

Prescribing in 2008: savings made in four drug groups

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The NAO report *Prescribing Savings in 2008* details the savings made by GPs through improved prescribing of four groups of drugs. Steve Chaplin analyses the findings.

In 2007, the National Audit Office (NAO) said the NHS should get better value for money from its spending on medicines.¹ GPs in England could reduce costs without affecting patient care by improving prescribing of four groups of drugs: increasing generic prescribing of statins and proton-pump inhibitors (PPIs), avoiding an angiotensin-II receptor blocker (ARB) when an ACE inhibitor was appropriate and limiting treatment with clopidogrel (Plavix) to 12 months. If all PCTs increased prescribing efficiency to the level of the best 25 per cent, the NAO estimated that the NHS would save £200 million annually.

The latest statistics on GP prescribing in England show that total volume and cost changed little between 2007 and 2008.² The total cost of 842.5 million items in 2008 was approximately £8.33 billion; in 2007, 796.3 million items were dispensed at a cost of £8.37 billion. Spending on cardiovascular drugs decreased by 11 per cent to £1.61 billion.

The NAO commissioned the Department of Medicines Manage-

	Predicted spend (£ millions)	Actual spend (£ millions)	Saving (£ millions)
ACE inhibitors/ARBs	446.3	399.1	47.3
statins	739.9	462.3	277.6
PPIs	277.6	208.8	68.9
clopidogrel	144.1	142.3	1.8
totals	1 607.9	1 212.5	395.6

Table 1. Savings on spending in 2008 in England for four targeted drug groups: avoiding an ARB when an ACE inhibitor was appropriate, increasing generic prescribing of statins and PPIs, and limiting clopidogrel treatment to 12 months; actual spending was compared to that predicted for continuation of 2005/06 prescribing patterns⁴

ment at Keele University to estimate the savings PCTs achieved on the targeted drugs in 2008.³ Actual spending in that year was compared with what would have been spent had 2005/06 prescribing patterns continued unchanged.

Drug costs were based on prevailing *Drug Tariff* prices for defined daily doses (DDDs) of every formulation; for clopidogrel, the calculation was based on the number of DDDs adjusted for age and sex using the STAR-PU (Specific Therapeutic group Age-sex weightings Related Prescribing Units). The savings achieved by each PCT therefore reflected its baseline prescribing and the change in prescribing volume, not price fluctuation.

The NAO has published the savings at national, SHA and PCT level.⁴ Table 1 lists the figures for England as a whole. The total saving was approximately £400 million – almost twice the figure predicted by the NAO. All SHAs and PCTs made a net saving overall and all PCTs reduced spending on statins.

Spending on PPIs and ACE inhibitors/ARBs increased for one

PCT each, and spending on clopidogrel increased in 71 of the 151 PCTs (47 per cent).

The smallest total saving was £26 961 (Redcar and Cleveland), equivalent to only 1 per cent of its predicted spend. The greatest was £7 862 089, representing 31 per cent of predicted spend for Norfolk. Luton achieved the greatest proportionate saving (46 per cent) on its predicted spend of £6.6 million.

Clopidogrel

There was no correlation between actual spending and the estimated savings achieved on clopidogrel prescribing (see Figure 1). The mean saving as a proportion of predicted spend was zero, ranging from an increase of 68 per cent (Bournemouth and Poole) to a saving of 37 per cent (Hartlepool). The largest numerical saving was £496 000, achieved by Liverpool (actual spend £2.0 million). The largest increase in spending was £484 700, by Eastern and Coastal Kent (actual spend £2.4 million).

