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Maximising prescribing resources

This bulletin supports the local drug budget setting process and medicines optimisation project planning for the year ahead. Links are provided to additional resources which also support maximising prescribing resources.

Introduction

The NHS long term plan highlights the need to deliver value from the prescribing budget. There are three key areas to focus on to help meet this objective:

- Maximising the prescribing budget allocated
- Make efficient use of the prescribing budget through medicines optimisation
- Promote individual self-management and self care

Each of these areas are discussed along with practical examples on how to tackle them.

Maximising the prescribing budget allocated

The organisation will receive its allocation centrally with a varying percentage uplift based on a number of factors such as the previous year's allocation, base growth, distance from target allocation or fair share and pace of change towards that target allocation. The proportion of this overall budget allocated to the primary care prescribing budget from within the organisation is not set or guaranteed. A good case will need to be put forward for the prescribing budget to maximise this from the organisation's overall allocation. Be aware, if a good case is not made then others in the organisation may make a good case for their area and the prescribing budget could be at risk of being reduced to fund other areas. To support the annual activity of local prescribing budget setting, PrescQIPP has created a local budget setting tool that pulls together a range of datasets that can be used to help with planning for the year ahead, both at organisational level and practice level. These will help with determining the local predicted percentage uplift figure. It is also important to determine, and take into account, local factors which will impact on the prescribing budget requirements. Wide discussions across the range of key stakeholders, such as finance teams, care home teams, service planning, and public health will help determine what these are and what needs to be included.

Historic spend and forecast outturn

The PrescQIPP commissioner financial inputs reporting can be used to obtain historic spend and forecast outturn for the organisation alongside cost pressures due to Category M, and price concessions. For December 2022 the highest total number of price concessions ever was granted by the Department of Health and Social Care (DHSC).[1] Across England and Wales, this was £60 million for December 2022. The PrescQIPP Data Highlights: focus on price concessions can support assessment of local price concession cost pressures and the products involved.

The PrescQIPP Data Highlights: monitoring price increases-Drug Tariff 2023/DM+D calculates the twelve month cost pressure down to individual organisation level for preparations which have been subject to price increases. The new and previous price are shown alongside the percentage price increase. The

forecast outturns and cost pressures can be used as the baseline prescribing budget requirement. Other additional factors can be included that are relevant to the local area too.

In Scotland, the dispenser payments and prescription cost analysis financial year 2021 to 2022 may be used to determine the increase in costs of items reimbursed (Net Ingredient Cost) between 2020/21 and 2021/22. The next publication is due in September 2023 for the comparison between 2021/22 and 2022/2023.[2]

Applying growth

Consider the most appropriate means of predicting your forecast growth over the following year. There are a number of options and these are discussed below. Review these and make a decision which is the most suitable for the organisation.

Uplift in line with Health Board (HB) / Integrated Care Board (ICB) overall allocation

Check the organisation's allocation growth figure which is included in the allocation: https://www.england.nhs.uk/allocations/. In England, the average ICB total core allocation growth figure for 2023/24 budgets is 3.28%. These allocations were made before the current inflationary cost pressures on medicines arose. Medicines optimisation teams may want to consider requesting a higher growth figure to cover these inflationary medicine cost pressures. Growth allocation figures based on previous CCG footprints are provided in the NHS England CCG Allocations 2019/20 to 2023/24 publication. The PrescQIPP financial summary and deep dive growth reports can be used to identify current growth in spend compared to the previous financial year.

In Wales the 2023 to 2024 allocation for health boards (WHC(2022) 034) contains the allocations and uplift compared to the previous year. The percentage growth can be calculated using these figures. The average growth rate for Hospital and Community Health Services (HCHS) and Prescribing Discretionary Allocations was 8% across Health Boards in Wales.[3] For 2023 to 2024 health board allocations, check the health board allocations page of the gov.wales website.

Public Health Scotland publishes resource allocations target shares by NHS Board based on the National Resource Allocation Formula. The 2023/24 target share for each board can be used to support planning purposes.[4]

Manually predicted forecast growth factors

Local forecasting for the prescribing growth would be needed for a number of reasons including:

- Expected large population growth such as new large housing developments.
- New large nursing homes being built.
- Planned major shifts of prescribing from secondary to primary care.
- Planned primary care prescribing projects.
- Inflationary growth on medicine prices.
- Planned local implementation of national guidelines, e.g. NICE guidance.
- Planned local implementation of national prescribing incentives, e.g. NICE QS or QOF.

National growth figures

National predicted growth figures are taken from sources such as the Office for National Statistics (ONS), Organisation for Economic Co-operation and Development (OECD) and The Health Foundation.

