



AGENDA ITEM NO 15

REPORT NO 11/25

ANGUS INTEGRATION JOINT BOARD

26 FEBRUARY 2025

PRIMARY CARE PRESCRIBING UPDATE

REPORT BY JILLIAN GALLOWAY, CHIEF OFFICER

1. ABSTRACT

The purpose of this report is to provide Angus Integration Joint Board (AIJB) with an update on the current state of prescribing management in Angus, highlight emerging challenges and offer recommendations to ensure effective and sustainable prescribing practices.

2. ALIGNMENT TO THE STRATEGIC PLAN

This report contributes to the following strategic enablers in the AIJB Strategic Commissioning Plan: -

Aligning with Priority 1, Prevention and Proactive Care, with a direct focus on optimising medicines management to ensure that prescribing resources are used effectively and that patient care is not compromised by rising costs.

3. RECOMMENDATIONS

It is recommended that the Integration Joint Board:

- (i) Scrutinise the content of the paper and assess the ongoing measures being implemented to ensure high-quality prescribing within Angus;
- (ii) Acknowledge the increase in prescribing costs and support ongoing initiatives aimed at ensuring cost-effective prescribing across Angus;
- (iii) Approve the alignment and reporting of prescribing management within the Prevention and Proactive Care priority; and
- (iv) Endorse a reasonable level of assurance regards progress related to primary care prescribing.

4. BACKGROUND

Family Health Service (FHS) prescribing position against the allocated budget continues to deteriorate. As AIJB are aware, the drivers behind prescribing are multifactorial, but significantly driven by the increase in the cost of medicines. There is a forecast overspend of c£3.2m on the Angus GP Prescribing Budget at December 2024.

When new medicines are approved for use in Scotland within primary care, there is an obligation to support their provision. However, this often occurs without additional funding, creating significant cost pressures.

Early indications from the Scottish Government suggest a 10% increase in prescribing expenditure for NHS Boards in the 2025-2026 financial year, though this figure includes new drugs and is not specific to primary care.

We remain challenged by the increase in medicines cost set out [here](#) which highlights the 31.2% increase in medicines cost over the past 10 years – with a 5.9% increase in last financial year. This funding covers the costs of medicines and funds Community Pharmacies in Scotland. All the improvements in prescribing we achieve may only manage to keep spend level against cost increases.

There continues to be notable workforce pressures within primary care to allow time to invest in prescribing improvement and a diminishing workforce must therefore be balanced against a provision of more complex care for an ageing population. Public Health Scotland have recently published their latest findings from the Scottish Burden of Disease Study (SBOD) that suggests, despite an overall projected decline in the population in Scotland by 2043, annual disease burdens could increase by 21% with subsequent impact on the need for, and provision of, health and social care. It assumes no substantial change to current dietary, exercise and other lifestyle habits of the population. Leading causes are expected to continue to be cardiovascular diseases, cancers, and neurological diseases.

