

**Department of  
Finance and Personnel  
Memorandum on the Twenty Seventh  
Report from the  
Public Accounts Committee  
Mandate 2011-2016**

**Primary Care Prescribing**

**Presented to the Northern Ireland Assembly  
by the Minister of Finance and Personnel**

**1 May 2015**

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# Contents

*Pages* 5-8

Department of Health, Social Services and Public Safety:  
Primary Care Prescribing

# Glossary of Abbreviations

BSO	Business Services Organisation
CoSI	Cost of Service Investigation
CPNI	Community Pharmacy NI
DHSSPS	Department of Health, Social Services and Public Safety
GMS	General Medical Service
GPs	General Practitioners
GPC	General Practice Council
HSC	Health and Social Care
NI	Northern Ireland
PCE	Pharmaceutical Clinical Effectiveness
UK	United Kingdom

## Twenty Seventh Report

### Department of Health, Social Services and Public Safety

#### Primary Care Prescribing

##### *PAC Recommendation 1*

**The Committee is concerned that large variations between GP practice prescribing costs have little impact on the financial envelope GPs receive through the General Medical Services contract. As this contract is negotiated on a UK-wide basis, the Committee recommends that the Department examines, in conjunction with its UK counterparts, how the GMS contract can be strengthened to ensure that GPs improve all aspects of their performance, including prescribing.**

The Department of Health, Social Services and Public Safety (DHSSPS) accepts this recommendation.

Since General Practitioners (GPs) are responding to individual patient need, variation in prescribing is to be expected. However, the degree of variation has reduced over the past few years as a result of the implementation of the Northern Ireland (NI) Formulary, the actions of Medicines Management Advisers and the increased scrutiny of prescribing in general. Since 2010, there has been a 35 per cent reduction in variations across practices. The Health and Social Care (HSC) Board will continue to investigate variation and, where it is clinically appropriate to do so, seek to reduce the variation further.

Since 2012, when the 2013-14 negotiations were being conducted, there has been a pro-active move across the United Kingdom (UK) countries to strengthen and make the General Medical Services (GMS) Contract more relevant to local needs. This has resulted in full contract negotiations now taking place in each UK region and there no longer is a national GMS Contract; rather each UK country negotiates separately with the relevant General Practice Council (GPC) on the local issues affecting that country. With this comes the ability of each country to negotiate with their relevant GPC and to agree changes to the GMS Contract to reflect local needs and priorities, which could include issues relating to Pharmacy.

DHSSPS will, through the annual negotiation process, discuss performance arrangements, including the introduction of specific performance arrangements around prescribing. This will be in discussion with the HSC Board and take account of the other Enhanced Services work the HSC Board intends to commission around the use of Pharmacists within GP Federations.

##### *PAC Recommendation 2*

**Since the cost of the drugs prescribed in primary care falls to the HSC Board, GPs have limited incentive to prescribe more efficiently. To improve accountability, the Committee recommends that the Department establishes benchmarks for GP practices to compare against each other and identify areas where improvement is needed. The Committee also recommends that this benchmarking data is published periodically on the basis that sharing data is a necessary part of a drive to improve efficiency.**

DHSSPS has already implemented this recommendation and it reflects existing practice.

There are currently over 40 prescribing quality, safety and efficiency indicators that are used to benchmark GP practices. The HSC Board carries out benchmarking and provides the information to GP practices where they are compared with their peers. Practices are then required to review this information and take appropriate action. This has led to improved performance through agreed actions with practices to which GPs have responded positively.

The HSC Board and Business Services Organisation (BSO) currently publishes, on its website, data on individual drugs and volume prescribed each month which can also be used to compare individual GP practices and is part of the benchmark data that the HSC Board uses in its discussions with GP practices to help improve efficiency.

*PAC Recommendation 3*

**The Committee recommends that the HSC Board takes a more proactive approach to examining prescribing patterns in each of the remaining 12 therapeutic areas in order to establish the potential for generating savings.**

DHSSPS has already implemented this recommendation and it reflects existing practice as the HSC Board has been doing this for some time.