The ONS inflation and price indices are updated monthly and changes over the previous 12 months are available. The rate of inflation is the change in prices for goods and services over time. Measures of inflation and prices include consumer price inflation, producer price inflation and the House Price Index. The Consumer Price Index including owner occupier's housing costs (CPIH) rose by 8.9% in the 12 months to March 2023, down from 9.2% in February 2023.[5]

The OECD inflation forecast is measured in terms of the consumer price index (CPI) or harmonised index of consumer prices (HICP) for euro area countries, the euro area aggregate and the United Kingdom. Inflation measures the general evolution of prices. It is defined as the change in the prices of a basket of goods and services that are typically purchased by households. Projections are based on an assessment of the economic climate in individual countries and the world economy, using a combination of model-based analyses and expert judgement. The indicator is expressed in annual growth rates. Annual growth rate percentages are presented over the previous four years and forecast for the next 18 months (Q4 2019 to Q4 2024) in chart and table formats. The annual growth rate percentage is presented in quarters and are 9.6% for Q1 2023, 6.8% for Q2 2023, 5.8% for Q3 2023 and 4.5% for Q4 2023, giving an average of 6.675% for 2023. Q1 2024 projection is 3.9%.[6]

The Health Foundation are an independent charity committed to bringing about better health and health care for people in the UK. Their report, Spring Budget, public health grant and NHS pay offer: what do they add up to for health and care? states that planned health care spending in England is set to increase by just 0.1% a year on average 2023/24 and 2024/25, well below the average seen in the decade leading up to the COVID-19 pandemic (2%) and the historical average of 3.9% in England since 1979/80.

Prescribing need

There are a number of factors impacting on prescribing need. The Age, Sex, Temporary Resident Originated Prescribing Unit (ASTRO-PUs) measure allows for a weighting around these three factors - see table 1. Deprivation is another factor that may need to be considered, for example in areas of high deprivation.[8]

Table 1. ASTRO-PU prescribing needs weights[8]

Age group	Males	Females
0-4	1.000	0.875
5-14	0.872	0.737
15-24	1.226	1.449
25-34	1.254	1.842
35-44	1.817	2.572
45-54	3.090	3.725
55-64	5.283	5.442
65-74	8.742	7.641
75+	11.343	9.889

There are additional variables which also impact on prescribing need. In England, prescribing need values are produced by NHS England. The 2023/24 to 2024/25 values can be found in the technical annex F – Prescribing need 2023/24 to 2024/25 and these are listed in table 2 including the prescribing coefficient. The prescribing need index is the sum of (additional need weights x coefficients), plus the constant value.[8]

Table 2. Additional prescribing need

Variable name	Variable description	Coefficient
Proportion age 85+	Proportion of registered patients aged >75 years who are >85 years	0.218
DLA over 70	Proportion of registered patients aged >70 years claiming Disability Living Allowance	0.450
SMR all	Standardised Mortality Ratio (all ages)	0.001
Fertility rate	Number of births (2012-2014) / Number of females aged 15-44 registered with practice	0.599
Age 20-24 top1	Practices with largest proportion of registered 20-24 year olds (top 1%)	-0.198
IMD overall	Index of Multiple Deprivation 2015 overall score	0.008
Activity limited	Age-sex standardised proportion with activity limiting health conditions	0.141
Tenure social	Proportion in social housing	0.102
Ethnic NWH	GP practice Age-sex standardised proportion of non-white registered patients	0.216
		Constant
		0.174

The NHS England 2023/24 priorities and operational planning guidance outlines the priorities for 2023/24. Many of the 2023/24 priorities when implemented will lead to increased prescribing and so this needs to be factored into any service development or project. The PrescQIPP bulletin on commissioning medicines in service redesign supports ensuring prescribing costs are considered in any service development.

New drug developments or product license extensions

New drug developments or extension to current product licenses can increase prescribing costs. The PrescQIPP budget setting tool supports planning for these potential new developments over the coming year. Local data can be identified using the tool to support primary care drug budget setting and prescribing saving targets.

The Specialist Pharmacy Service annual planning advice for new medicines, Prescribing Outlook, supports the managed entry and budget planning for new medicines, new indications and patent expiries in the NHS (NHS log-in required).

The National Institute for Health and Clinical Excellence (NICE) resource planner highlights any changes in NICE guidance which could have an impact on potential costs and may help with predicting prescribing growth.

The PrescQIPP bulletin 309: Commissioning of high cost drugs and devices provides guidance and advice around commissioning of high cost drugs and devices.

Pharmaceutical companies may have developed a budget impact model which could be used to analyse any impacts on local drug expenditure.

Contingency reserves

Consider any contingency reserve which needs allocating and what it will be used for. This could include a top slice for high cost drugs, care home allocations, budgets for new or existing services, service redesign, hospital at home services, budget allocations for spurious GP codes for specific projects.

