

# Report

**Report to:** South Lanarkshire Integration Joint Board  
**Date:** 26 March 2024  
**Prepared by:** Director, Health and Social Care

**Subject:** Sustainability and Value Programme - Primary Care Prescribing Update

## 1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ outline the progress of the Primary Care Prescribing Efficiencies Project and underlying workstreams
- ◆ review the financial savings made for the year 2023/2024
- ◆ outline the next steps for 2024/2025

## 2. Recommendation(s)

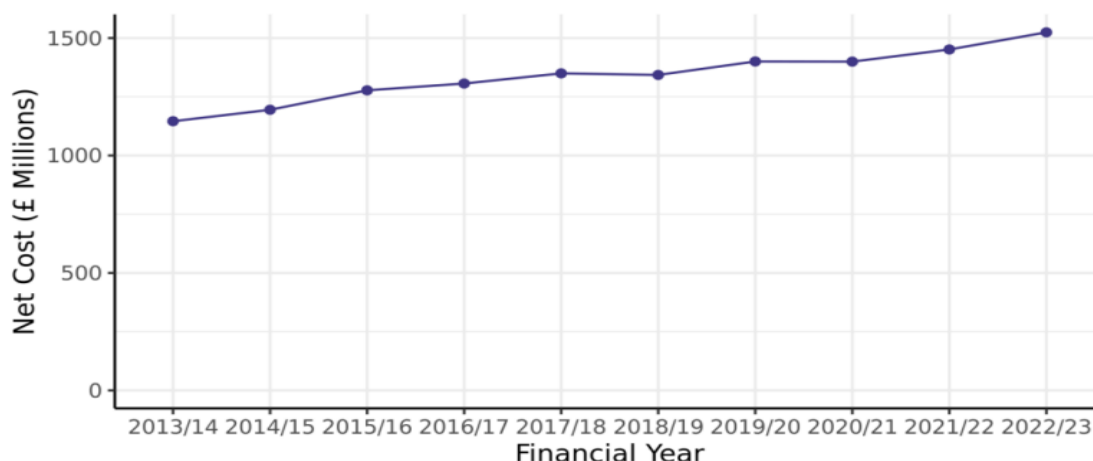
2.1. The Board is asked to approve the following recommendation(s):-

- (1) that the projected savings for the financial year 2023/2024 be noted; and
- (2) that the project workstream activities planned for 2024/2025 be noted.

## 3. Background

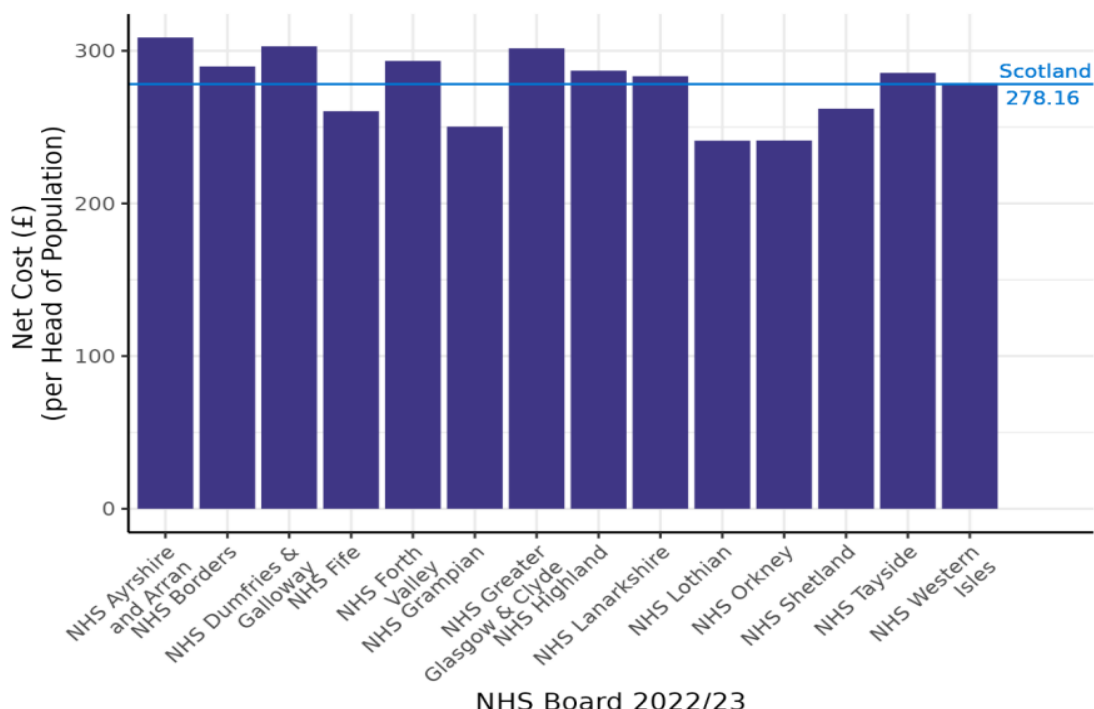
3.1. Analysis published by Public Health Scotland in September 2023 has shown that prescribing volumes have increased over the last 10 years, with an overall increase of 11.6% from 98.8 million items in 2013/2014 to 110.3 million items in 2022/2023. The cost of items reimbursed (the Net Ingredient Cost) increased by 5.8% between 2021/2022 and 2022/2023 and increased by 33% over the last 10 years (Figure 1).

