

Formulary Adherence Reporting across GP Clusters

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Background and Objective

The Lothian Joint Formulary (LJF)¹ promotes safe, effective, and economic prescribing in both hospital and general practice and offers suitable choices of medicines for the vast majority of patients. The LJF is available in many formats, including web, electronic versions for primary care prescribing and an App. It is widely accessed across primary and secondary care.

Ensuring appropriate use of medicines is important to improve patients' health, increase safety and ensure the best use of resources.

Processes have been developed to ensure that prescribers are regularly informed of their prescribing patterns and expenditure, using the LJF as a benchmark.

Setting and Method

Increasing prescribing costs led to managers across the Health Board seeking assurance that patients are prescribed the most cost-effective medicine. By benchmarking prescribing patterns against the evidence based LJF recommendations this assurance can be provided.

Develop PRISMS² reports for each BNF chapter to provide percentage formulary adherence for all medicines prescribed.

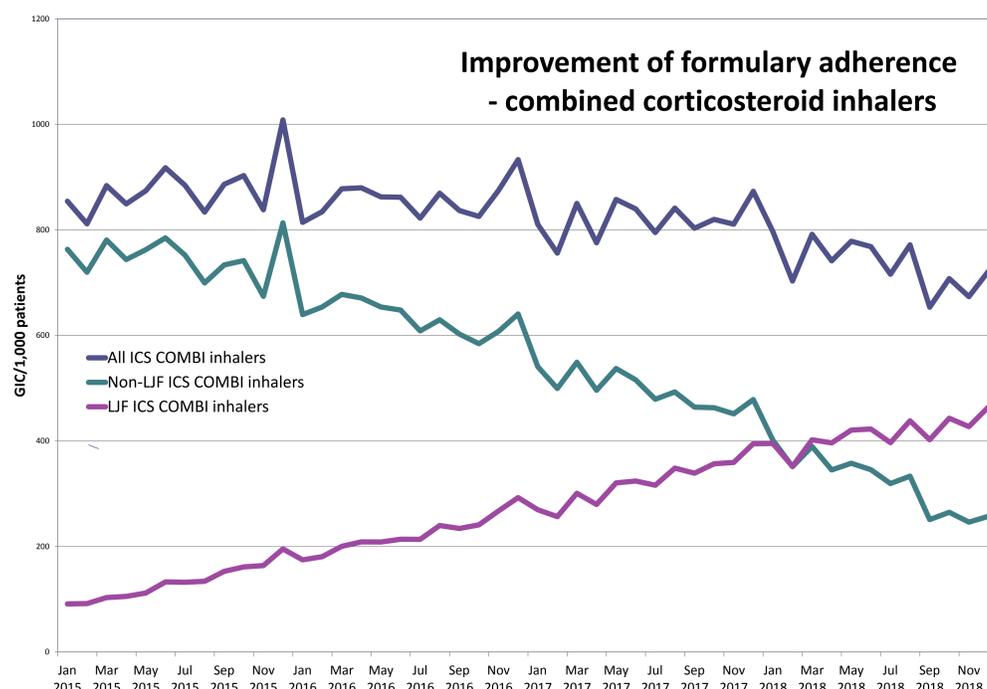
Design reports to benchmark prescribing within GP practice clusters. Include key messages for prescribers to focus on and compare with other GP practices in their cluster and empower changes in practice.

Engage with the new cluster structure in primary care to encourage practices to work together and share best practice to improve prescribing.

Provide information to support education and collaborative peer review amongst prescribers. Identify areas of non-formulary prescribing and subsequently encourage a shift to formulary choices.