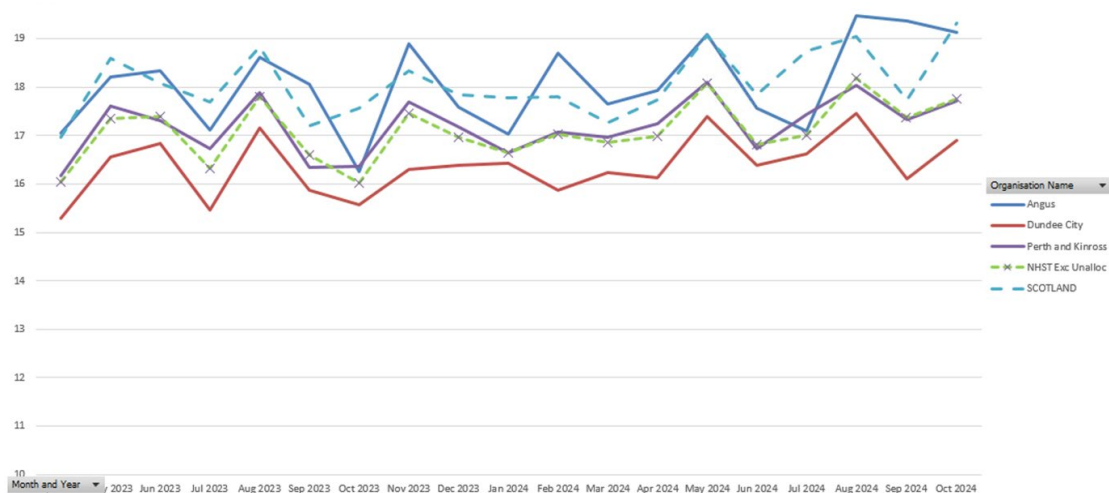
5. CURRENT POSITION

Angus Health and Social Care Partnership (AHSCP) Angus Prescribing Management Quality Assurance Group (APMQAG) continues to provide a framework in which FHS prescribing spend is monitored. As a subgroup of Angus Clinical Partnership Group, regular updates are also provided to AHSCP Executive Team. A programme manager and small project team support this work. The APMQAG also link in with Dundee and Perth and Kinross Health & Social Care Partnerships to share best practice via the NHS Tayside Prescribing Management Group.

A workplan continues to be tracked and reported at each APMQAG meeting. As previously reported, the operational aspect of delivery of the prescribing workplan has been devolved to GP and practice pharmacy teams at cluster and practice level ensuring that the clinical engagement in prescribing management remains high. It has been identified historically that services in Angus take a more proactive approach to preventive prescribing using cost effective options. Angus continues to stand out for its high quality prescribing across several key areas. This has continued to positively impact on the quality of prescribing across several key areas within the [National Therapeutic Indicators](#).

The graphs and associated narrative below provide examples of progress made. The spend for Scotland is not directly comparable 'like for like' with the local figures for Dundee, Angus, Perth and NHS Tayside due to the way the average is calculated.

Graph 1 - Cost per weighted* patient April 2023 – October 2024

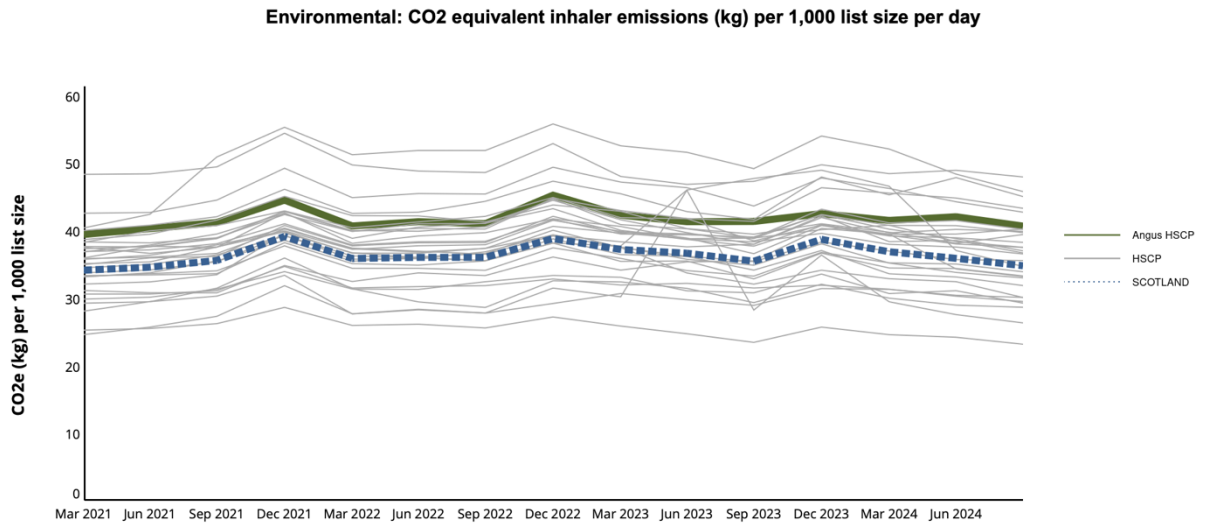


*Weighted spends aim to take account of population differences, such as the age and sex

profile and the level of illness in the community to allow comparisons between areas