Figure 1 - Total (Net) cost (£) in NHS Scotland: 2013/14 - 2022/23 (Public Health Scotland)



- 3.2. Prescribing costs vary between different health board areas and are influenced by a variety of factors including population demographics and the prevalence of chronic disease.

Figure 1 - Average total (net) cost (£) per head of population by NHS Board: 2022/23  
(Public Health Scotland)



- 3.3. Lanarkshire has consistently significantly higher costs per patient in most main therapeutic areas of prescribing compared to the Scottish average and generally lies around 6.5% higher in annualised costs per 1,000 patients than the Scottish average. The prescribing data generally follows the national trend but at a higher level. Previous work carried out by the Locality Quality Medicines Actions Groups and the Prescribing Quality and Efficiency Strategy achieved their targets, but this has not been impactful enough to change the trend.
- 3.4. In 2022/23 both South and North Lanarkshire IJBs ended the year with a prescribing overspend: North Lanarkshire £1.750m; and South Lanarkshire £3.750m.
- 3.5. The total primary care prescribing budget across both Lanarkshire IJBs in 2023/2024 was £148.522m, with the budget allocated within South Lanarkshire being £72.116m. The budget had received the 2% allocation uplift in 2023/2024 but the numbers of items dispensed has increased by 3.43% and the price per item had increased in the first 6 months from an average of £9.65 per item to £10.32.
- 3.6. In South Lanarkshire, the prescribing overspend forecast at March 2023 was £5.4m. This was due to a small (2% per annum) consolidated increase in item numbers, combined with significant unfunded inflationary pressures affecting all health boards in Scotland. South Lanarkshire's position is exacerbated by a historic overspend compared to North Lanarkshire (where the prescribing budget was increased a number of years ago).
- 3.7. Audit Scotland's Integration Joint Boards Financial Analysis 2021/2022 report stated that IJBs have reached the point where 'significant transformation will be needed to ensure the (1) long-term capacity, (2) financial sustainability and (3) quality of

services individuals receive'. Audit Scotland have highlighted that there remains a significant overall and recurrent budget gap across all IJBs; and that failure to make the necessary changes to how public services are delivered will likely mean further budget pressures in the future.

- 3.8. The IJB's approved Sustainability and Value Programme includes a Prescribing Services Efficiencies Project with a view to bringing South Lanarkshire's prescribing levels closer to the level of a comparable health board i.e. NHS Lothian. This included reducing prescribing spending by £2.7m through 2023/2024 (as part of a £5.4m primary care prescribing target pan-Lanarkshire), noting that this would reduce the level of overspend but not eliminate it.

#### **4. Primary Care Prescribing Efficiencies Project**

- 4.1. The purpose of this project is to further assess the causes for Lanarkshire's high prescribing costs and to develop and implement change ideas with associated action plans. These changes should support Realistic Medicine through shared decision-making where possible, improve patient safety and ensure value for the NHS. Its objectives are:-

- For a pan-Lanarkshire reduction in spending of £5.4m - with at least £2.7m of this in South Lanarkshire - in the financial year 2023/2024.
- To evaluate potential cost saving of individual proposed change measures identified in Prescribing Efficiencies Workshop and prioritise those with greatest recurring financial impact.
- To effect cultural change by adopting a visible pan-Lanarkshire approach to efficiencies highlighting the responsibility of all stakeholders (including patients) to use resources responsibly.
- To support and enable collaboration at the interface between primary and secondary care to achieve our shared aim of reducing waste and improving levels of formulary adherence.
- Provide guidance and visible support for prescribers to implement and embed these changes i.e. clear and open communication with patients and their representatives.

- 4.2. In order to achieve this a three-stage approach has been designed (Appendix 1). This approach has been made necessary by a recognition that while NHS Lanarkshire has run a successful Prescribing Quality and Efficiency Programme for a number of years, diminishing returns were being achieved from the traditional approach of medication switched to cheaper equivalent products. A move to focusing on the volume of prescribing is therefore required - requiring a change in patient and prescriber culture alongside work reviewing existing repeat prescribing to deprescribe items which are not required by patients. The outcomes of this work are summarised in a Benefits Map (Appendix 5).