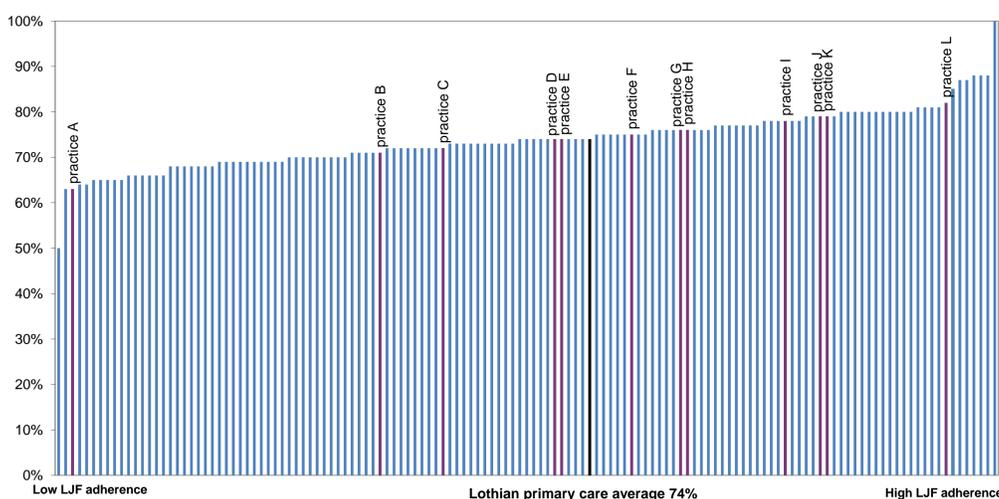
Review of patients' care to improve quality of care and treatment outcomes. Engage patients with these formulary decisions to reduce harmful and wasteful care as in Realistic Medicine.³

Repeat these reports at regular intervals to monitor changes over time.



NHS Lothian TOP 10 Non-Formulary Items from Endocrine report (July to September 2018)				
Approved Name	Prescribable Item Name	No of Items	Expenditure	
BLOOD GLUCOSE TESTING STRIPS	MOBILE STRIP	3215	£78,541	
RISEDRONATE SODIUM	RISEDRONATE SODIUM	2156	£8,933	
BLOOD GLUCOSE TESTING STRIPS	CONTOUR NEXT STRIP	2130	£100,136	
BLOOD GLUCOSE TESTING STRIPS	AVIVA STRIP	1484	£60,750	
DAPAGLIFLOZIN	FORXIGA	1224	£83,011	
BLOOD GLUCOSE TESTING STRIPS	ONE TOUCH VERIO STRIP	1082	£41,111	
INSULIN DETEMIR	LEVEMIR FLEXPEN	838	£58,892	
BLOOD GLUCOSE TESTING STRIPS	FREESTYLE LITE STRIP	755	£30,188	
INSULIN DETEMIR	LEVEMIR PENFILL	593	£38,136	
INSULIN DEGLUDEC	TRESIBA FLEXTOUCH	536	£33,617	

LJF Adherence Respiratory / Lothian practices / July-Sept 2018
practices in this cluster highlighted below



Report Name (data)	adherence % (volume)		adherence % (cost)	
	Formulary	Non formulary	Formulary	Non formulary
Gastrointestinal (Jan-Mar 2018)	86%	14%	74%	26%
Cardiovascular (Jan-Mar 2018)	81%	19%	79%	21%
Respiratory (Oct-Dec 2017)	71%	29%	49%	51%
Respiratory (Jul-Sep 2018)	74%	26%	60%	40%
Central Nervous System (Apr-Jun 2018)	86%	14%	77%	23%
Endocrine (Jul-Sep 2018)	92%	8%	82%	18%

Results and Conclusion

Reports have been circulated for 5 chapters, summarised in the table to the left. The reports have demonstrated acceptable levels of adherence (target 80%). These reports have been well received across the organisation, including the Area Drugs and Therapeutics Committee. All reports have shown areas for further improvement.

A lower level of respiratory adherence can be explained by recent changes in formulary recommendations. Work is ongoing to implement these changes to improve patient care. The 3% improvement in adherence seen in the second report represents a reduction in overall expenditure of £ 267,710. Additionally, it now means that less patients are receiving high strength inhaled corticosteroids.

CNS Example: Prescribing of nefopam has been identified as an issue. The inappropriate prescribing has been highlighted in a Lothian Prescribing Bulletin and is included in the work plan of the Medicines Utilisation Review Group.

Endocrine Example: Formulary adherence for blood glucose testing strips alone is only 53%. The non-formulary prescribing of diabetes products account for 77% on the total endocrine non-formulary prescribing.

Further work will include engaging further with GP clusters in helping to plan quality improvement projects based on these reports.

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