



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 26 NOVEMBER 2020

SUBJECT: MORAY PRESCRIBING REPORT

BY: CHRISTINE THOMSON, ACTING LEAD PHARMACIST

1. REASON FOR REPORT

1.1. To inform the Board of the effect of COVID on prescribing.

2. RECOMMENDATION

2.1 It is recommended that the Moray Integration Joint Board (MIJB) consider and note the contents of this report regarding potential factors contributing to the uncertainty within primary care prescribing.

3. BACKGROUND

3.1. During the current pandemic conditions, the conditions being experienced are creating considerable pressures within the practices and within the community pharmacies. Since Covid, practices have seen an increase in prescribing workload resulting in increased costs. Patient behaviours have also changed.

3.2. It is difficult to compare year on year costs as data runs 2 months behind the current prescribing month.

3.3. The volume of prescription items increased and may be settling but costs are not predicted to settle. There was a sharp spike of approximately 15 % increase in both total items and prescribing costs in the month of March 2020 and figures seem very erratic since then **(see APPENDIX 1)**.

3.4. Proportionally our Moray percentage of Grampian total spend has increased.

3.5. As in Grampian, Moray prescribing cost per item has increased over the 2019/20 financial year, and although appears to be settling over 2020/21 financial year, remains unpredictable.

3.6. The focus has been on increasing resilience and managing workload to ensure that safety and compliance was not compromised. Inevitably this had led to lack of input to cost and volume control by practices.

4. **KEY MATTERS RELEVANT TO RECOMMENDATION**

4.1 Implications to note regarding financial risks are:

- Increased prescribing costs
- Normally stable costs are now difficult to forecast
- Possible reduction in quality and cost efficient input

4.2 The factors that have resulted in increased costs and how we positively influence these areas are set out below.

National factors

- 4.3 Average item costs have risen for various reasons (**see APPENDIX 1**). In addition there was an expected tariff reduction, as community pharmacies would have an increase within their global sum payment. This would have amounted to 52p per prescription item, however this has not been applied.
- 4.4 Medication Shortages – this area is anecdotally incurring increased costs as replacement medication is generally more costly. In addition some medications are increasing in cost even before an official shortage occurs eg sertraline has increased in cost four fold. Medication costs are impacted by a shortage of some active pharmaceutical ingredients on top of shortages. We need to put more emphasis on the prescriber reviewing whether the medication item is indicated/required at all.
- 4.5 We have been unable to have Pharmacy Technician presence within Care Homes during Covid pandemic in order to advise and perform efficiency savings. This presence normally provides savings of around £12,500 annually. We are in the process of requesting access again.

Contingency planning factors

- 4.6 Patients were changed from warfarin to novel oral anticoagulants (NOAC) which is significantly more costly. Since Covid, NOACs monthly items increased by 24% a 33% cost increase of £20,873 every month in Moray for NOAC medication alone in place of warfarin to injection form at a suitable point which is 3% of the cost of a NOAC (**see APPENDIX 2**).
- 4.7 Patients who previously attended for Vitamin B12 injection were swapped to tablets as contingency, that also caused an increase in costs from £3 to £15 per month per patient, equating to a total increased costs in Moray of £18,000 April to June 2020. The intention is to revert to use of injections at a suitable point.
- 4.8 We supplied all Care Homes in Moray with a supply of anticipatory care medication to enhance availability of medication to these vulnerable patients.

Patient behaviour change factors:

- 4.9 In perceived protection from Covid, patients “stockpiling” for lockdown, of regular and ad hoc medication requests, has definitely had an impact on workload/costs. Patients requested items such as additional inhalers, steroids, and pain relief even if they had no history of receiving these. Diabetic patients also seemed to “stock up”. As well as causing temporary supply issues this contributed to increased cost per item. Limits on footfall at pharmacies also changed patient behaviour but may in the long-term help focus requests towards essential items.
- 4.10 Pharmacists had to influence patient’s prescription request behaviour, alongside prescribing safely, efficiently and effectively.
- 4.11 They also had to promote patients self-management and ‘Pharmacy First’ national strategies by signposting patients to community pharmacy for Pharmacy First and begun closing gaps and strengthening relationships with the community pharmacies.

The repeat prescription systems ‘ease’ of access to request repeat prescriptions:

- 4.12 Practices with larger and more established pharmacy teams and robust systems, and practices with higher % registered patients receiving CMS/MCR (serial prescriptions) have been slightly less affected. This may be because they have resisted the patient stockpiling early requests and because CMS/MCR ensures that scripts are collected at predetermined intervals. This area has been suggested for further analysis.
- 4.13 Increase registration of CMS/MCR within practices. This is an intensive exercise for practices, but can be led by pharmacotherapy teams. Within Grampian, Moray does have a good start with the 3 highest practices with % CMS/MCR registrations.