- 4.3. This is a multi-year programme, and given current financial challenges, this year was managed as a transitional year whereby initial traditional cost-efficiency work was rapidly undertaken to achieve savings and allow time for the development of a new approach. An operational Primary Care Prescribing Efficiencies Risk Register has also been developed and managed throughout the duration of 2023/2024

- 4.4. A development programme was begun in early spring 2023, working with a variety of stakeholders - including GPs, pharmacists and patients - to gain buy-in to a new approach and collaboratively design the programme. The main areas of change required in order to achieve cost savings of this magnitude are themed below, with examples of some of the change ideas detailed.

#### 4.4.1 Reduce waste inefficiencies and variation

- Identify high spend medications where we are able to safely switch to an alternative on a pan-Lanarkshire basis.
- Increase Formulary compliance by making the Preferred Formulary option the default setting on Vision.
- Examine Script Switch use and improve the acceptance rate.
- Resume project in Care Homes to test stock order of formulary wound dressings.
- Test use of Script Switch in Pharmacotherapy hubs.
- Develop agreed process of medication ordering within Care Homes and standardize this pan-Lanarkshire.
- Liaise with Public Health Scotland LIST analysts to map areas over-ordering and help guide targeted change measures.
- Collaborate with Care at Home Service and District Nursing to develop and test an alert system to identify patients with high volumes of unused medications or who are not compliant with medications for review by practice pharmacist.

#### 4.4.2. Quality Prescribing

- Address high volume continence and stoma prescribing.
- The Out of Hours Drugs and Therapeutics Committee has re-convened, and prescribing efficiencies are a standing agenda item.
- Targeted delivery of the Prescribing Quality and Efficiencies Strategy by Locality Prescribing Management Teams prioritizing practices with highest prescribing spend.
- Develop and test multidisciplinary team models to increase polypharmacy reviews and de-prescribing.
- The Clydesdale locality, which has the highest diabetes prescribing spend, has a pharmacist carrying out targeted reviews and the Prescribing Adviser has met with the Diabetic Service Leads.

#### 4.4.3. Prescribing Culture

- Develop and test Health Board guidance for prescribers to avoid prescribing specific drugs of low therapeutic value.
- Refresh and promote GP locum-specific prescribing guidance.
- Deliver a pharmacy-led training workshop at GP specialist trainee training days, commencing August 2023.
- Develop and test a process for working across the Primary / Secondary Care interface to increase alignment to the NHS Lanarkshire Formulary.
- Improve signposting to alternative management options (social prescribing).
- Facilitate improved communication with Community Pharmacy.

4.5. Appendix 2 outlines the project plan workstreams and their current status of activity.

4.6. Looking ahead, cost reduction work in 2024/2025 will focus on polypharmacy reviews – i.e. consultations with people who are on multiple medications to determine whether they still need to be on all of them. A data-driven approach will be taken, to ensure that the resource is targeted in areas where the greatest yield will result. Past evidence shows that an average of £120 per annum can be saved from annual prescribing costs.

4.7. Simulation training will be an important tool in upskilling pharmacists to have complex risk/benefit-orientated conversations with patients. An infrastructure for this

has been built, with 20 pharmacists trained in simulation facilitation and additional training for a smaller group in creating relevant scenarios.

- 4.8. In addition, targeted local work will take place, with bespoke reports created for each GP practice, highlighting where their prescribing varies from comparators and enabling conversations to take place between practice teams and locality prescribing advisors on how prescribing practice might change to reduce future prescribing costs.
- 4.9. A list of medications of low therapeutic value has also recently been launched. This is a range of medicines from which evidence suggests patients are unlikely to benefit and NHS Lanarkshire has been the first Health Board in Scotland to implement such a list. Reviews will take place of patients already on these medications and they will be stopped where possible. The implementation approach taken to this work is summarised in Appendix 6.
- 4.10. The year 2024/2025 will also be characterised with a stronger focus on non-medicines spend, with NHS Lanarkshire working collaboratively with a national group to identify potential savings from non-medicines prescribing e.g. dressings, catheters and stomas.
- 4.11. It is becoming more difficult to estimate future savings as work moves towards changing the overall trajectory of prescribing, rather than easily countable switches. Through the course of 2023/2024 the monitoring of expenditure and the projecting of potential savings was further complicated by a significant delay in obtaining data due to a national issue with the Prescribing Information System for Scotland (hosted by Public Health Scotland) and difficulties in the rollout by NHS National Health Services Scotland of the national Digital Pharmacy Payments Programme. For planning purposes, however, a savings target of £1.92m for South Lanarkshire has been set composed of:

▪ Polypharmacy Reviews	£0.960m
▪ Review of medicines of low therapeutic value	£0.720m
▪ Script Switch savings	£0.240m

## **5. Employee Implications**

- 5.1. There are 18.6 WTE Prescribing Support Pharmacists across the 10 localities of Lanarkshire. This equates to 9.2WTE in the South Lanarkshire area.
- 5.2. There are no direct employee implications contained in this report.

