|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Prescribing Audit Report (PAR) Analysis Template | | | | | | | | | | | | | | | | | | |
| Period Reviewed | | | April 2014 | | | | | To | | | | | | June 2014 | | | | |
|  | | | | | | | | | | | | | | | | | | |
| What is your projected under- or overspend? | | | | | | | | *8.4% overspend* | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| What is the practice generic prescribing rate? | | | Locality equivalent | | | | | LHB equivalent | | | | | | National equivalent | | | | |
| *86%* | | | *85%* | | | | | *85%* | | | | | | *84%* | | | | |
|  | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| 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.* | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| 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.* | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| 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.* | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | |
| 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.* | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| 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.* | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| 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?* | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | |  | | | | |  | | |
|  | | | | | | | | | | |  | | | | |  | | |
|  | | | | | | | | | | |  | | | | |  | | |
|  | | | | | | | | | | |  | | | | |  | | |
|  | | | | | | | | | | |  | | | | |  | | |