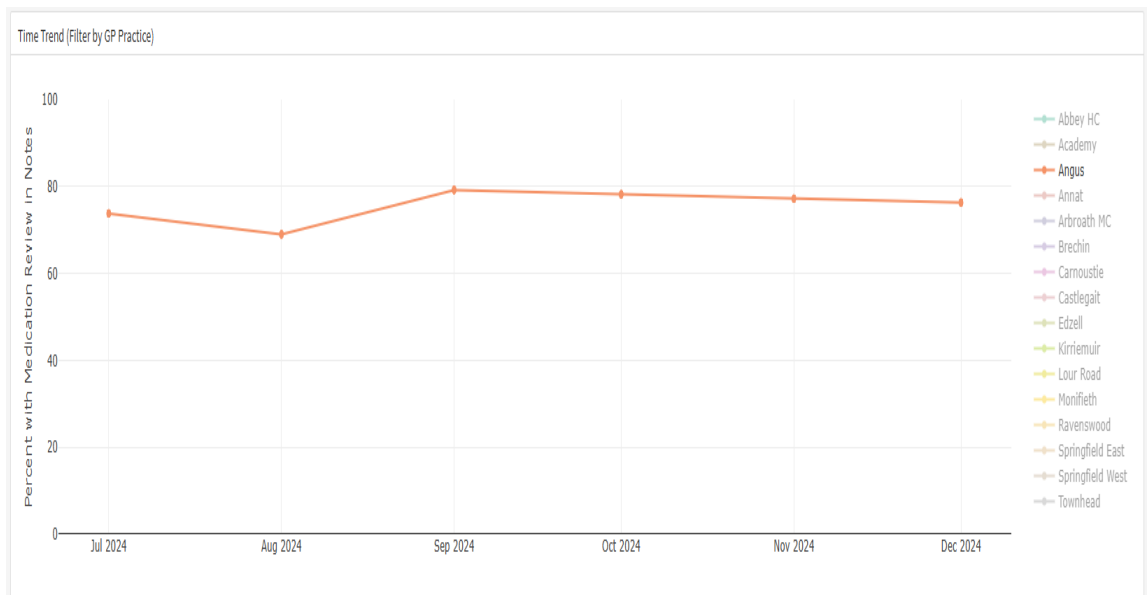
At the June 2023 AIJB meeting (report [IJB 41/23](#)), AHSCP were asked to report on improving the environmental impact of medicines. Following this, the Tayside Area Formulary was updated to now list all inhalers alongside their environmental impact. Moreover, the [National Therapeutic Indicators](#) displays the CO2 equivalent inhaler emissions down to practice level. With a change to formulary, it may take some time for improvement to be demonstrated. However, this is a promising development.

Graph 2 – Environmental: CO2 equivalent inhaler emissions (kg) per 1,000 list size per day



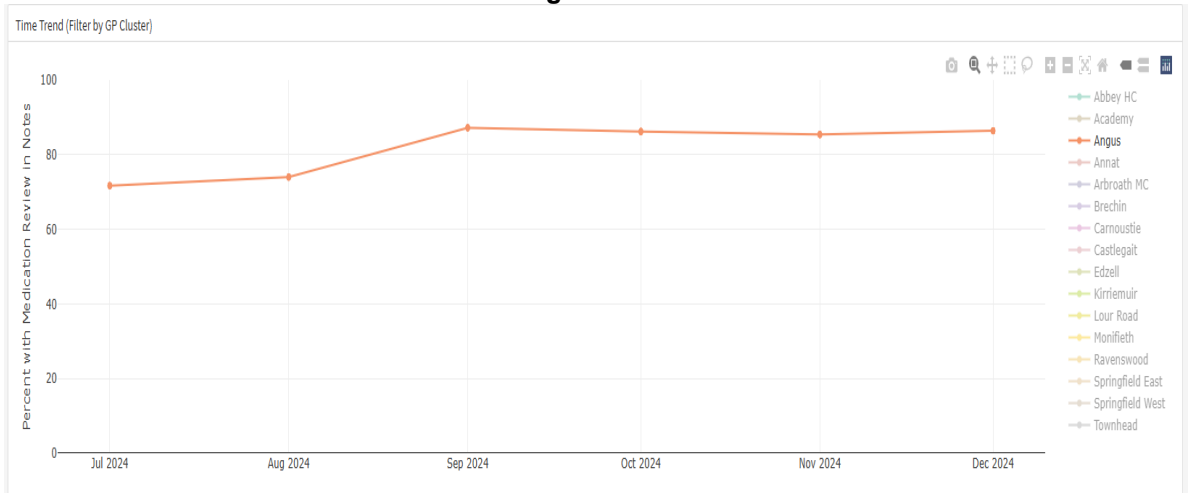
Angus Prescribing Measures Dashboard

To support and assist GP practices to better understand their prescribing data, we have worked with our Local Intelligence Support Team (LIST) colleagues in Public Health Scotland to refine its presentation in the form of the 'Angus Prescribing Measures Dashboard'. The data itself is a surrogate of good processes and aims to aid GP practices with improvements in prescribing across the following areas below.