## **6. Financial Implications**

- 6.1. The target for reducing prescribing spend in South Lanarkshire was £2.7m for 2023/2024. Previous finance monitoring reports to the IJB and its Performance and Audit Sub-Committee have highlighted that there was a high risk that savings target would not be achieved; and noted that prescribing overspend represents a high risk across Health Care Services and will continue to be closely monitored.
- 6.2. At the end of January 2024, £1.097m had been recorded as being achieved and if this continues the forecast annual savings expected by March 2024 is £1.654m (Appendix 3). While this is significantly more than has been achieved in any previous financial year (Appendix 4), it clearly falls some way short of the targeted savings.
- 6.3. Difficulties in the rollout by NHS National Health Services Scotland of the national Digital Pharmacy Payments Programme meant that no data was available on

2023/24 prescribing beyond May 2023 until December 2023. This made a programme which adapted to savings achieved in real-time very challenging to deliver.

- 6.4. At a local level there was also a slower-than-anticipated start to key pieces of cost saving work, resulting in lower accrued savings during this financial year. This was due to a combination of workforce challenges alongside delays in interface work with secondary care on some key drug switches. The collaborative approach adopted in respect of this also resulted in a more resource-intensive approach (eg in respect of respiratory medications) being taken, which, while optimal from a patient care perspective, means that some of this work will not complete until the end of March 2024. It is expected that that the recurring savings will however be obtained in through 2024/2025 and beyond.
- 6.5. A prescribing overspend of £5.495m is forecast based on actual prescribing data available to October. This position has been calculated based on a combination of actual data received for the period April to October 2023 together with estimated data for November to January 2024.
- 6.6. A total of £2.439m has been released from IJB reserves to reduce the overspend in 2023/2024. This budget has been spread from July 2023 and had it not been released the reported overspend at January 2024 would be £7.392m.
- 6.7. It should be noted that October 2023 (the most recent month of actual data available) was the first month since April 2022 where the cost per item dispensed was lower than the corresponding month in the previous year; it remains to be seen whether this welcome decrease represents the start of a sustained downward trend in addition to the reduction in items dispensed per patient which future polypharmacy work will target.

## **7. Climate Change, Sustainability and Environmental Implications**

- 7.1. There are no implications for Climate Change, Sustainability or the Environment in terms of the information contained in this report.

## **8. Other Implications**

- 8.1. The work detailed here contributes to the mitigation of the following risks within the IJB Risk Register as follows:
  - Financial Sustainability (Very High)
- 8.2. The prescribing overspend is the single biggest threat to the IJB's financial sustainability. As has been highlighted in finance monitoring reports to the IJB and the Performance and Audit Sub-Committee, prescribing volatility and uncertainty continues to represent a high-risk area within the health care element of the IJB's budget. Based on the current recurring funding gap projections for 2024/2025, expenditure will require to be reduced to be contained within the available budget and so further prescribing efficiency savings will need to be achieved to reduce costs.
- 8.3. The contents of this report are material to the delivery of the IJB Strategic Commissioning Plan 2022 – 2025, notably the following outcome:
  - Resources are used effectively and efficiently in the provision of health and social care services (Outcome 9).

## 9. Equality Impact Assessment and Consultation Arrangements

- 9.1. An Equality Impact Assessment was carried out in the beginning of the project and has informed its work.
- 9.2. A general communications and engagement plan was developed to support the project, with a range of stakeholders engaged throughout and at key points (including GPs, pharmacists and patients).

## 10.

### 10.1

Direction to:	
1. No Direction required	<input checked="" type="checkbox"/>
2. South Lanarkshire Council	<input type="checkbox"/>
3. NHS Lanarkshire	<input type="checkbox"/>
4. South Lanarkshire Council and NHS Lanarkshire	<input type="checkbox"/>

**Professor Soumen Sengupta**  
**Director, Health and Social Care**

1 March 2024

### Link(s) to National Health and Wellbeing Outcomes

People are able to look after and improve their own health and wellbeing and live in good health for longer	<input checked="" type="checkbox"/> <b>Error! Bookmark not defined.</b>
People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonable practicable, independently and at home or in a homely setting in their community	<input type="checkbox"/>
People who use Health and Social Care Services have positive experiences of those services, and have their dignity respected	<input checked="" type="checkbox"/>
Health and Social Care Services are centred on helping to maintain or improve the quality of life of people who use those services	<input checked="" type="checkbox"/>
Health and Social Care Services contribute to reducing health inequalities	<input checked="" type="checkbox"/>
People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing	<input type="checkbox"/>
People who use Health and Social Care Services are safe from harm	<input checked="" type="checkbox"/>
People who work in Health and Social Care Services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide	<input checked="" type="checkbox"/>
Resources are used effectively and efficiently in the provision of Health and Social Care Services	<input checked="" type="checkbox"/>

### Previous References

◆ None

### **List of Background Papers**

◆ <https://publichealthscotland.scot/media/22089/2023-09-19-dispenser-payments-and-prescription-cost-analysis-report.pdf>

### **Contact for Further Information**

If you would like to inspect the background papers or want further information, please contact:-

Dr Veronica Rainey, Associate Medical Director,  
South Lanarkshire University Health and Social Care Partnership  
email: [raineyve@lanarkshire.scot.nhs.uk](mailto:raineyve@lanarkshire.scot.nhs.uk)



## PRIMARY CARE PRESCRIBING EFFICIENCIES PROJECT

### PHASE ONE (April 23 onwards)

Form an operational group to deliver project outcomes. This reports to the PMMB to provide Governance.

