

Prescribing in general practice in Scotland

Issues for non-executive NHS board members



Prepared for the Auditor General for Scotland
January 2013

Auditor General for Scotland

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Issues for non-executive NHS board members

1. Audit Scotland published its national report, *Prescribing in general practice in Scotland*, on 24 January 2012. This paper sets out some issues that non-executive members may wish to consider in relation general practice prescribing within their own boards. It also aims to help them pose questions of executive directors to seek assurance about local service delivery.
2. You can download copies of the national report from our website www.audit-scotland.gov.uk

Assessment of current position

Paragraph references to main report	Issue	Questions for non-executive NHS board members to consider
31-33	A board's ability to develop, plan and manage prescribing initiatives depends to some extent on the number of staff providing prescribing support. Mainland NHS boards with higher levels of prescribing adviser support tend to have lower prescribing spending.	<p>Has the board examined the level of prescribing support staff available in relation to the level of prescribing and spending in its area?</p> <p>If prescribing costs are higher than the Scottish average and the number of prescribing support staff is lower, has the board considered the business case for employing additional prescribing support staff to help GPs to improve their prescribing and to make savings?</p>
39-43	NHS boards consider that the main causes of drug wastage are repeat prescribing and over-ordering by patients. Patient information campaigns to encourage people to value medicines and use them correctly could help reduce wastage.	<p>Is the board aware of the amount of unused drugs returned to pharmacists in the board area and does the board work with GPs and others to reduce the unnecessary waste of drugs?</p> <p>Does the board support GPs to ensure that their repeat prescribing systems are effective?</p> <p>Does the board encourage patients to value their medication and comply with the treatment regime recommended by their GP?</p>

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37-38, 44-49	<p>The British National Formulary describes a number of drugs as considered to be less suitable for prescribing; NHS boards could achieve savings of around £8 million by reducing the use of these drugs.</p> <p>Savings of up to £2 million may still be available across the NHS by increasing generic prescribing. However, achievable savings are likely to be modest as boards have already made most of the savings available from switching to generic drugs.</p> <p>NHS boards could potentially save up to £2 million by encouraging GPs to prescribe more expensive versions of drugs only to patients who have a clinical need for them.</p>	<p>Does the board have measures in place to:</p> <ul style="list-style-type: none"> - reduce the use of drugs considered less suitable for prescribing? - increase generic prescribing where appropriate? - encourage GPs to only prescribe more expensive versions of drugs to those patients who have a clinical need for them?
66-71	<p>Older people tend to take more prescribed drugs. People taking many drugs have an increased risk of side effects from their drugs, and the combination of drugs could have an adverse effect on their quality of life.</p> <p>The Scottish Government published guidelines on managing people who are prescribed a large number of drugs (known as polypharmacy) in October 2012. The guidelines are intended to improve the quality of prescribing and help clinicians undertake face-to-face drug reviews with patients. The guidance recommends that NHS boards should prioritise patients aged over 75 taking ten or more drugs and/or high-risk drugs for review. It identifies just over 36,000 patients across Scotland as being in this priority category and estimated potential annual savings of £2.25 million to £4.5 million depending on whether the average number of drugs fell by one or two per year.</p>	<p>Is the board implementing Scottish Government guidance to improve the quality of prescribing for people who have multiple illnesses in old age and need to take a lot of different drugs?</p> <p>Is the board using the prescribing information system to help GPs to identify patients at most risk of drug interactions?</p> <p>Is the board supporting GPs to work with other health professionals to review the medication of patients most at risk of drug interactions and side effects?</p>

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21-22, 72	<p>ISD Scotland is currently enhancing its prescribing information system by linking the patient's unique community health index (CHI) number to prescribing data. This will make it possible to look at prescribing at a patient level as well as at GP practice level, making more detailed analysis possible. This will allow NHS boards to monitor the quality of prescribing and to examine the level of prescribing in particular geographic areas.</p>	<p>Is the NHS board using national data to identify geographical areas where particular drugs appear to be under-prescribed or over-prescribed?</p> <p>Is the NHS board using this information to target prescribing support resources to areas where they will have the most benefit and improve longer-term outcomes for people?</p>

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77-78	Reducing the unnecessary use of antibiotics is essential to combat the emergence of antibiotic resistant bacteria. There is still considerable variation in antibiotic prescribing among GP practices that is not explained by the age of the population, with a more than three-fold difference in prescribing rates among practices. Prescribing advisers can use national data to identify practices with high levels of antibiotic prescribing and advise them on how to improve quality and reduce unnecessary prescribing	Is the NHS board working with GP practices to help them reduce the inappropriate use of antibiotics?

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