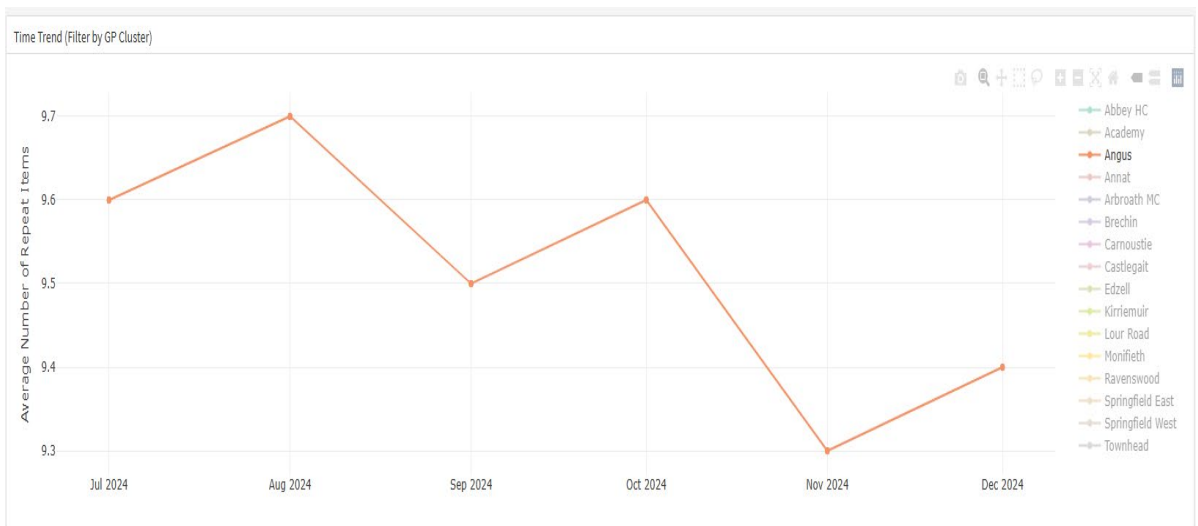
Patients aged 75 years old or more who are prescribed 10 or more different medicines and have had a medication review coded in their journal within the last 56 weeks. Aim is for medication reviews to be carried out for $\geq 80\%$ of this patient group within the last 56 weeks.

Graph 4 - Percentage of patients coded as living in a care home with a medication review coded in the last 56 weeks for Angus



Aim is medication reviews to be carried out for $\geq 90\%$ of patients living in care homes.

Graph 5 - Average number of repeat items per care home patient across Angus



Aim to reduce the average no. of repeat items per care home patient across Angus by 20% August 2024 to August 2025.



Aim is for 5% increase in serial prescriptions each year until 50% is reached.

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. In the recently published survey of the GMS Contract Multi Disciplinary Team (MDT), no GPs felt that they had sufficient support to the level 3 pharmacy support such as pharmacist led specialist clinics and regular polypharmacy reviews. This involves the levels of reviews they were accustomed to before the other tasks were taken on by the pharmacy team. We have reframed the vision, mindful of the lessons of the past 2 years and are focussing on recruitment. This will focus on delivering excellent clinical care over the task orientated objectives of previous years.

Emerging High-Cost Prescribing

Although the medicines governance of prescribing within Tayside for new medicines remains excellent, the financial governance supporting continues to need support. 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 suggested in previous AIJB reports, requests to continue to approve medicines continue.

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 new drug treatments. Angus IJB is again asked to take cognisance of this emerging risk and to note this in the context of existing AIJB Action Points.

AHSCP, 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.

AHSCP has refreshed its Strategic Financial Plan to address how we can collectively deliver all we wish to deliver from within available resources.

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

6. PROPOSALS

Monitoring of prescribing costs

The costs of medicines will remain under active review, and all necessary steps are being taken to monitor this

Savings opportunities

As part of the ongoing efforts to optimise prescribing, several savings opportunities have been identified. The incentivised switch programme for Direct Oral Anticoagulants (DOACs) switching from edoxaban to apixaban is expected to yield significant savings of approximately £248,000 for the 2024/25 financial year.

We have initiated a switch from alogliptin to sitagliptin, a more cost-effective alternative that maintains similar efficacy for diabetes. This transition is expected to generate approximately £120,000 in financial savings. The switch aims to reduce overall diabetes medication expenditure while ensuring no compromise in patient care.

Additionally, we are supporting the transition from warfarin to DOACs for patients who no longer require warfarin.

While the cost of DOACs is now comparable to that of warfarin, the switch will lead to fewer monitoring requirements, resulting in significant cost savings. Although prescribing costs will not decrease, the reduction in monitoring expenses is estimated to save approximately £100,000. Furthermore, this change will help reduce unnecessary patient journeys, contributing to a reduction in environmental impact.

