

Appendix 7

Aberdeenshire Integration Joint Board Revenue Budget 2024/25

Context for Prescribing Pressures

1.0 Introduction

- 1.1 NHS Grampian Primary Care Prescribing expenditure is currently exceeding budget predictions. Prescribing volumes (number of prescriptions) demonstrate an ongoing increasing trend. The current rate, volume and cost of prescribing is not sustainable at this level, which is in excess of the IJB Prescribing budget allocations. Prescribing budget overspend will have a direct impact on the provision of other HSCP services.
- 1.2 There are multiple complex factors that impact on prescribing expenditure. Some of these factors can be predicted, e.g. increasingly older population, however others cannot be predicted e.g. shortages. Predicting future prescribing expenditure is extremely complex, with multifactorial drivers and a wide range of external influences over which there is little local control.

2.0 Financial impacts

- 2.1 The observed growth in items and costs is multifactorial, with many impacts being out with the control of individual prescribers or indeed NHS boards. Below is a list of the various financial impacts experienced (this list is not intended to be exhaustive but can provide an insight into the various financial impacts experienced):
- Medication Shortages.
 - Fragility of Scottish Drug tariff.
 - New medications within Primary Care.
 - Medications with new/updated licenced indications.
 - Changes in patterns of use, i.e. using more expensive medications as first line.
 - Transfer from private care.
 - Local variations of medication use (variation between boards).
 - Transfer from secondary care prescribing from service via service redesign
 - Changes to confidential pricing agreements.
 - Increase in patient demand of certain medications – e.g. menopause and ADHD management.
 - Increased waiting list times leading to increased prescribing.
 - Prescribing of branded products when generic available.
 - Prescribing of non-formulary medications.
- 2.2 The responsibility for determining the prescribing allocation for the 2024/2025 financial year, and funding that allocation, falls to IJBs. There is a required combined effort from the NHS Grampian Primary Care Prescribing Group

(PCPG) perspective and also locally driven initiatives to have the best achievable response to implementing objectives and reducing cost.

3.0 Financial Breakdown

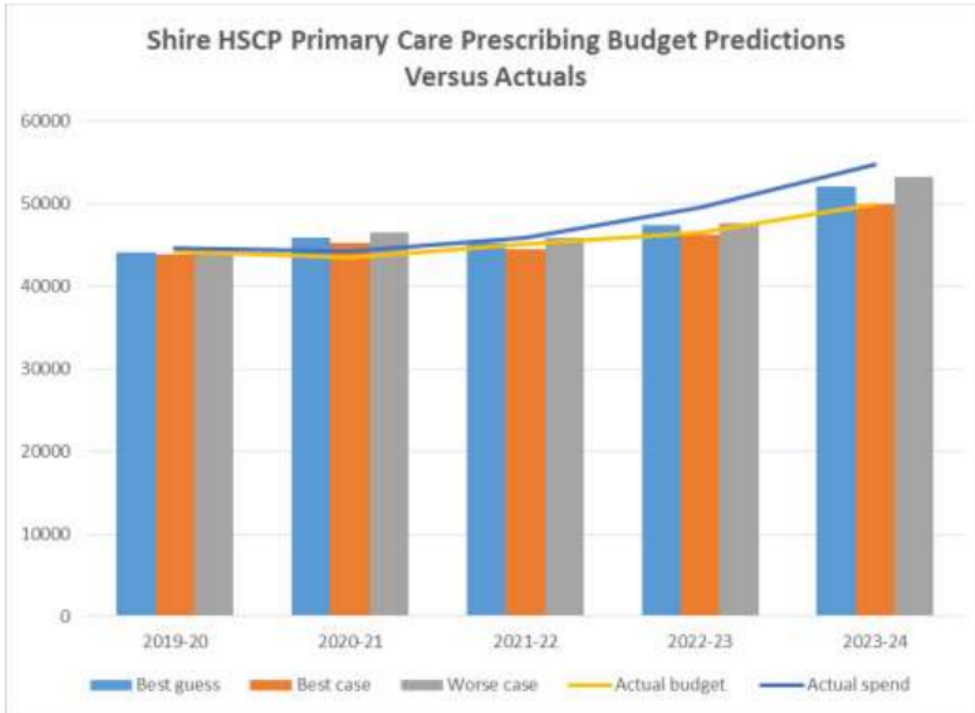
3.1 The pressures that Aberdeenshire IJB has experienced in our prescribing spending are similarly affecting the rest of Scotland with, as at end of quarter two:

- 80% of IJBs forecasting an overspend in 2023/24
- The 2023/24 spend on prescribing nationally equating to 10% of IJBs' total budget and 36% of current forecast overspend
- A predicted pressure for 2024/25 nationally of at least £380m

3.2 In Aberdeenshire the prescribing budget was increased in 2023/24 by £4.5m as part of the IJB budget setting. Despite this there has been a further pressure of £4.0m in year.

Aberdeenshire IJB Prescribing 2023/24	
Initial budget	£46m
Additional pressure	£4.5m
In Year pressure	£4.0m
Forecast outturn 2023/24	£54.5m

3.3 Each year the NHS Grampian Primary Care Prescribing Group (PCPG) models predictions about increases in prescribing costs and sets a best case, best guess and worse case level. This prediction is based on population demographics, item costs, medicines with the potential to impact on primary care prescribing, generic verses branded costs, Scottish Drug Tariff, medicine shortages, patent expiry and prescription efficiencies. As can be seen below the predicted cost has increased in the last couple of years but the actual has exceeded these predictions.