Meet with Prescribing Team from NHS Lothian for comparison and shared learning.

Discuss project and plans with GP Sub-Committee.

Identify high spend medications where we are able to safely switch to an alternative on a pan Lanarkshire basis.

Medicines Governance team will examine ScriptSwitch compliance and consider plans to improve this.

Develop and test Health Board guidance to prescribers to avoid prescribing specific drugs of low therapeutic value.

Targeted intense delivery of PQES by Locality Prescribing Management Teams prioritizing practices with highest prescribing spend.

Collaborate with Homecare Service to develop and test an alert system to identify patients with high volumes of unused medications or whom are not compliant with medications for review by practice pharmacist.

### PHASE TWO (July 23 onwards)

Increase Formulary compliance by making Preferred Formulary option the default setting on Vision.

Identify and map areas of high over-ordering and review the processes in those areas.

Develop agreed process of medication ordering within Care Homes and standardize this Pan Lanarkshire.

Test use of Script Switch in Pharmacotherapy hubs.

Develop and test method for ensuring there is a clear exit strategy for stopping medication which is communicated clearly to the patient.

Test a process to monitor procurement orders via PCOS for sundries in Treatment Room.

Test stock ordering of Formulary dressings in Care Homes.

### PHASE THREE (October 23 onwards)

Develop and test methods to standardise processes and access to alternative management options (Social Prescribing).

Develop and test a process for working across the Primary /Secondary Care interface to increase alignment to the Primary Care Formulary.

Develop and test MDT models to increase polypharmacy reviews and de-prescribing.

Improve links and communication with sessional GPs and GP locums.

Develop and test processes to improve communication with Community Pharmacy.

Develop and test method for training GPSTs on prescribing in Primary Care and Formulary compliance.

### Primary Care Prescribing Efficiencies Project Summary of the Project Workstream Activities to date

**Overall projected savings for South Lanarkshire to 31<sup>st</sup> March 2024 = £1.8Million**

#### Completed project workstreams:

- Medication Switches: Oxycodone MR to Oxypro MR switch, Ethosuximide to Epesri switch
- Training on quality prescribing for trainee prescribers (including GP, nursing and AHP trainees)
- Increase ScriptSwitch compliance -savings made as of January 2024 £684,908 and at 136.98% of the target
- Scriptswitch use across all pharmacy hubs
- Publication of guidance on products of low therapeutic value which should not routinely be prescribed in Lanarkshire (estimated savings from this to be £1.5M)
- Care Home Pathway standardisation project rolled out
- Increase the use of social prescribing by developing an easily accessible and up to date directory of services (Vaslan Locator Tool and VanL tool "ALISS")

#### Ongoing project workstreams:

- Fostair® MDI to Luforbec® MDI switch- progressing quickly now as a different approach was required to increase uptake
- Acetylcysteine and Carbocysteine to Acepiro switch
- Increase number of polypharmacy reviews in practices (estimated savings £120 per review)
- Increase number of polypharmacy reviews in care homes
- Review and reduce over-ordering from community pharmacies
- Quantity limits for scripts (noted a 4 month saving of over £10k)
- Care Homes Medicines Waste Policy
- Care Homes Stock order test of change
- Collaborate with Care@Home Service to develop and test an alert system to identify patients with high volumes of unused medications
- Develop Stoma Prescribing Guidelines (also consideration for non-medicines prescribing guidelines)
- OOH stock supply project, reducing waste in inefficiencies
- Review Formulary adherence and processes around prescribing on Vision/eMIS

#### Main focus and plans for 2024/25:

- Move forward intently with all polypharmacy reviews across localities
- Complete Benefits mapping profiles and dashboard reporting system
- Continue with ongoing project workstreams
- Begin new identified workstreams based on workshop held on 22<sup>nd</sup> February
- Identifying work with prisons services

