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| Prescribing Audit Report (PAR) Analysis Template |
| Period Reviewed | April 2014 | To | June 2014 |
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| What is your projected under- or overspend? | *8.4% overspend* |
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| What is the practice generic prescribing rate? | Locality equivalent | LHB equivalent | National equivalent |
| *86%* | *85%* | *85%* | *84%* |
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| Look at the total cost and number of items prescribed. Compare this with the Local, LHB and national average |
| Your Practice | *£420,077* | Nu *54,991* | Cost ratio |
| Locality | *£ 381,331* | Nu *54,089* | *1.1* |
| LHB equivalent | *£427,414* | Nu *57,179* | *0.98* |
| National | *£424,484* | Nu *54,954* | *0.99* |
| Are there large differences? | No – so why the 8.4% predicted overspend? – Will discuss with prescribing advisors |
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| Within each therapeutic group (Gastro intestinal, cardiovascular etc) look at the total number of practice items prescribed and total cost per therapeutic group and compared to the locality average.  |
| Therapeutic group (e.g. gastro intestinal, cardiovascular) | Number of items prescribed | Locality equivalent | Ratio | Cost per therapeutic group | Locality equivalent | Ratio |
| 1. *GI*
 | *4726* | *4797* | *0.99* | *£23868* | *£19867* | *1.2* |
| 1. *CV*
 | *16482* | *16128* | *1.02* | *£52944* | *£55107* | *0.96* |
| 1. *Resp*
 | *4395* | *4070* | *1.08* | *£67004* | *£58180* | *1.15* |
| 1. *CNS*
 | *10514* | *10594* | *0.99* | *£81970* | *£69330* | *1.18* |
| 1. *Infections*
 | *2511* | *2368* | *1.06* | *£10721* | *£10380* | *1.03* |
| 1. *MSK*
 | *2039* | *1821* | *1.12* | *£10992* | *£9205* | *1.19* |
| 1. *Other*
 | *14324* | *14312* | *1.0* | *£172576* | *£159259* | *1.08* |
| Do any of the above differ wildly from the locality? | *Gastro, respiratory, CNS and MSK are the largest differences – we will need to ‘drill down’ into these areas to see what the offending drugs are.* |
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| What are your practice’s top 5 sections from the Practice Top 25 Sections by cost? (E.g. Drugs used in diabetes, corticosteroids, analgesics etc) |
| Top 5 sections | Practice Top 25 Sections by cost (E.g. Drugs used in diabetes, corticosteroids, analgesics etc) | Cost | Ratio to locality |
|  | *Diabetes drugs* | *£42424* | *1.3* |
|  | *Corticosteroids (respiratory)* | *£42004* | *1.15* |
|  | *Analgesics* | *£33048* | *1.25* |
|  | *Lipid reducing drugs* | *£23800* | *1.1* |
|  | *Oral Nutrition* | *£15682* | *1.15* |
| Do any of the above differ wildly from the locality? | *Lipid lowering drugs show the least difference, diabetes and analgesics the most. I run the diabetes enhanced service and I have a masters level qualification in it and attend regular updates. I do not feel my prescribing is out of step but this does reflect a high prevalence of diabetics in our practice population so no opportunity to modify this result. Analgesic use and NSAIDs in particular is a known issue we are targeting. The better lipids result reflects our work as part of the Prescribing Management Scheme.*  |
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| What are your practice’s top 5 types of drugs prescribed from the Top 25 chemicals by number? (e.g. analgesics, lipid lowering drugs, antidepressants etc) |
| Top 5 sections | Practice Top 25 Sections by items prescribed (e.g. analgesics, lipid lowering drugs, antidepressants etc) | Number | Ratio to locality |
|  | *Analgesics* | *4214* | *1.03* |
|  | *Lipid lowering drugs* | *3403* | *1.01* |
|  | *Antidepressant drugs* | *3312* | *1.07* |
|  | *Antihypertensive therapy* | *3185* | *0.92* |
|  | *Ulcer-healing drugs* | *2898* | *0.97* |
| Do any of the above differ wildly from the locality? | *None of these are far from the average although analgesics were our 3rd most expensive group of drugs – this likely means we are simply using the wrong (more expensive) ones. The better figures for antihypertensives is misleading as this likely relates to a lower pick up rate for hypertensives rather than efficient prescribing. This is evident from our QOF data.* |  |
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| What are the 5 most common drugs (from Practice Top 25 Chemicals) prescribed by the practice? (E.g. Simvastatin, aspirin, bendroflumethiazide etc) |
| Top 5 drugs | Practice Top 25 chemicals by numbers prescribed (E.g. Simvastatin, aspirin, bendroflumethiazide etc) | Numbers | Ratio to locality |
|  | *Simvastatin* | *2256* | *1.02* |
|  | *Aspirin* | *1950* | *1.06* |
|  | *Bendroflumethiazide* | *1574* | *1.46* |
|  | *Omeprazole* | *1469* | *0.97* |
|  | *Levothyroxine sodium* | *1421* | *1.0* |
| Do any of the above differ wildly from the locality? | *Bendroflumethiazide sticks out! I am aware that the UK is one of the last countries to use this routinely and that it is largely regarded as ineffective and can hasten the development of type 2 diabetes. Indapamide could be more effective and I will discuss this with the prescribing advisors and partners.* |
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| What are the 5 most expensive drugs prescribed by the practice?  |
| Top 5 drugs | Practice Top 25 chemicals by cost (E.g. Fluticasone, Budesonide, ‘others’ etc) | Cost | Ratio to locality |
|  | *Fluticasone Proprionate* | *£25765* | *1.11* |
|  | *Atorvastatin* | *£13572* | *1.08* |
|  | *Budesonide* | *£11891* | *1.31* |
|  | *‘Others’* | *£11053* | *1.15* |
|  | *Tiotropium* | *£9423* | *1.23* |
| Do any of the above differ wildly from the locality? | *Respiratory drugs have a dominant position in our top 5. We have an excellent nurse led respiratory clinic and have had mechanisms in place for a number of years to identify COPD patients earlier. I take these figures as a mark of success and as I oversee the nurse led clinic and keep the protocols up to date, I am confident the cost reflects best practice and simply a high prevalence. The atorvastatin costs will drop markedly when it goes off patent soon.* |
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| List 3 to 5 areas for discussion with the LHB practice prescribing advisors. This may include suggestions for audit, examination of evidence, writing of protocols or switches. |
| 1. *Why are we heading for an 8.4% overspend when our total prescribing numbers and costs do not vary wildly from the average? (though 2 below may shed some light!)*
2. *We need to drill down into the drug areas of Gastro, respiratory, CNS and MSK as these show the widest variance in cost and numbers from the average*
3. *Help with analgesic use and NSAIDs in particular*
4. *Bendroflumethiazide – what is the LHB position on this drug and should there be a switch to Indapamide or not favour thiazides at all?*
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| Date discussed with practice team: | *Practice meeting booked 24th March* |
| Action plan, including timescales and by whom |
| Agreed Action | Time scale / date for completion | Who’s involved |
| Pending Practice meeting with prescribing advisors |  |  |
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