- 3.4 NHS Grampian total primary care spend on prescribing is fourth highest in Scotland and this reflects that it has the fourth highest population size. Its trend in spend overtime has also varied in parallel with other Boards which indicates that NHS Grampian is experiencing the same national cost drivers.
- 3.5 For 2024/25 the NHS Grampian Primary Care Prescribing Group (PCPG) has modelled predictions about increases in prescribing costs as:

	Low Estimate £000s	Medium Estimate £000s	High Estimate £000s
Suggested total budget 2024/25	59001	60670	61846
% increase on 2023/24 budget	16.0	19.3	21.6
% increase on 2023/24 expenditure	6.8	9.8	12.0

- 3.6 The 2024/25 draft budget being presented to the IJB uses the medium estimate, predicting an increase in spend for 2024/25 of £60.7m. This is an additional pressure of £6.2m.
- 3.7 The NHS Grampian Primary Care Prescribing Group has developed a primary care prescribing savings plan. Based on this the IJB draft budget for 2024/25 sets a savings figure against the predicted spend of £60.7m of £750k.
- 3.8 In 2023/24 NHS Grampian received an additional allocation from the Scottish Government for new drugs. None of this funding was passed through to the IJBs.



4.0 Savings Actions

- 4.1 A range of actions are already underway and planned to reduce the primary care prescribing pressures.
- 4.2 **Clinical and Cluster Quality Leads** will be key in enabling our Grampian and Aberdeenshire discussions regarding practice prescribing performance. Encouraging variation to be constructively challenged and providing a supportive forum for practices to discuss and share good prescribing practice.
- 4.3 **ScriptSwitch** is a system which provides information to Primary Care prescribers when they are prescribing to make cost effective medication choices in formulation/generic/dose rationalisation. This is linked to NHS Grampian Primary Care Prescribing Cost Efficiencies Programme, with the need to maximise savings achieved through this tool. It is hoped that through sharing and discussing this information, practices will reflect on their current and potential switch acceptance rates. Practices will also be asked to ensure that all appropriate clinical members of staff have ScriptSwitch active on their clinical system.
- 4.4 **NHS Grampian Primary Care Prescribing Efficiencies – GP Practice Agreement Jan 24 – March 24** – The Medicines Management team alongside the NHS Grampian Primary Care Prescribing Group and other key stakeholders continue to review prescribing trends within NHS Grampian and across Scotland to identify potential prescribing efficiency and cost avoidance opportunities. An agreement is being rolled out to practices to encourage them to make efficiencies on specific higher cost medicines. We are already seeing a good rate of sign up to the efficiencies agreement with work already being undertaken with the Keppra to Levetiracetam efficiency.
- 4.5 **Grampian Summit on Primary Care Prescribing** - in recognition of the primary care prescribing budget being such a huge pressure for all IJBs, the Chief Officer is working with NHS Grampian to convene a Grampian summit. This will be open to all IJB members and will also include Cluster Quality Lead GPs from Aberdeenshire, Clinical Leads, Primary Care management as well as representatives from Grampian from pharmacy and medicines management, secondary care, primary care, public representatives and representation from a variety of other services.
- 4.6 **Public Engagement** - as part of the Prescribing Efficiency Work plan, the Grampian Medicines management Team ran a Facebook questionnaire and as at 19th February 2024, this had had over 2500 responses. When it closed it had 2791 responses, a fantastic response. Of these respondents 444 also expressed an interest in being involved in an online focus group, again, an excellent response from the public regarding this topic and the next stage in the planning. The next steps will be for a focus group to explore some of the themes: money and medicines - honest conversations around how much we are spending; environmental factors regarding ordering of prescriptions; waste as returns to Community Pharmacy cannot be reused and self-care and purchase for what people do not always need a prescription.



4.7 **Prescribing principles** - whilst we expect the majority of prescribers will be following these steps when initiating, reviewing, and continuing prescribing, it is essential we maximise the efficiencies across the whole system.

- Is prescribing a medicine the first appropriate step in the treatment pathway?
For some conditions lifestyle factors and health technologies are recommended as first line treatment. Consider non-pharmacological options that may be appropriate for example digital therapeutic solutions including Sleepio (insomnia), Daylight (anxiety), SilverCloud (mental health & wellbeing) and other resources such as Grampian Pain Management Patient Self-Management.
- All medicines should be prescribed generically – unless there is a clear clinical reason/justification that a brand is required, or there is an NHS Grampian approved brand. Information for patients on brand names and generics is available on the NHS Choices website.
- All prescribers should follow the Grampian Area Formulary and any local prescribing guidelines/recommendations. This will help promote evidence based/quality prescribing. Whilst the formulary does not encompass all medications, it contains information pertaining the majority of commonly prescribed medicines/medical conditions.
- Antibiotics should not be prescribed for viral infections as they are ineffective for this indication and will increase risks of resistance. Ensure when prescribing antibiotics they are clinically indicated, and the correct choice and length of treatment for the condition is selected. The Antimicrobial App can be accessed via the Right Decision Service and provide details of Primary Care Antimicrobial Prescribing Guidance.
- Before adding or changing medicines due to inadequate clinical response, ensure the patient had been taking them regularly and as prescribed.
- Repeat supplies of medicines
 - a) Is there evidence of over ordering?
 - b) Has the appropriate length of time passed since the last prescription?
 - c) Have all items on a repeat slip been requested?
 - d) Are they all actually required?
- Practices should have systems in place to identify over ordering and highlight this to the appropriate member of the team before repeat prescriptions are processed.
- Review medicines regularly to determine ongoing need. If a medicine is not clinically effective, it should be discontinued. If a medicine is no longer required or indicated it should be removed from the individuals' repeat record.



- Ensure patients are aware of the steps they can take to self-manage minor conditions and the services available from community pharmacy.