Prescribing – Achieving Value and Sustainability – Draft Guidance: Consultation

There is ongoing Health Board level discussion on the recently published guidance on Medicines of Low or Limited Clinical Value in how this may lead to potential savings. It is unclear whether alternative products will result in cost savings or further increase expenses. This will be monitored closely to assess its impact on the prescribing budget.

Surplus Medicines Test of Change (TOC)

Progress with the TOC to raise awareness of a new referral pathway for when surplus medications are observed in a person's home has been delayed. We are working closely with the Care at Home Team and all social care teams have received awareness raising training on the new referral pathway – no new referrals have been received by the North Pharmacy Hub at this time. An Awareness raising session is scheduled with all Care at Home Teams commencing 20 January 2025. The TOC will be evaluated in April 2025.

Home Remedies Policy

We continue to work in collaboration with care homes and community pharmacies to encourage a higher rate of implementation of the refreshed Home Remedies Policy (50% of Care Homes have already adopted). The aim is to reduce prescribing in care homes for over-the-counter items such as: paracetamol, cough medicines and emollients.

Additional Regional Actions

Noting the financial pressures described in this report, and that these pressures are a significant part of the AIJB's overall financial planning, the AIJB will continue to work closely with the regional Prescribing Management Group (including other IJBs) to develop plans and strategies to contain and lower the costs of FHS Prescribing.

7. FINANCIAL IMPLICATIONS

The overall FHS Prescribing (combining GP Prescribing and GPS Others) projection to December 2024 shows a forecast overspend of £3.2m million.

The position is c£0.3m higher than planned, when set against a financial planning expectation of £2.9m overspend for 2024/25. Growth in prescribing expenditure over the first 7 months of the year has been higher than anticipated, through a combination of price and volume growth. The 2024/25 position also includes one off costs of c£186k, which relates to a previous year underpayment as the result of system issues arising from transfer to a new pharmacy payment system, new Data Capture Validation & Pricing (nDCVP). The impact of cost increases is partially offset with savings delivered through implementation of an incentivised DOAC drug switch programme.

The 2024/25 Prescribing Financial Framework anticipated costs increasing to 2026/27. The latest draft iterations of Prescribing Financial Planning Frameworks from 2025/26 onwards do suggest significant future overspends of over £5m per annum.

8. RISK MANAGEMENT

The Angus Prescribing Risk was recently updated. This risk is now managed by Angus Prescribing Management Group (PMG).

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 AIJB.

The Prescribing Risk Management Group has identified increasing medicine costs and volume as significant threats to financial sustainability. Mitigation actions include engaging with Tayside and Angus teams, prioritising prescribing practices across AHSCP and ensuring clinical involvement at all levels of decision-making.

| | |
|--------------------------------|--|
| Risk Description | Prescribing Management |
| Risk Category | Resource – Financial |
| Inherent Risk Level | Level Likelihood 5 x Impact 5 = Risk Scoring 25 (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 Impact 4 = Risk Scoring 16 (High Risk Level) |
| Planned Risk Level | Likelihood 2 Impact 4 = Risk Scoring 8 (Minor Risk Level) |
| Approval recommendation | The risk has been reviewed by Clinical, Care and Professional (CCPG) Group and accepted at the levels described above |

9. PUBLIC HEALTH IMPLICATIONS

As noted earlier, failure to address dietary, exercise, and lifestyle habits will exacerbate the burden on health and social care services. To mitigate this, a dedicated steering group is working to invest in preventative measures, such as health walks and lifestyle management courses, to reduce long-term reliance on medications.

10. CLIMATE SUSTAINABILITY IMPLICATIONS

Medicine use accounts for 25% of the NHS's carbon footprint, contributing significantly to the UK's overall emissions. Optimising medicine use is a crucial part of reducing this impact and protecting the environment while also ensuring better patient care.

11. EQUALITY IMPACT ASSESSMENT, CHILDREN'S RIGHTS AND FAIRER SCOTLAND DUTY

A screening assessment has been undertaken and a full combined Equality Impact Assessment is not required for the following reasons:

- The nature of the report is an update on prescribing management in Angus.
- No impact on any protected characteristics.

Any recommended actions from the Primary Care Prescribing Update Report which may impact protected characteristics will be subject to a screening assessment and a full combined Equality Impact Assessment will be completed.

12. 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 Angus 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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