs of medicines, cost pressures and patient expectation.
- 2.2 The aim of the CHCP's prescribing team is to consistently improve the quality and cost-effectiveness of prescribing across the CHCP by influencing all prescribers. They support the management and monitoring of the prescribing budget, improve risk management of medicines, repeat prescribing systems and patient safety, improve medicines management within the majority of local care homes and support the local community pharmacy network.
- 2.3 The challenge for the CHCP is to make sure that our prescribing best addresses the needs of our patients and occurs within available resources.

#### 3.0 Main Issues

- 3.1 For West Dunbartonshire CHCP, the prescribing budget for 2011/2012 was £17,396,355 (Gross Ingredient Cost (GIC)). The position at month 10 (Jan 12) against local GG&C phasings was an **overspend** of £110,000 (+0.63%). The projected position at month 12 is an overspend £116,000 (+0.66%).  
The biggest contributory factor to the current position has been the short supply of some commonly used medicines. Short supply can happen for various reasons but it is mainly as a result of a problem with their manufacture. Therefore medicines which are normally very

inexpensive (and therefore cost effective to use), suddenly become very expensive.

- 3.2** Prescribing budgets are allocated centrally from NHS GG&C down to GP practice/ CH(C)P wide service level.
- 3.3** Budget setting is done equitably across GG&C and takes account of various factors such as previous spend, population demographics, national adjustments (such as changes in the costs of medicines), as well as potential savings identified in the local prescribing efficiency plan before any annual uplift is applied.
- 3.4** Cost Pressures:
- Demographic – ageing population
  - An increase in the number of items. The number of items written on prescription has risen nationally by 3.2% in the first 6 months of 2012.
  - Free prescriptions
  - Increased prevalence of long term conditions especially diabetes and respiratory disease
  - Recent introduction of newer (and more expensive) SMC/formulary approved treatments for many long term conditions (e.g. tiotropium, liraglutide and dabigatrin)
  - Keep Well
  - Robust implementation of the Quality & Outcomes Framework (QOF)
  - GP local enhanced services
  - Short Supply of Medicines

#### **4.0 People Implications**

N/A

#### **5.0 Financial Implications**

- 5.1** There is a need to share the financial risks as a contingency for unexpected examples of unforeseen high demand or for unexpected national changes in prescribing e.g. due to short supply. For example, within Greater Glasgow and Clyde current sharing of risk is at Board level, whilst there is now consideration being given to moving this to the CHCP level.

#### **6.0 Risk Analysis**

- 6.1** Good quality prescribing is essential for the long-term health benefits for the people of West Dunbartonshire. In addition there are extra benefits to the wider NHS system as this should result in fewer/shorter admissions to hospital.

Recent trends have also seen a reduction in length for in-patient stays which has resulted in recently discharged patients requiring – initially-

more complex and often more expensive treatment(s) in primary care than before.

There is also a greater emphasis on preventative measures resulting in the earlier prescribing of some medicines than previously.

Additionally long term conditions are being diagnosed at an earlier stage- again resulting in earlier and therefore longer prescribing.

## **7.0 Equalities Impact**

**7.1** No significant issues were identified in screening for potential equality impact of this service.

## **8.0 Conclusions and Recommendations**

**8.1** The significance of poor prescribing performance could become very significant for the CHCP if overspends have to be covered by savings in other CHCP budgets.

Fortunately, while our overall prescribing performance is relatively good there are still some areas in some practices that the CHCP's support pharmacists will continue to address and support GP practices to improve on.

As a whole, NHSGGC is now the best performing NHS Board in Scotland in terms of having the largest average cost per patient.

This has been a significant change achieved over recent years by developing close working relationships between the support pharmacists employed by the CH(C)Ps in the Board area and the practices they support, but also across GP practices in each locality.

The CHCP has a local prescribing group where all practices are able to be represented. This enables learning and experience to be shared.

These close working relationships will be ever more crucial as the demand for medication continues to grow.

The committee is asked to note this paper on the current situation regarding prescribing issues within the CHCP and agree that a further report will be submitted to the CHCP Committee later in the year on developments in this area of activity.

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Date 18 May 2012

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**Appendices:** None

**Wards Affected:** All