



# Tablet Press

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



Issue 33

June 2009

- **National Audit Office report on prescribing cost efficiency**

Northamptonshire came 10<sup>th</sup> out of 152 Primary Care Trusts for the level of prescribing savings achieved in 2008, spending over £5million less than would have been the case if work in four key therapeutic areas had not been undertaken.

The National Audit Office report "Prescribing costs in primary care", published in May 2007, was accompanied by potential savings that PCTs could achieve, without affecting patient outcomes, through a more consistent use cost-effective medicines in four therapeutic areas – statins, PPIs, clopidogrel and ACEs/ARBs.

At the end of 2008 the Department of Medicines Management at Keele University was commissioned to calculate the actual savings that PCTs had achieved. The savings were calculated by comparing each PCT's actual expenditure, in the four therapeutic areas considered, with what the PCT would have spent, if the relative proportions of different medicine formulations prescribed in the 12 month period August 2005 to July 2006 (the benchmark for the NAO report) had remained the same during 2008.

The savings calculated represent savings that have been obtained through changing prescribing patterns, rather than changing prices for medicines, over the time period considered.

There are some caveats around the way the savings were calculated and also around PCTs' starting positions, but there's not much doubt that this is an impressive result for us.

[http://www.nao.org.uk/publications/0809/prescribing\\_savings\\_in\\_2008.aspx](http://www.nao.org.uk/publications/0809/prescribing_savings_in_2008.aspx)

- **Better Care, Better Value Indicators**

The NHS Institute for Innovation and Improvement has introduced the following new Better Care, Better Value prescribing indicators for PCTs. These are largely based on the NAO report indicators, as above:

- Increasing low cost prescribing for lipid modification
- Increasing low cost proton pump inhibitor prescribing.
- Increasing low cost prescribing for drugs affecting the renin-angiotensin system.

All these indicators are covered by the PCTs Prescribing Incentive Scheme and we score fairly well on all 3 markers, but particularly well on the ACE marker, where we are 7<sup>th</sup> out of 152 PCTs.

Data for quarter 3 2008/09 is now available for these indicators.

<http://www.productivity.nhs.uk/RenderReport.aspx>

- **ACEIs are still first line choice for diabetic nephropathy**

Dr Warren Pickering, renal physician at NGH, attended the last NPAG meeting to discuss the role of ACEIs and ARBs in diabetic nephropathy. It was strongly agreed by the group that there is no evidence to suggest moving away from the current NICE guidance (CG73) on CKD, which states -

- Treat with ACE inhibitors first; move to ARBs only if ACE inhibitors are not tolerated.
- Inform of the importance of reaching the optimal dose, and of monitoring to achieve this safely.
- Titrate ACE inhibitors/ARBs to the maximum tolerated therapeutic dose before adding a second-line agent.
- Test eGFR and serum potassium before treatment starts and repeat after 1–2 weeks of treatment and after each dose increase.

- **Glyceryl Trinitrate ointment for Anal Fissures.**

In the last 12 months the PCT spent over £37,000 on glyceryl trinitrate ointment for anal fissures. Practices are reminded that, where possible, this should be prescribed as glyceryl trinitrate 0.4% ointment, which will be dispensed as the proprietary product "Rectogesic" and costs £32.80 for 30g, rather than glyceryl trinitrate 0.2% which has to be made as a "special" and may cost up to an astonishing £350 for 20g.

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>

#### Disclaimer

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