The HSC Board's Pharmaceutical Clinical Effectiveness (PCE) Programme consists of 70 individual objectives across all therapeutic areas. The PCE Programme reviews all therapeutic areas on an ongoing basis in order to identify efficiencies that can be gained throughout all elements of prescribing in order to drive up performance. The HSC Board also conducts regular audits of prescribing patterns within general practice using Board employed and practice based pharmacists and takes appropriate action to help improve efficiency and generate savings.

Further, the HSC Board proactively benchmarks prescribing in other parts of the UK to identify what areas in particular are required to be addressed and the potential for generating future savings.

*PAC Recommendation 4*

**The Committee recommends that the HSC Board establishes a long-term plan outlining the timescale within which savings will be achieved and shares this with the Committee.**

DHSSPS accepts this recommendation.

The HSC Board's annual PCE Programme is reviewed on an ongoing basis to deliver a plan for efficiencies each year. DHSSPS however accepts the Committee's view that a longer term plan is established. The HSC Board will take forward the development of a three year medicines management strategy which will incorporate a focus on efficiencies. In developing the strategy, the HSC Board will engage with service users, service providers and the wider HSC sector on the findings of the NI Audit Office review and Public Accounts Committee report; the Regulation and Quality Improvement Authority; and the emerging policies from DHSSPS i.e. Pharmacy Strategy and the Medicines Optimisation Policy to identify key commissioning actions for the next three years.

It is anticipated that the strategy will be completed by end December 2015 and a copy will be shared with the Committee when complete.

*PAC Recommendation 5*

**The Committee recommends that the Department takes steps to investigate the relationship between health need and prescribing.**

DHSSPS accepts this recommendation.

DHSSPS is currently undertaking a review of the GP prescribing formula with a view to having a new formula in place for April 2016. The formula is used to allocate the GP prescribing budget whereby GPs get an allocation to cover the costs incurred for providing medicines to their patients, and resources are distributed on the basis of the needs of the populations served.

The ongoing review is an extensive piece of work and will involve investigating health need and prescribing. A large part of the work will be to devise an "additional needs" index which will take account of differential need across GP practices. This will test a large dataset of variables including census socio-economic variables, mortality indicators, social security indicators, and also the Quality Outcomes Framework disease registers.

*PAC Recommendation 6*

**While the Committee recognises the benefits of minimising bureaucracy, it is essential that proper systems and controls are in place to prevent and detect fraud. The Committee recommends that the HSC Board considers and introduces appropriate internal controls/sanctions to detect any instances where community pharmacists, contrary to GP instructions, dispense a generic rather than branded drug.**

DHSSPS accepts this recommendation.

DHSSPS agrees it is essential that proper systems and controls are in place to prevent and detect fraud. All instances of actual or suspected fraud that are reported to the BSO Counter Fraud Service are investigated fully and there is close liaison between probity and fraud investigation teams.

The HSC Board has an existing programme of checks to detect instances of where a community pharmacist may, contrary to GP instructions, dispense a generic rather than a branded drug. These checks have not identified any instances of the generic drug being dispensed instead of the branded drug. However if specific concerns are brought to the attention of the HSC Board or BSO, these will be investigated and any overpayment that has been made will be recovered. The following checks are carried out routinely:

- A third of pharmacies are visited annually as part of the Drug and Appliance testing scheme administered by BSO. At the visit which is unannounced, the BSO pharmacists will check a prescription that has already been dispensed and will identify if the medication is dispensed in accordance with the prescriber's instructions. In the period April 2014 to March 2015 a total of 156 tests were carried out. During this period, there were no cases of a generic drug being dispensed when a branded drug was prescribed.
- BSO also carry out checks on dispensed medication at probity checking clinics. Patients from 24 pharmacies are invited to attend these clinics each year and a pharmacist checks their dispensed medication against their usual regular prescribed medication. No probity issues have been identified through these clinics.

The HSC Board and BSO are currently reviewing the existing pharmacy probity arrangements and will take forward findings from this review in order to strengthen the existing arrangements as necessary in 2015-16. This review will also look at the controls in place to prevent and detect fraud and error in relation to which drugs are prescribed and subsequently dispensed, and consider the appropriate sanctions that may need to be put in place.

Further, the HSC Board has been negotiating with Community Pharmacy NI (CPNI) in respect of an assurance framework and aims to have this in place in 2015-16. This will augment the current Terms of Service which are set out in the Pharmaceutical Services Regulations.

