

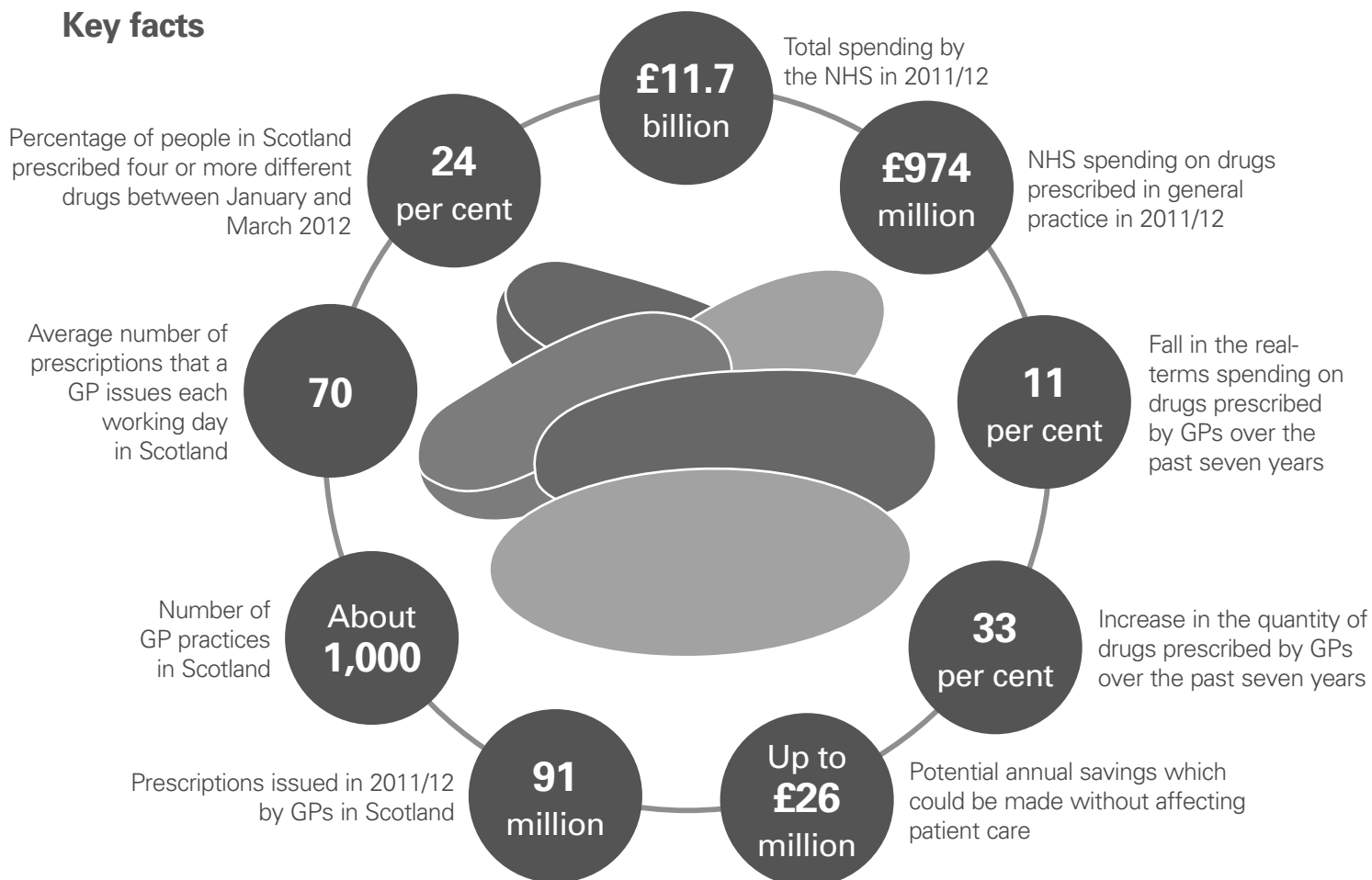
Key messages

Prescribing in general practice in Scotland

Prepared for the Auditor General for Scotland
January 2013



Key facts



The NHS has improved how it manages prescribing in general practice

- The quantity of drugs prescribed increased by 33 per cent between 2004/05 and 2011/12. However, spending on drugs fell by 11 per cent in real terms over the same period to £974 million. This compares with a 50 per cent real-terms increase in spending over the seven-year period prior to 2004/05 (see paragraphs 13 to 15 of the main report).
- The NHS has taken a range of actions since our last report in 2003 to improve the quality and cost effectiveness of prescribing. These have had an impact on quality and spending (see paragraphs 16, 27 to 30 and 35 to 36 of the main report).
- Overall spending on drugs is lower in Scotland and the UK than in other European countries. Spending in Scotland is falling in real terms, but increasing in most EU countries (see paragraphs 18 to 20 of the main report).

