

Prescribing Support Unit

Annual Report 2022



Committee *for*
Health and Social Care

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Introduction

This Prescribing Support Unit or PSU annual report reviews the trends in prescribing cost and volumes over the year to December 31st 2022 in Guernsey and Alderney, and discusses what the reasons for significant changes may have been. The report also summarises the activities of the PSU undertaken in the past year, activities that have already been completed in 2023 and the plans for the remainder of the year.

Key Findings

- A total of 1,650,969 prescription items for drugs and medicines were dispensed as pharmaceutical benefit in Guernsey and Alderney in the year, an increase of 3.1% on 2021.
- Of that total 1,053,969 were exempt from a prescription charge, an increase of 1.2% on 2021. There were 596,224 paid prescriptions, 6.6% more than in 2021.
- Traditionally there has been no growth, or a reduction in paid prescriptions. But in 2021 and 2022 numbers rose by 5% and 6.6%.

	2019	2020	2021	2022
Prescription items	1,532,569	1,549,841	1,601,445	1,650,969
% increase	0.6%	1.1%	3.3%	3.1%
Exempt	1,002,672	1,017,125	1,041,909	1,053,969
% increase	0.9%	1.4%	2.4%	1.2%
Paid	529,897	532,716	559,536	596,224
% increase	0%	0.5%	5%	6.6%

- The basic drug cost, or net ingredient cost (NIC) before any rebates or discounts, plus fees, uplifts and rota payments for all practices and prescribers was £21.77 million, up 0.5% on 2021 when it was £21.72 million.
- Taking discounts on high cost drugs, including oral drugs for cancer, to the PEH into account, the costs would have been approximately £2 million higher in 2021 i.e. £24.72 million and £1 million higher in 2022 i.e. £22.77 million.
- The average drug cost or NIC per (drug) prescription item dispensed in 2022 was £13.16, up 6.1% on 2021 when it was £12.40.
- There were 13,329, 10.7% more than in 2021, appliance prescription items dispensed in 2022. The total cost, including fees, was £1.15 million or 14.1% more than in 2021.
- The cost of the Oxygen service was £403K, 15% less than 2021.

- The Monitored Dosage Systems service cost £313K in 2021, an increase of 5.4% on 2020.
- Fees for supervision of consumption of opioid substitute therapy came to £122K, a 6.1% increase on 2020.
- Prescription charges paid by islanders amounted to £2.386 million, which was 4.9% more than in 2021.
- Rebates to CfESS on drugs dispensed in the community came to £560K in the calendar year 2022 and further discounts, of at least £1 million, were obtained by CfHSC on oncology and other specialist drugs dispensed to people in the community.
- The total annual cost of all of the above, plus out-of-pocket claims, professional fees and uplifts to pharmacies, less prescription charges, was £20.254 million, which was 4.2% lower than 2021 when it was £21.15 million.

Overall prescribing

There was a lower than expected increase in total costs. This was due to fact that the prescribing process for out-patient oncology drugs was changed in mid-2022. In the first half of 2022, PS6 prescriptions were written by the Consultants and submitted to the NHSBSA for payment, so the costs are included in the figures in this report. It was agreed that writing of PS6S was an unnecessary burden on the consultants and was stopped mid-year.

Item growth and cost increases have been modest in recent years, driven by item and cost control in Primary Care in exempt prescriptions. The picture changed in recent years, with above-average increases in paid prescriptions for the last two years. The factors affecting this include an increase in antibacterial prescribing at the end of 2022 in response to the Strep B outbreak, above-average increases in prescribing of endocrine drugs: for diabetes, as well as sex hormones, predominantly HRT, and new TA drugs.

Prescribing by all organisations

Cost and volume increases were higher than in previous years.

In Mental Health there were modest increases in items and significant reductions in cost, due mostly to part-correction of the prices of generic antipsychotics and antidepressants, which had been subject to price inflation.

However as stated earlier, the true cost of prescribing to the Guernsey taxpayer shown below was reduced by rebates totalling £560K in the year to CfESS (negotiated and managed by the Prescribing Advisor) and at least £1 million on drugs dispensed by the PEH pharmacy.

Table 1, as follows, contains the details

Table 1: Prescribing by all Organisations 2022

Table 1: Organisation	Prescription items		Total net drug cost		Average net drug cost per prescription item	
	2022	Change from 2021	2022	Change from 2021	2022	Change from 2021
HEALTHCARE GROUP	534,691	2.8%	£4,752,433	7.6%	£8.89	4.8%
QUEENS ROAD MEDICAL PRAC	443,572	1.6%	£4,341,266	4.9%	£9.79	3.3%
MEDICAL SPECIALIST GROUP	35,626	-2.1%	£2,609,648	-36.9%	£73.25	-35.6%
L'AUMONE AND ST SAMPSONS	478,682	4.8%	£4,582,505	12.8%	£9.57	7.6%
APPLIANCE Forms	13,329	10.7%	£1,150,573	14.1%	£86.32	3.1%
HSC	5,188	4.4%	£829,637	15.5%	£159.91	10.6%
ISLAND MC Alderney	61,994	5.8%	£483,614	-1.0%	£7.80	-6.4%
PSYCHIATRIC SERVICES	13,379	8.9%	£246,986	27.8%	£18.46	17.3%
SARNIA MEDICAL SERVICES LTD (OUT OF HOURS PRIMARY CARE)	13,686	11.9%	£107,817	28.1%	£11.27	-14.2%
CAMHS	1,766	-48.1%	£30,930	-61.4%	£17.51	3.1%
EMERGENCY DEPARTMENT	4,900	19.5%	£29,149	-15.4%	£5.95	-29.2%
LES NICOLLES PRISON	3,293	23.4%	£42,219	28.5%	£12.82	4.1%