Medication Cost Increases:

- 4.14 Reinstate cost effective review of prescribing:
We have recently increased our pharmacotherapy workforce to ensure pharmacist and technician increased input within a supported structure, to allow us to facilitate and implement possible recovery solutions. Following pharmacotherapy cluster formation and induction training we have tasked the staff with priority actions around refining processes and reviewing service delivery. We have identified there are varying skill levels in prescription processing ability so we have also devised a short program to improve the confidence of practice admin teams in processing prescription requests.
- 4.15 Swift chasing of any overpricing bureau errors:
Lead technician is reviewing pricing bureau errors cost recovery. Last year recovery payments from April 2019 to March 2020 were £51,491 and already we can see an increase in recovery required for April. This may be as a result

of the pandemic affecting efficiency of pricing bureau staffing/processes. This will also be raised at Payment Verification within Grampian.

4.16 Regular review of High Value Items:

High Value Items Report has demonstrated an increase in high cost items. Reports are reviewed by the lead technician and prescription information is being forwarded to pharmacotherapy pharmacists for investigation.

4.17 Regular review of Generic Savings Report:

- for potential savings to be owned to all Moray practices.
- tighter control of Specials items. Specials items are becoming more costly as well as being in use more frequently. Automatic authorisation of items £100 or less will be removed.
- enhance and recirculate the possible list for bulk patients' therapeutic switches.

4.18 Work has commenced regarding substituting of specific drugs to more cost effective therapeutically equivalent medications in line with priorities at the Grampian Primary Care Prescribing Group (GPCPG). In previous years these swaps were financially incentivised to the practices, but now the pharmacotherapy team will facilitate.

4.19 A Grampian formulary tool:

Recently devised in Moray, this tool has been loaded onto both Vision and Emis practices prescribing system, to steer cost effect formulary prescribing choices.

Medication reviews by GPs and Polypharmacy reviews by Pharmacists:

4.20 These have slowed as a result of clinics and consultations being significantly reduced. Lots of medications are being commenced but reviews of existing medication has fallen behind during the pandemic. It is unclear at this stage of the effect of remote working and reduction in consultations by prescribers on prescribing volume and costs.

4.21 Plans proposed to facilitate Enhanced Review of Prescribing.

4.22 Contact will be made with prescribers via Moray Meds Group meetings re recovery/reinstating regular planned medication reviews.

4.23 Utilisation of "Attend Anywhere" for video consultation polypharmacy medication reviews. Proven success is already present within some practices.

4.24 Plan to increase use of econsult. This could have cost reduction intervention opportunities by firm prescribing advice messages to patients. Many practices have already signed up to this facility which allows improved timely communication with the patient.

- 4.25 Continued implementation of “Home First”, and having fewer patients going in to hospital *could* help reduce the “addition” of new drugs.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan “Moray Partners in Care 2019 – 2029”

Arising from Covid pandemic, this report attempts to provide factors contributing to deviation from normal primary care prescribing activity and how this has contributed to uncertainty within Moray re prescribing costs.

(b) Policy and Legal

Pharmacotherapy staffing resource has been identified for service delivery 2020/2021.

(c) Financial implications

Increased costs implicated as outline above.

(d) Risk Implications and Mitigation

Prescribing costs and volume remains very uncertain during Covid pandemic.

(e) Staffing Implications

Pharmacotherapy resource has increased and been structured within Moray HSCP in 2020/2021 to promote most optimum service delivery with this current resource.

(f) Property

There are no property implications in relation to this report.

(g) Equalities/Socio Economic Impact

There are no equalities/socio economic implications arising from this report as there has been no resulting change in policy

(h) Consultations

Interim Chief Officer, MIJB
Corporate Manager, MIJB
Chief Financial Officer, MIJB

6. CONCLUSION

- 6.1 Going forward, we need to task Pharmacotherapy staff with cost efficiencies while maintaining quality and safety. The aim is to refocus all Moray Prescribers on best practice prescribing.**

Author of Report: Christine Thomson, Acting Lead Pharmacist, HSCM

Background Papers: with Author

Ref: BNF,

Pharmaceutical Journal,

NHS Inform,

Impact of Covid on GP Prescribing Sep 2020,

Scottish Drug Tariff.

www.cps.scot/nhs-services/remuneration/drug-tariff/adjusted-prices