Rx

LOTHIAN PRESCRIBING BULLETIN

Supporting prescribing excellence - informing colleagues in primary and secondary care

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NHS Lothian

In this issue …

The Emergency Care Summary

A valued tool to enable access to patient medication records out of hours

The Emergency Care Summary (ECS) was developed in 2006 in order to provide prescribing information for patients seeking medical attention at NHS24, Out of Hours, and Accident and Emergency (A&E) departments. The ECS is uploaded twice a day from GP record systems to ensure that all medication details are as up-to-date as possible. Most patients now have an ECS which gives details of all medications prescribed electronically by their GP practice and any adverse reactions to medications that are recorded on their system.

This data source is assuming an ever increasing importance in the management of patients, particularly in the emergency setting, and there is a need to ensure that computer recorded GP medication summaries are as accurate as possible.

Hospital healthcare professionals are encountering increasing numbers of unscheduled patient admissions. Many of these patients are too unwell, confused or forgetful to be able to remember a complicated list of medications. A fully up-to-date ECS is a clear advantage in these situations. Consideration will need to be given in the longer term on how to update ECS with all information on a patient's medicines, from all available sources.

A recent evaluation indicated that ECS is widely welcomed by clinicians in Out of Hours and A&E and contributes to safer patient care. Almost half of the respondents reported that it changed clinical management, improved prescribing decisions, and helped with medicines reconciliation.

You can find out more on the ECS website www.ecs.scot.nhs.uk.

Routine repeat prescriptions are included in ECS.
Users of ECS need to be aware that other potentially important drugs may *not* appear on the ECS:

- **Those prescribed on handwritten prescriptions**
- **Recent prescriptions not yet added to a patient's repeat medication list**
- **Private prescriptions**
- **Hospital prescribed medications**
- **Drugs administered by Community Psychiatric Nurses, such as depot injections.**

Key messages:

- **ECS is widely used by Out of Hours and A&E to improve prescribing safety for patients**
- **Practices should ensure that all drugs are recorded accurately on the electronic system, including drugs prescribed elsewhere.**

Thanks to Dr Libby Morris, GP, for contributing this article.

Primary care prescribing – the finance view

GP Prescribing is a significant budget for the Community Health Partnerships (CHPs) to manage, representing about 24 to 30% of CHP expenditure and 12% of Lothian overall spend. GP prescribing expenditure in Lothian is the lowest in Scotland, compares well with England and is seen as a benchmark for other health boards. 2009/10 has, however been a year of financial pressure on primary care prescribing budgets and in this article Mark Hunter and Zena Trendell of the finance department discuss the key drivers.

Recent Prescribing Statistics:

Year	Budget £ million	Spend £ million	Difference £ million	% Difference	Spend Growth	Item Growth
2007/08	127.9	123.9	4.0	3.2%	0.2%	4.0%
2008/09	123.9	123.7	0.2	0.2%	-0.2%	4.8%

From latest data from Practitioner Services Division (PSD) (November 2009) the Lothian prescribing position is:

Year	Budget £ million	YTD Budget £ million	YTD Spend £ million	Difference £ million	% Difference	Spend Growth	Item Growth
2009/10	124.6	81.7	84.3	-2.7	-3.2%	3.1%	4.6%

It is clear from the most recent data, that at this point in the financial year prescribing is in an overspend position against budget. This situation is not unique to Lothian and is reflected across Scotland.

The financial position

Over the last few years, the prescribing budget has been reduced due to anticipated expenditure decline within Category M (selected generic drugs) and the Pharmaceutical Price Regulation Scheme (PPRS – branded drugs) drugs. In 2007/08 and 2008/09, prescribing remained within budget and incurred minimal expenditure growth. In 2009/10 we are currently in an overspend position against budget and are experiencing a high level of expenditure growth. The budget this financial year took into account the effect of PPRS for the full year (initial estimates were £3.6 million) and Category M (£2.4 million). Following these deductions, a budgetary uplift figure of £4 million (following recommendations from MMT) was added to the budget to take into account expenditure and volume growth during 2009/10.