#### *PAC Recommendation 7*

**The Committee recommends that the Department explores with the pharmaceutical industry the scope to achieve greater consistency of appearance, labelling and/or packaging of the more common drugs supplied to the health service.**

DHSSPS accepts this recommendation.

DHSSPS will explore the scope to influence consistency of appearance, labelling and/or packaging of drugs supplied through engagement with representative bodies from the pharmaceutical industry and will raise this issue at the four UK country level with other Chief Professionals.

Furthermore, the implementation plan for the *Making it better through Pharmacy in the Community Strategy*, launched by DHSSPS in February 2015, includes a key action to develop a patient focussed approach to the supply of medicines from community pharmacies. Part of the standard operating procedures in all community pharmacies should be to identify those patients who require specific information about their prescription medicines, including information about a change of appearance or packaging for repeat prescriptions. Patients/carers should therefore receive appropriate advice and information and receive assurance that the efficacy is the same when their medicines are being supplied.

#### *PAC Recommendation 8*

**The Committee recommends that the HSC Board further develops public awareness initiatives to equip patients with more information on the use and cost of medicines, in particular to ensure that patients are better educated on the efficacy of less-expensive generic products. Further the Committee recommends that GPs are reminded of the need to fully inform patients of the rationale for their prescribing decisions.**

DHSSPS accepts this recommendation.

The NI Medicines Optimisation Quality Framework has been developed to provide a regional model for medicines optimisation supported by quality standards, best practice, outcome measures and innovation focus for the benefit of all people receiving care within the HSC sector. The objectives of the Medicines Optimisation Quality Framework are to support:

- A common understanding of what can be expected when medicines are recommended as part of an individual's treatment plan.
- The appropriate, evidence-based and cost-effective prescribing of medicines to meet patients' needs.
- Better patient engagement and involvement in decisions about their medicines.
- Improved health outcomes through better patient adherence.
- Safer transitions across care settings to ensure patient safety.
- A system wide safety culture to minimise the possibility of medication related errors and adverse incidents.
- Reduced variance in medicines use through the consistent delivery of medicines management best practices.
- A reduction in medicines related patient safety incidents.
- Improved intra and inter professional collaboration and a HSC workforce who recognise their role in medicines optimisation and deliver it as part of routine practice.
- A strategic focus for continuous improvement and innovation in the development and implementation of best practice.

The framework will therefore promote a common understanding for providers and patients of what is expected when medicines are included in an individual's treatment in primary and secondary care. It will also ensure patients are better educated on the efficacy of less-expensive generic products and will help raise public awareness in general on the use and cost of medicines. The Framework will be subject to public consultation beginning in May 2015 with the expectation that it will be launched before the end of 2015.

Furthermore, the Framework complements existing policies, National Institute for Health and Care Excellence guidance, quality standards, Transforming Your Care principles and is specifically aligned with the Quality 2020 strategic themes of safety, effectiveness and patient/client experience.

The HSC Board will write to all those who prescribe drugs within the HSC sector, including GPs, to remind them of the need to fully inform patients of the rationale for their prescribing decisions.

#### *PAC Recommendation 9*

**The Department's decision not to use its reserved powers to obtain information from contractors was flawed. The Committee notes that the Department is currently undertaking a Cost of Service Investigation and is now producing annual Margins Surveys but considers that the continued failure to agree a way forward is unacceptable. The Committee recommends that a suitable solution is reached between the parties as a matter of urgency.**

DHSSPS accepts the recommendation that a suitable solution is reached between the parties as a matter of urgency. However, the finding of a solution is not within the complete control of DHSSPS.

DHSSPS is currently taking forward a Cost of Service Investigation (CoSI) under its statutory powers. In doing so, DHSSPS has formed an expert group of key stakeholders (HSC Board and CPNI) to inform the progress and content of the investigation. DHSSPS recognises the importance of the CoSI in helping to inform discussions on community pharmacy remuneration and, as such, is committed to completing the CoSI as a matter of urgency. The HSC Board also continues to engage with CPNI in respect of governance and assurance framework and non-global sum fees.

However, CPNI has initiated a further judicial review in respect of funding arrangements. Notwithstanding this, DHSSPS and other key stakeholders remain committed to ensuring that progress on the CoSI is maintained so that it can be brought to a conclusion in order to find a suitable way forward as soon as possible.









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