## Appendix 3

### Primary Care Prescribing Efficiencies Project



### Dashboard Data as of 31 January 2024

NHS LANARKSHIRE Date: 31/01/2024

LOCALITY SUMMARY											
LOCALITY	AIRDRIE	BELLSHILL	CAMGLEN	CLYDESDALE	COATBRIDGE	EAST KILBRIDE	HAMILTON	MOTHERWELL	NORTH	WISHAW	NHSL
Prescribing Management Team Projected efficiencies from Practice Individual Prescribing Plans (to end of financial year)	£177,830	£283,683	£130,667	£145,918	£202,331	£273,537	£328,513	£157,415	£197,008	£368,821	£2,265,724
SCRIPTSWITCH (to 31/01/24)	£50,790	£42,736	£126,754	£64,298	£53,995	£109,540	£168,190	£36,862	£66,590	£50,486	£770,241
Prescribing Management Team Projected efficiencies from Central Action Prescribing Plan (to end of financial year)	£37,949	£68,583	£59,129	£61,755	£64,029	£65,400	£113,451	£37,162	£37,991	£58,791	£604,239
Polypharmacy Reviews	£4,920	£2,640	£2,280	£840	£2,040	£1,920	£1,560	£960	£3,000	£5,880	£26,040
Total projected efficiencies	£271,489	£397,641	£318,830	£272,811	£322,395	£450,397	£611,714	£232,400	£304,589	£483,978	£3,666,244
AVERAGE COST PER PATIENT	£197.22	£191.70	£183.74	£217.92	£199.88	£188.55	£196.71	£180.54	£178.19	£217.22	

NHSL 2023/24 Target	£5,400,000
NHSL Total projected efficiencies to date	£3,666,244
% target made to date	68%

SUMMARY BY BNF CHAPTER											
THERAPEUTIC AREA	AIRDRIE	BELLSHILL	CAMGLEN	CLYDESDALE	COATBRIDGE	EAST KILBRIDE	HAMILTON	MOTHERWELL	NORTH	WISHAW	NHSL
1. Gastrointestinal	£ 17,175	£ 22,581	£ 7,066	£ 2,161	£ 13,483	£ 9,385	£ 12,585	£ 5,503	£ 8,098	£ 8,577	£ 106,614
2. Cardiovascular	£ 4,359	£ 9,777	£ 4,782	£ 5,041	£ 6,329	£ 12,176	£ 12,196	£ 2,323	£ 26,064	£ 8,496	£ 91,543
3. Respiratory	£ 31,524	£ 21,891	£ 37,473	£ 10,834	£ 24,980	£ 22,700	£ 42,822	£ 13,049	£ 5,426	£ 30,484	£ 241,183
4. CNS (Pain)	£ 17,259	£ 15,096	£ 7,174	£ 8,150	£ 14,508	£ 9,976	£ 53,539	£ 11,442	£ 22,947	£ 13,459	£ 173,550
5. CNS (Other)	£ 40,457	£ 103,646	£ 25,773	£ 72,787	£ 54,153	£ 55,520	£ 100,787	£ 30,553	£ 57,509	£ 79,718	£ 620,901
6. Infections	£ 345	£ 977	£ 1,246	£ -	£ 213	£ 1,034	£ -	£ 29	£ 616	£ 3,467	£ 7,927
7. Endocrine	£ 25,326	£ 20,085	£ 20,864	£ 8,570	£ 10,671	£ 66,709	£ 30,191	£ 31,599	£ 14,538	£ 34,815	£ 263,369
8. Obs/Gynae/Urinary	£ 4,316	£ 4,229	£ 4,506	£ 4,462	£ 3,558	£ 6,794	£ 11,837	£ 2,892	£ 5,867	£ 11,389	£ 59,849
9. Nutrition and blood	£ 3,276	£ 10,225	£ 4,270	£ 11,799	£ 11,674	£ 8,849	£ 7,302	£ 7,121	£ 5,435	£ 21,759	£ 91,709
10. Musculoskeletal	£ 1,427	£ 3,290	£ 1,538	£ -	£ 406	£ 509	£ 1,453	£ 390	£ 421	£ 3,549	£ 12,982
11. Eye	£ 1,488	£ 1,693	£ 45	£ 1,394	£ 2,866	£ 4,969	£ 4,316	£ 1,202	£ 11,328	£ 6,689	£ 35,991
12. ENT	£ 1,354	£ 830	£ 235	£ 44	£ 730	£ 750	£ 167	£ 10	£ 407	£ 2,440	£ 6,967
13. Skin	£ 1,206	£ 1,510	£ 1,867	£ 694	£ 1,920	£ 2,632	£ 8,001	£ 1,620	£ 3,967	£ 6,507	£ 29,924
14. Anaesthesia	£ -	£ 168	£ 4,702	£ -	£ -	£ 414	£ 154	£ -	£ -	£ -	£ 5,438
15. Dressings (wound management)	£ 34	£ 5,891	£ -	£ 56	£ 21	£ -	£ 12,013	£ 524	£ -	£ 636	£ 19,175
16. Appliances - incontinence	£ 2	£ 3,633	£ 198	£ 201	£ 3,702	£ 3,981	£ 12,163	£ 415	£ 2,515	£ 26,538	£ 53,349
17. Appliances - stoma	£ 8,611	£ 7,134	£ 148	£ 65	£ 7,785	£ 35,337	£ 9,544	£ 4,711	£ -	£ 10,826	£ 84,161
18. Polypharmacy	£ 5,084	£ 13,859	£ 1,523	£ 602	£ 3,093	£ 2,480	£ 965	£ 7,744	£ 4,564	£ 44,791	£ 84,705
19. Carehome Reviews	£ 2,943	£ 2,976	£ 1,351	£ -	£ 11,318	£ -	£ 2,482	£ 4,798	£ 6,170	£ 23,290	£ 55,328
20. Miscellaneous	£ 11,644	£ 34,190	£ 5,905	£ 19,058	£ 30,922	£ 29,320	£ 5,998	£ 31,491	£ 21,136	£ 31,390	£ 221,055
TOTAL	£177,830	£283,683	£130,667	£145,918	£202,331	£273,537	£328,513	£157,415	£197,008	£368,821	£2,265,724