These compensating effects of price benefits and pressures gave a budget of £121.6 million. During the year as a financial overspend position emerged, non-recurring additional funding came from other prescribing budgets, GMS and the Smoking Cessation strategy. At the end of February 2010 we stand with a budget of £124.6 million and estimated spend of £126 million.

Expenditure growth

This is a key area and can explain part of the localised problems within CHPs where in 2009/10 there has been divergence in rates of expenditure growth and consequently budgetary performance. Growth within Lothian is currently very high for both expenditure and volumes although they do vary across the different CHPs. Growth also varies across BNF chapters. This year has witnessed large monetary increases within Wound Management Dressings, Cardiovascular, Endocrine and the Central Nervous System.

PPRS and generic price reductions

PPRS has been a big issue for the following reasons:

- Budget withdrawal by the Scottish Government from prescribing
- Branded expenditure continues to increase
- Volume growth and product mix has still not been determined*
- There are only estimates of savings.*

* We are working closely with the Scottish Government and the Practitioner Services Division (PSD) on these issues.

The generic price reductions by the Scottish Government have had the following effect:

- Individual drug prices have varied but overall generic expenditure has remained the same
- From October 2009 there were new entrants to Category M (e.g. venlafaxine, mirtazapine & sumatriptan) with further savings anticipated
- Despite volume increases, generic expenditure has fallen from £32.8 million in 2007/08 to £27.5 million in 2008/09 (a decrease of 16%).

Efficiencies

As part of a continual review, recent communication with GP practices has highlighted the following areas with potential for cost efficiencies:

~ Blood Glucose Monitoring
~ Wound Management
~ Erectile Dysfunction
~ Oral Nutritional Supplements

Additionally, projects to review respiratory drugs and gluten-free products will be the focus going into next year. These areas will contribute towards the £1.64 million efficiency target in 2010-11.

Interaction with other budgets

Prescribing does not stand alone and is linked to other budgets. Prescribers are increasingly under pressure from patients, colleagues and society as a whole to prescribe more or to prescribe according to trends, however, is this the best approach to take? Every prescriber is essentially a 'gatekeeper' to the NHS and with financial aspects moving to the forefront of prescribing this is something that every prescriber needs to take into consideration. A patient may find it challenging to be prescribed an equally effective generic substitute when they would prefer a familiar branded product. Spending appointment time making a prescribing switch may not initially appear to be the most effective use of a prescribers time. However, once these decisions have been made the NHS pound can stretch that little bit further to provide other services. Money spent on prescribing is money not available to spend elsewhere on community or hospital services.

Growth, branded prescribing and the current economic climate are placing the prescribing budget under increasing pressure. Faced with these pressures the CHP General Managers find themselves looking for other means to save money, such as revising staffing levels, not providing additional budget/uplift for GMS, revising locally enhanced services or restricting new projects, such as a practice expansion or new build - all of which have a direct impact upon GP practices. Therefore although some prescribers may believe that they are absolved of budgetary responsibility, or feel that their prescribing habits do not have a direct impact upon their GP practice or patients – they do! This means that every prescribing decision is crucial.

Prescribing Indicators and formulary compliance

Prescribing Indicators (PIs) are an agreed and valid method of monitoring prescribing. One way in which Lothian prescribers can demonstrate their commitment to high quality and cost effective prescribing is through the achievement of PIs. PIs have been shown to reduce costs (by approximately 1.6%) and provide a measure by which prescribing is upheld to. By achieving all or most of the 15 PIs (from April 2010) a GP practice is validating this commitment.

Summary

Lothian still has the lowest cost per patient in Scotland and in 2008/09 was slightly below the English average. However, there is still pressure to improve upon Lothian's reputation as a cost effective prescriber, driving inefficiencies out of prescribing altogether. This can only happen with the commitment and co-operation of you, the prescriber. Thank you.

Thanks to Zena Trendell, Prescribing Accountant Analyst and Mark Hunter, Head of PCCO Finance, for contributing this article.