Of the 10 PCTs spending most on clopidogrel (£1.99-2.72 million),

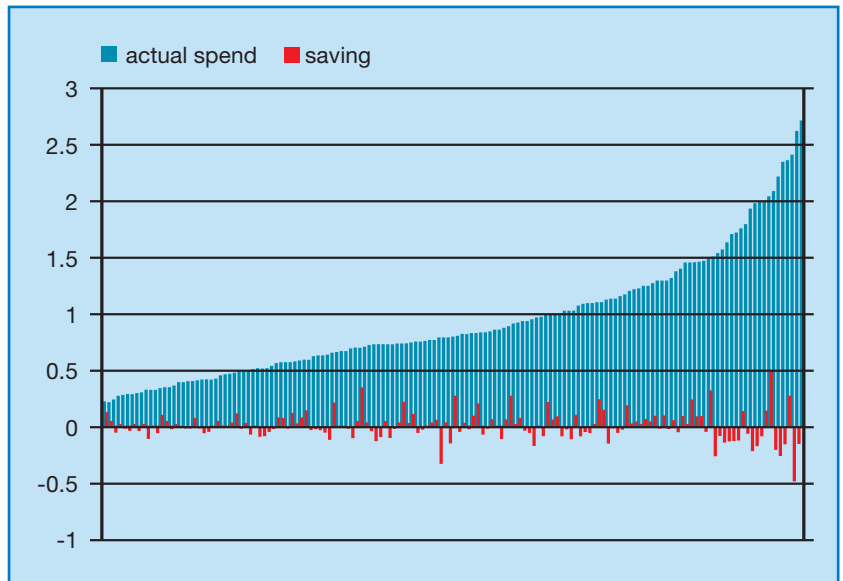


Figure 1. Actual spending and savings (£ million) on clopidogrel⁴

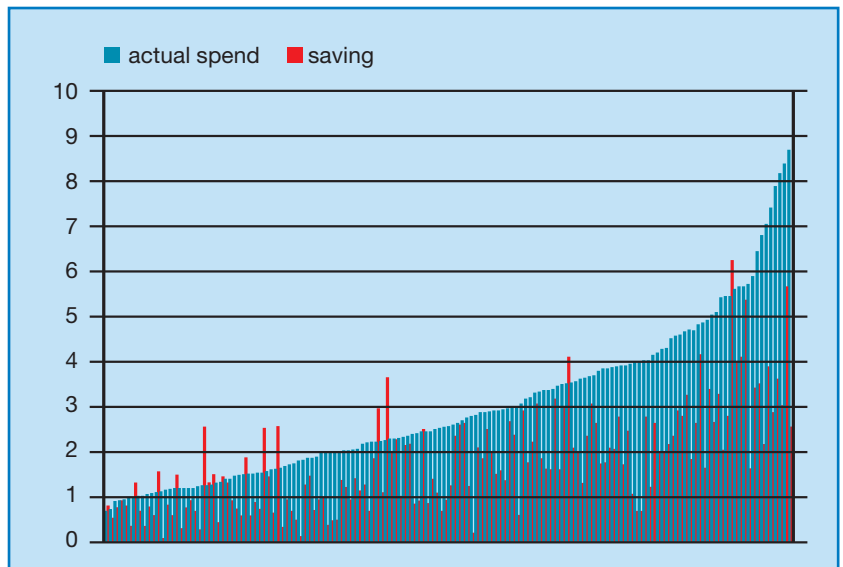


Figure 2. Actual spending and savings (£ million) on statins⁴

spending increased in seven (by £1479-£448 700). Of the 10 PCTs spending least on clopidogrel (£223 000-£331 000), five increased spending (by £2000-£105 000).

Spending belied the traditional link between deprivation and higher prescribing costs: four of the five SHAs that increased spending on clopidogrel were in the south of the country (London, South Central, South East Coast and South West); the fifth was East Midlands.

Statins and PPIs

There was a clear trend of increasing estimated savings with greater spending on statins (see Figure 2). The mean saving as a proportion of predicted spend was 36 per cent; the smallest proportionate saving was 7 per cent (Hartlepool) and the largest was 57 per cent (Wakefield). The greatest numerical saving was £6.3 million, achieved by Surrey with an actual spend of £5.5 million. The smallest was £100 000 by