Invest to save business cases

Consider making a case for additional prescribing resources by producing an invest to save business case for the medicines of interest. This may include when to shift to a new class of drug in the treatment pathway to prevent harmful outcomes, for example, introducing sodium glucose co-transporter 2 (SGLT2) inhibitors in type 2 diabetes mellitus to prevent cardiovascular outcomes. Please see the following attachments and resources which can be used to produce an invest to save business case:

- Attachment 1 Invest to save medicine health outcomes data
- Attachment 2 Invest to save table explanatory notes
- A series of skills webinars on producing business cases are available on the PrescQIPP website under skills training.

Make efficient use of the prescribing budget through medicines optimisation

By identifying the top medicines optimisation projects in your area and implementing these projects, this will make efficient use of your prescribing budget. There are four steps to undertaking a medicines optimisation project: medicines optimisation project selection, project implementation, reporting outcomes and sharing success. These are described in further detail below:

Medicines optimisation project selection

Use the PrescQIPP financials to identify the top prescribing pressures in the local area and discuss the findings with local key stakeholders. The PrescQIPP tools and others tools which support project selection include the following:

The PrescQIPP Budget setting support tool provides a range of datasets to help plan for the year ahead. The budget setting tool includes the patent expiry, drug spend information and QIPP tools. The patent expiry tool has been developed to support organisations estimate the savings predicted for drugs whose patient has expired and where generic drugs are expected to be available in primary care within the financial year. These cost saving figures can be used alongside other predicted growth data to produce locally adjusted predicted primary care prescribing growth impact. The expected price reduction when a generic is introduced can be adjusted within the tool to reflect local views on the percentage price reduction for the new generic. Drug spend information is given for new medicine developments expected in primary care over the next financial year. The QIPP tool can be used to help plan medicines optimisation projects. Estimated savings per 100,000 population are given, based on bulletin data. Also included are links to the PrescQIPP resources upon which the savings are based. The visual data packs within these resources can be used to show savings available based on local prescribing data. The PrescQIPP Scorecards can be used to identify actual savings available so the local impact of implementing the project can be seen based on current prescribing levels.

The PrescQIPP Practice planning report supports identification of financial priorities, quality and medicine safety priorities and helps with planning medicines optimisation projects at ICB or HB level (not available for Scotland or Northern Ireland). Projects can be quickly identified which provide the largest savings based on achieving the same as the top 10% or 25% of prescribing nationally. To support implementation of identified projects at practice level, use the PrescQIPP Practice visit reports to identify the top medicines optimisation projects, top 10 drugs, specials, high cost drugs, focus on antimicrobial stewardship (AMS) and focus projects at PCN/cluster and practice level (not available in Scotland or Northern Ireland). The reports can be printed or saved as pdf or PowerPoint files which can be presented to or emailed to practices.

Use population health needs assessment to inform your medicines optimisation project selection. In England, NHS RightCare have resources which assist in diagnosing issues and identifying opportunities with data, evidence and intelligence. Examples of toolkits available include pneumonia and asthma. Current data packs are available on the National RightCare FutureNHS workspace. Users will need to a become a member of FutureNHS to access the site. The data is also available in Wales, the public health outcomes framework for Wales reporting tool provides an understanding of how individual behaviours, public services, programmes and policies have an impact on health and well-being in Wales. In Scotland, support for improving health and understanding needs is available from Public Health Scotland.

Project implementation

Use PrescQIPP resources to support implementation of medicines optimisation projects. Implementation tools available include bulletins, briefings, prescribing data, educational presentations, useful attachments such as template patient information, letters or text messages, treatment pathways, deprescribing algorithms and medicine cost comparisons. The full range of resources available can be found in the PrescQIPP resource guide below Horizon scan.

Other third parties, such as pharmaceutical companies, may be able to provide project implementation support.

Reporting Outcomes

Use the PrescQIPP data and analysis tools to help report project outcomes at organisational, place or practice level. Examples of tools include the PrescQIPP Scorecard, PrescQIPP Practice progress report, Clinical snapshots and Data highlights. A full set of 'How to' guides and training videos on using PrescQIPP data analysis and resources are available.

Sharing your success

A key step, often forgotten, when completing a medicines optimisation project is to record the outcomes of the project and to share it widely. The PrescQIPP awards provide an opportunity to do this. All projects entered into the awards are shared on the community resources section of the PrescQIPP website. Everyone benefits from these shared resources which support the 'do once and share' ethos of PrescQIPP.

Promote individual self-management and self care

There are a range of resources available on the PrescQIPP self care webkit to support projects in self care. The NHS England website has further information on supported self-management. In Scotland, NHS inform has a list of self-management tools and apps. In Wales, the Healthhub has a number of self-management apps on a range of medical conditions.

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Additional PrescQIPP resources

Briefing	https://www.prescqipp.info/our-resources/bulletins/bulletin-327-maximising-prescribing-resources
Implementation tools	

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