There is scope to make potential annual savings of up to £26 million without affecting patient care

- We estimate that the NHS could make further annual savings without affecting patient care by:
 - reducing drug wastage (£12 million).
 - reducing the use of drugs considered less suitable for prescribing (£8 million)
 - increasing generic prescribing (£2 million)
 - only prescribing more expensive versions of drugs to those patients with a clinical need (£2 million)
 - achieving the targets in the national therapeutic indicators (£2 million) (see paragraphs 37 to 50 of the main report).
- In addition, we estimated the potential annual savings in primary care from drug patents that expire in 2012 and 2013 to be at least £86 million. These savings are likely to outweigh the cost of introducing new drugs in the short term (see paragraphs 57 to 60 of the main report).

- We could find little evidence to date that the abolition of prescription charges has led to a significant increase in the quantity of drugs prescribed by GPs (see paragraphs 51 to 54 of the main report).

NHS boards have access to good quality information to support GPs in improving the quality and cost effectiveness of their prescribing

- NHS boards' prescribing support staff are using good quality data about GPs' prescribing patterns to support GPs in making good quality and cost-effective decisions about prescribing (see paragraphs 27 to 30 of the main report).
- All GPs get regular feedback on their prescribing and most GP practices have in-house support from pharmacists which is funded by their NHS board (see paragraphs 27 to 29 of the main report).
- The NHS spent an estimated £10.5 million on prescribing support staff in 2011/12 although the level of support varies among boards. Boards with higher levels of prescribing support tend to have lower prescribing costs (see paragraphs 31 to 33 of the main report).
- There is considerable variation in prescribing spending among NHS boards. The two largest NHS boards have lower than average spending per weighted head of population (see paragraphs 24 to 26 of the main report).

The age of patients and their relative level of deprivation have a significant effect on the amount of drugs that GPs prescribe

- The average spending per person on drugs prescribed by GPs increases as people grow older, from £34 per year for children aged between five and nine to £504 per year for people aged between 85 and 89 (see paragraphs 55 to 56 of the main report).
- Overall 1.25 million people in Scotland (about 24 per cent of the population) are taking four or more different drugs, most of whom (900,000) are aged over 50 (see paragraph 66 of the main report).
- People taking a lot of drugs have an increased risk of side effects from their drugs and, in some patients, the combination of drugs could have an adverse effect on their quality of life (see paragraphs 67 to 71 of the main report).

- GP practices serving the most deprived areas prescribe on average 46 per cent more drugs per patient than those in the least deprived areas (see paragraphs 72 to 76 of the main report).
- People's lifestyles are leading to increased prescribing. For example, increasing levels of obesity are leading to increases in the number of people prescribed drugs to treat type 2 diabetes (see paragraph 79 of the main report).

Key recommendations

NHS boards should:

- continue to work with GPs to reduce unnecessary waste; reduce the use of drugs considered less suitable for prescribing; increase generic prescribing; and only prescribe more expensive versions of drugs to those patients with a clinical need for them
- consider the business case for employing additional prescribing support staff as part of an invest-to-save initiative, if a board has high levels of prescribing, high spending and below-average numbers of prescribing support staff
- work with GPs to implement the national guidelines on prescribing multiple drugs (polypharmacy) and support GPs in reviewing the medication of patients taking multiple drugs.

What happens now?

The full report can be accessed on our website – www.audit-scotland.gov.uk. We will present our report to the Scottish Parliament's Public Audit Committee. The Committee can call relevant people at the Scottish Government and other public bodies to discuss the issues our audit has raised.

We will also monitor progress against our recommendations through our audit work.

Key messages

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If you would like to find out more on this topic, you can download a copy of the full report from our website or contact our report team at info@audit-scotland.gov.uk

www.audit-scotland.gov.uk

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Audit Scotland, 110 George Street, Edinburgh EH2 4LH
T: 0845 146 1010 E: info@audit-scotland.gov.uk
www.audit-scotland.gov.uk

ISBN 978 1 907916 87 8

AGS/2013/1

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