



# Tablet Press

The prescribing newsletter for GPs, nurses and pharmacists in  
Northamptonshire Primary Care Trust



Issue 9

June 2007

- **National Audit Office Report "Prescribing Costs in Primary Care"**

This report was published on 18<sup>th</sup> May and covers 4 main areas -

- **The primary care drugs bill**

This section notes that the NHS spends a staggering £22 million a day on prescription drugs in primary care and that expenditure on primary care drugs has increased by 60% in real terms over the last decade.

- **The scope for more efficient and effective prescribing**

This part of the report examines the use of four groups of drugs, namely statins, angiotensin 2 receptor antagonists, clopidogrel and proton-pump inhibitors, that account for 19% of the total drugs bill. These groups were chosen because "they are used to treat conditions where there are several suitable drugs at differing prices". Large variation was found between PCTs in the extent to which local GPs prescribed lower cost drugs for these conditions, meaning that there is scope for most PCTs to increase efficiency, without affecting clinical outcomes, by increasing the proportion of low cost drugs used. Savings of at least £200 million a year are estimated if all PCTs achieved the standard of the most efficient 25%.

This is exactly the approach the Prescribing Advisory Team takes; to try to get better value for money out of the finite NHS resources and we hope that the Prescribing Incentive Scheme will continue to help us to do this in 2007-8.

You can see how the PCTs (based on the old configurations) fared at

[http://www.nao.org.uk/publications/nao\\_reports/06-07/0607nnnn.xls](http://www.nao.org.uk/publications/nao_reports/06-07/0607nnnn.xls)

Bear in mind that further improvements will have been made locally since this data, particularly for statins.

- **Supporting GPs and PCTs to get better value for money from their prescribing budget**

This section talks about a number of influences in this area. It notes that Practice Based Commissioning is likely to be a lever for improving value for money in prescribing.

It also noted that two thirds of GPs surveyed said that the PCTs' prescribing advisers have more influence on their prescribing behaviour than the pharmaceutical industry, but one in five GPs indicated that they felt that pharmaceutical companies have more influence than prescribing advisers. (No comment!)

- **Wastage of drugs**

The last section of the report looks at medicines waste and estimates that it costs the NHS at least £100 million a year, perhaps considerably more.

It gives examples of the ways that waste can be reduced, including limiting the initial time period of new prescriptions, reducing the duration of repeat prescriptions and information campaigns to raise public awareness.

It also recommends increasing the uptake of Medicines Use Reviews by community pharmacists for patients with long-term conditions, to help patients to take their medicines appropriately.

The full report can be found at [http://www.nao.org.uk/publications/nao\\_reports/chronindex.asp?type=vfm](http://www.nao.org.uk/publications/nao_reports/chronindex.asp?type=vfm)

- **Topper 8 Discontinuation:**

Both the 7.5cm sq. (sterile) and the 10cm sq. (non-sterile) sizes of Topper 8 swabs were discontinued in September 2006. However, the 7.5cm sq. sterile was been re-introduced in February 2007.

Other versions of Non-woven fabric swabs are still available in both sizes: therefore prescribing generically should ensure a supply.

We recommend that prescriptions are written as either:

1. Non-woven fabric swab, sterile 7.5cm sq - available in packs of 5 **or**
2. Non-woven fabric swab, non-sterile 10cm sq - available in packs of 100.

(It should be remembered that Non-woven fabric swabs are much more cost effective than traditional gauze swabs).

This edition is also available on HNN (Health Network Northants)

<http://www.northants.nhs.uk/Display/Dynamic.jsp?topid=14070&lhsid=514&oid=2854&currentid=2854>

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