SOUTH HSCP

Date:

31/01/2024

LOCALITY SUMMARY					
LOCALITY	CAMGLEN	CLYDESDALE	EAST KILBRIDE	HAMILTON	SOUTH HSCP
Prescribing Management Team Projected efficiencies from Practice Individual Prescribing Plans (to end of financial year)	£130,667	£145,918	£273,537	£328,513	£878,635
SCRIPTSWITCH (to 31/01/24)	£126,754	£64,298	£109,540	£168,190	£468,782
Prescribing Management Team Projected efficiencies from Central Action Prescribing Plan (to end of financial year)	£59,129	£61,755	£65,400	£113,451	£299,734
Polypharmacy Reviews	£2,280	£840	£1,920	£1,560	£6,600
Total projected efficiencies	£318,830	£272,811	£450,397	£611,714	£1,653,752
AVERAGE COST PER PATIENT	£183.74	£217.92	£188.55	£196.71	



## Appendix 4

### Prescribing Savings From Previous Years

South Lanarkshire savings as of March 2021: **£834,828**

NHS LANARKSHIRE - SOUTH	Date: 31/03/2021						
	LOCALITY						
SUMMARY	CAMGLEN	CLYDESDALE	EAST KILBRIDE	HAMILTON	NHSL - SOUTH	Target	Achievement
PRESCRIBING TEAM: Locality total efficiencies recorded (to end of year)	£98,067	£112,187	£122,967	£223,490	£556,710	£476,200	117%
ScriptSwitch (to 31/03/21)	£39,886	£64,814	£70,580	£102,838	£278,118		
TOTALS	£137,952	£177,001	£193,547	£326,328	£834,828		
Annualised CPP - Dec 2020	£181.59	£208.15	£188.13	£196.76			

South Lanarkshire savings as of March 2022: **£972,352**

NHS LANARKSHIRE - SOUTH	Date: 31/03/2022						
	LOCALITY						
SUMMARY	CAMGLEN	CLYDESDALE	EAST KILBRIDE	HAMILTON	NHSL - SOUTH	Target	Achievement
PRESCRIBING TEAM: Locality total efficiencies recorded (to end of year)	£131,702	£116,653	£138,078	£267,152	£653,585	£564,809	116%
ScriptSwitch (to 31/03/22)	£61,765	£70,216	£67,025	£119,761	£318,767		
TOTALS	£193,467	£186,869	£205,103	£386,913	£972,352		
Annualised CPP - NOV 2021	£183.89	£217.59	£188.86	£198.57			