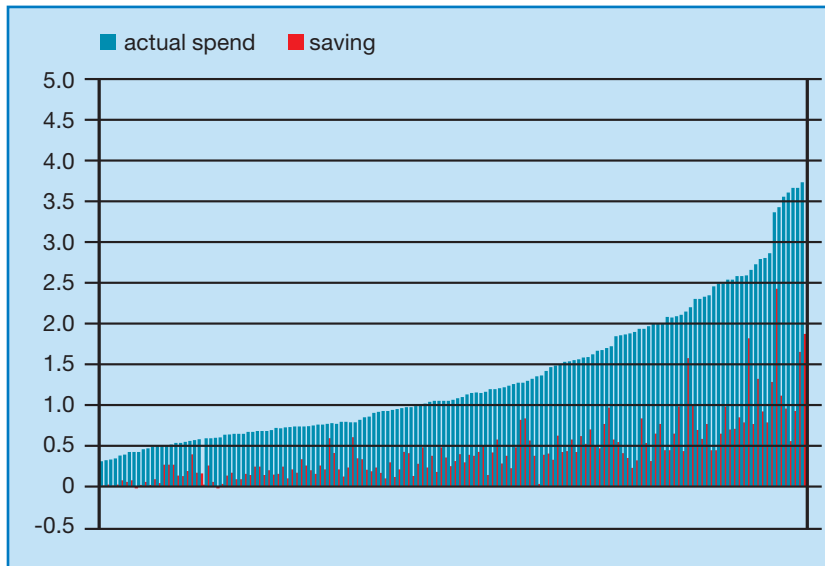


Figure 3. Actual spending and savings (£ million) on PPIs⁴

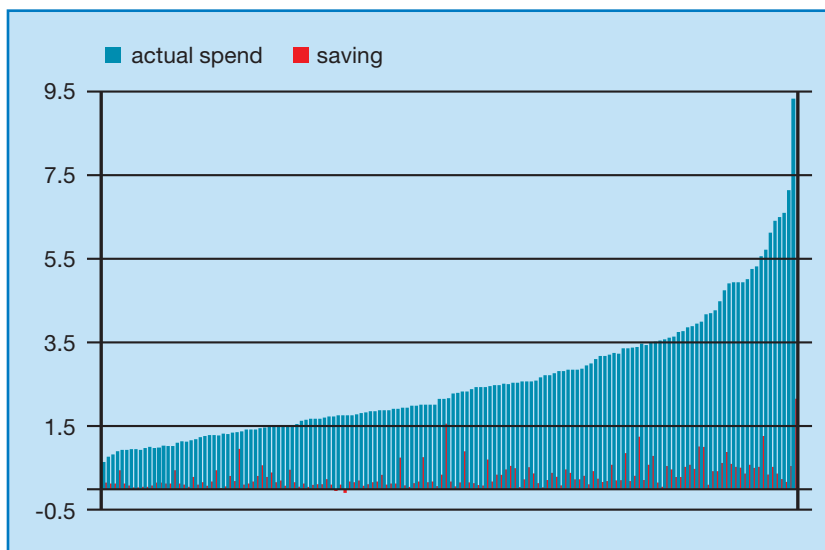


Figure 4. Actual spending and savings (£ million) on ACE inhibitors and ARBs⁴

Redcar and Cleveland, with an actual spend of £1.3 million.

There was also a trend to greater savings with higher spending for PPIs. The greatest saving was £2.4 million by Norfolk PCT on an actual spend of £3.4 million. Redcar and Cleveland increased spending by £3586 to £607 781. Mean savings as a proportion of predicted spending were lower than for statins at 23 per cent; other than Redcar and Cleveland, the smallest saving was zero

(Hammersmith and Fulham) and the greatest was 44 per cent (North Lincolnshire).

ACE inhibitors and ARBs

Estimated savings were relatively small (mean 10 per cent of predicted spend) and bore only a slight relationship to actual spend (see Figure 4). Gateshead increased spending by £80 203 to £1.8 million; Hampshire saved £2.2 million with an actual spend of £9.3 million. Other than Gateshead, the

smallest saving as a proportion of predicted spend was zero (Waltham Forest) and the greatest was 42 per cent (Bristol).

Interpretation

The latest statistics suggest that GP prescribing in England may be levelling off. Overall, PCT spending on four groups of drugs was approximately 25 per cent lower in 2008 than would have been expected from prescribing patterns in 2005/06. This figure masks wide variation between PCTs both in baseline prescribing volume and the savings achieved.

It is not known how much each PCT could have saved had it fully implemented all the NAO's suggestions; it is therefore not possible to compare their performance.

The greatest savings, both proportionately and numerically, were obtained by increasing generic prescribing of statins. Clopidogrel was the least amenable to savings, perhaps because prescribing is led by secondary care.

References

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Steve Chaplin is a pharmacist who specialises in writing on therapeutics