Prescribe ciclosporin by brand name – in NHS Lothian this is Neoral®

A generic version of ciclosporin called Deximune® has recently been launched. Ciclosporin is defined as a critical dose drug with a narrow therapeutic index.

Different formulations of ciclosporin may have distinct pharmacokinetic characteristics and may not be directly interchangeable. This can compromise efficacy and safety and could cause complications if patients receive too high a dose of ciclosporin, leading to increased side effects, such as nephrotoxicity, or too low a dose of ciclosporin, leading to organ rejection or potential graft loss in transplant patients.

In Lothian, ciclosporin is mainly used in organ or bone marrow transplantation, rheumatology and dermatology. There are shared care protocols in place for renal and liver transplants, and for rheumatology. The brand of ciclosporin used in Lothian is Neoral®.

Key messages:

- **Because of the differences in bioavailability, ciclosporin should be prescribed by brand name – Neoral®**
- **If no brand name is stated on the prescription, pharmacists should check with the prescriber which brand of ciclosporin is required**
- **Conversion between brands should not be undertaken without consulting the relevant specialist team.**

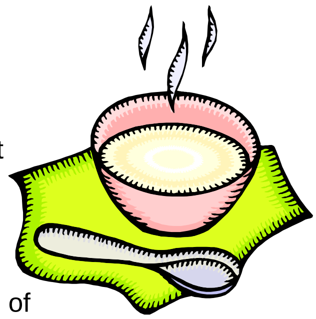
Thanks to Katherine Davidson, Senior Clinical Pharmacist, for contributing this article.

Not too hot, not too cold… just right!

The storage temperature is one of the most important factors that can affect the stability of a medicine. Storage conditions for most medicines can be satisfied by either cold storage (between 2 to 8°C) or storage at room temperature below 25°C (or below 30°C for some products). It is when medicines are exposed to either sub-zero temperatures or temperatures above 30°C that the integrity or efficacy of a medicine can be compromised.[1, 2]

During the recent cold snap in the UK there were reports of freezing of ampoules, which were stored in healthcare professionals' vehicles, in Lothian. Some medicines can be irreversibly damaged even by brief periods at sub-zero temperatures.

Caution is also advised for storage/transport of medicines in cars during hot temperatures in the summer. One study showed that the temperature in a car boot can range between 32 to 49.5°C during a heatwave in the UK.[2] Duration of exposure of medicines to high temperatures should be limited, and it is recommended that cool bags and cool packs are utilised for those medicines that require cold storage.[3]



Some of the problems that can arise from storage of medicines at these two temperature extremes include:

- Increased degradation of the product that can result in decreased effectiveness of the medicine[4]
- Denaturation of the medicine to render medicine inactive[5]
- Frozen vials can develop hairline cracks due to expansion that allow bacterial contamination[5]
- Rapid deterioration and instability of antimicrobial activity for some antibiotics exposed to intermittent freezing and thawing.[6]

To avoid these problems, the required storage conditions for medicines should be maintained within the acceptable limits during transportation.[7, 8] It is the responsibility of healthcare professionals to ensure that all medicines they administer have been stored under conditions that ensure their quality is maintained.[9]

References

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7. Good distribution practices for pharmaceutical products. Geneva: World Health Organization. October 2005.
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9. NHS Lothian Safe Use of Medicines Policy & Procedures. NHS Lothian. December 2009. (Available on the NHS Lothian intranet.)

Key messages:

- **Storage of medicines at temperature extremes can compromise the stability and effectiveness of a medicine**
- **Healthcare professionals are responsible for ensuring optimal storage conditions are adhered to maintain the quality of the medicines.**

IMPORTANT - UHD Antimicrobial Guidelines – updated version available

Some issues of Lothian Prescribing Bulletin Issue No. 42 (December 2009/January 2010), contained an insert of the new UHD Antimicrobial Guidelines (v1.0). These contained an error and should be destroyed and removed from all clinical areas. An updated version (v1.2) is available on the NHS Lothian intranet site, by following the links from the home page.

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View the Lothian Joint Formulary at www.ljf.scot.nhs.uk