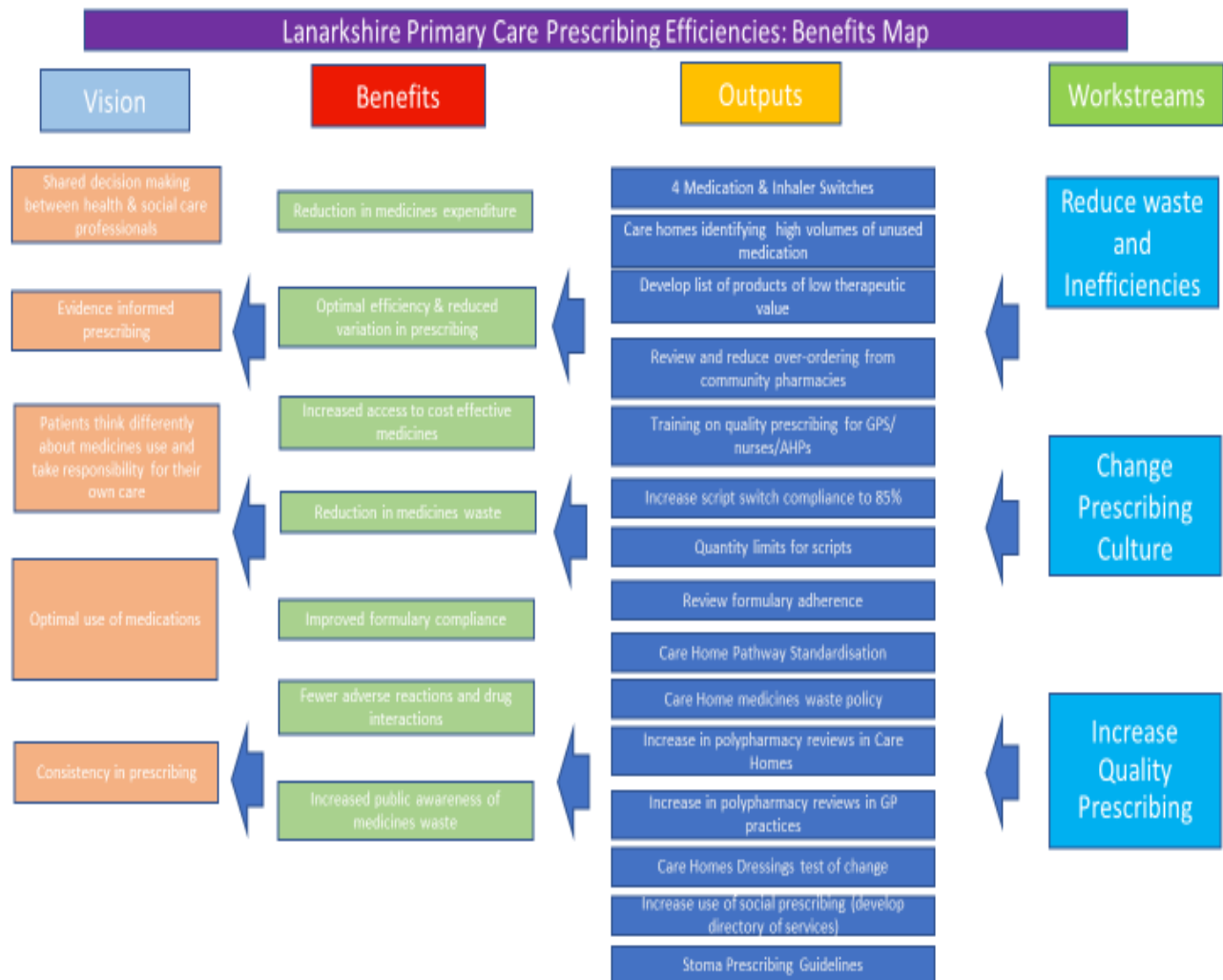
South Lanarkshire savings as of March 2023: **£1,043,350**

NHS LANARKSHIRE - SOUTH	Date: 31/03/2023						
	LOCALITY						
SUMMARY	CAMGLEN	CLYDESDALE	EAST KILBRIDE	HAMILTON	NHSL - SOUTH	Target	Achievement
efficiencies recorded (to end of year)	£127,650	£129,427	£176,368	£203,814	£637,260	£482,400	132%
ScriptSwitch (to 31/03/23)	£83,743	£74,354	£85,382	£162,611	£406,090		
TOTALS	£211,393	£203,781	£261,750	£366,425	£1,043,350		
Annualised CPP - March 22	£183.74	£217.92	£188.55	£196.71			

## Appendix 5

### Primary Care Prescribing Efficiencies Project: Benefits Map Exercise

The Primary Care Prescribing Efficiencies Leads have agreed this Benefits Map for the work. From this map, Benefits profiles are being created for 2024/25 along with a Benefits Realisation Dashboard which will track and report progress against intended impact of the project.



## Primary Care Prescribing Efficiencies Products of Low Therapeutic Value: Implementation Plan 2024

Implementation of the Guidance for Products of Low Therapeutic Value within Primary Care and Secondary Care

**Scope:**  
All services within Lanarkshire Primary Care & Secondary Care with a remit of prescribing  
All people receiving prescriptions for products within the guidelines  
All staff working within Lanarkshire Primary & Secondary Care Prescribing  
Services out with NHS Lanarkshire, including Community and Voluntary Sector organisations

Primary Care Prescribing Efficiencies Leads to liaise with stakeholders to implement the plan within the timelines: JANUARY 2024 ONWARDS

### HOSTING

Finalise and publish the guidance document: SHSL Guidelines website

Work with comms to support the publication

Public/patient engagement

### SIGNPOSTING

Align publication with launch of the "alternatives to a prescription" (signposting) guideline

Improve uptake and ensure prescribers feel they have an alternative

### COMMUNICATIONS

Staff briefing information

Social media

Screen saver

Community pharmacies

Patient FAQ document

Primary Care and Secondary Care Distribution lists

Letters out to GPs, Board Prescribers and assist with any potential complaints

Link workers email out

### DELIVERY

no new initiations or recommendations of these products

Existing prescriptions should be discussed/reviewed at every opportunity by any HCP who has contact with the patient

Prescribing Management Team will review existing prescriptions as part of polypharmacy reviews. Patients can be prioritised by area of highest spend

### MONITORING

2022-23 Spend and Items numbers as baseline; track for a reduction