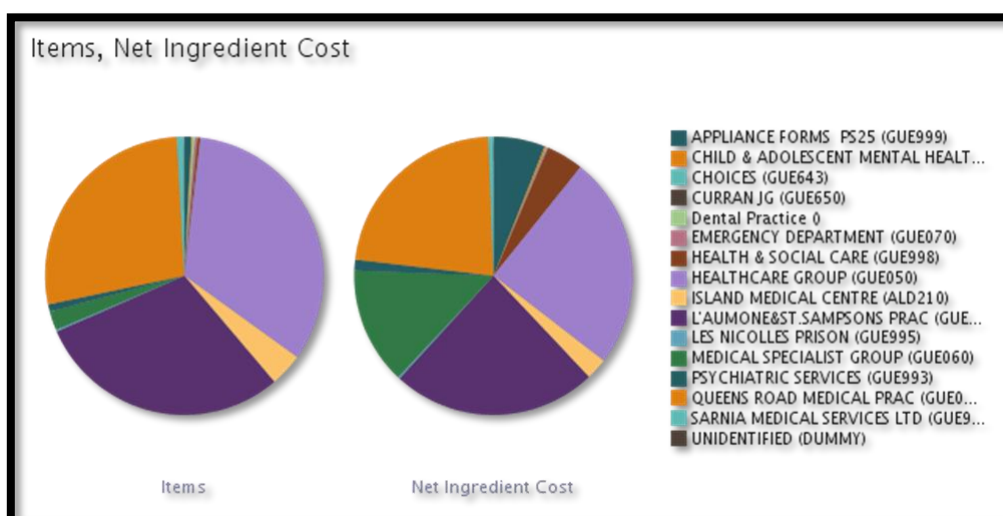


Figure 1

In 2022 there were significant increases across primary and secondary care prescribing organisations. The three main practices in Guernsey had cost increases of between 4.9% and 12.8%, following many years of very tight control.

Costs increased firstly due to the availability and prescribing of more specialist drugs and devices. Specialist drugs, many of which would be prescribed in secondary care and dispensed in either hospital or by homecare in the UK, are prescribed and dispensed via Primary Care on the islands. This process will be reviewed in 2023. Further details are in the following pages.

The second reason for these increases was the entirely unpredictable vast increases in the costs of common generics, examples of which are in the following pages. Prescribing decision softwear, with recommendations written by the Prescribing Advisor, was used successfully for several years. But the system with which we have the most experience is not compatible with current IT capacity and systems in Primary Care.

There were multiple reasons why the costs of some generics rose so much. The increased cost of staff for manufacturing and transport due to BREXIT, increased fuel costs due to the war in Ukraine, the after-effects of lockdown in Asian countries where raw materials and products are produced and the increased world-wide demand for drugs, many to manage the effects of a more sedentary lifestyle and increased consumption of highly calorific foods.

Mental health prescribing for adults rose significantly, reasons for which are set out in the following pages. There was a corresponding reduction in prescribing by CAMHS.

Appliances, including new devices for people with Type 1 diabetes and catheters rose considerably in costs.

In recent months, the prescribing team have drilling down into specific areas of prescribing and to identify potential savings.

The single major reason why these costs have increased so much is that Bailiwick patients expect access to all the new treatments which are available in other countries, where more taxes are levied on the population and where rates of all taxes are higher.

Prescribing by Therapeutic Group

Table 2, below, contains the details of the costs of the main therapeutic groups, which are discussed in the following pages.

	Prescription items dispensed		Total net drug cost		Average net drug cost per prescription item	
	2022	% Change on 2021	2022	% Change on 2021	2022	% Change on 2021
Gastro-Intestinal System	143,545	3.2%	£999,668	17.5%	£6.96	13.9%
Cardiovascular System	497,569	1.8%	£2,792,786	-0.5%	£5.61	-2.2%
Respiratory System	97,223	2.9%	£1,374,119	-3.02%	£14.13	-5.8%
Central Nervous System	256,821	0.9%	£2,074,856	-3.04%	£8.08	-3.9%
Infections	64,423	9.8%	£877,931	-1.45%	£13.63	-10.2%
Endocrine System	218,892	8.0%	£2,011,280	22.5%	£9.19	13.5%
Malignant Disease and Immunosuppression	10,175	-4.1%	£2,170,525	-40.2%	£213.32	-37.7%
Nutrition and Blood	99,980	5.8%	£1,277,876	15.7%	£12.78	9.4%
Musculoskeletal and Joint Diseases	55,702	0.4%	£2,090,957	11.96%	£37.54	11.5%

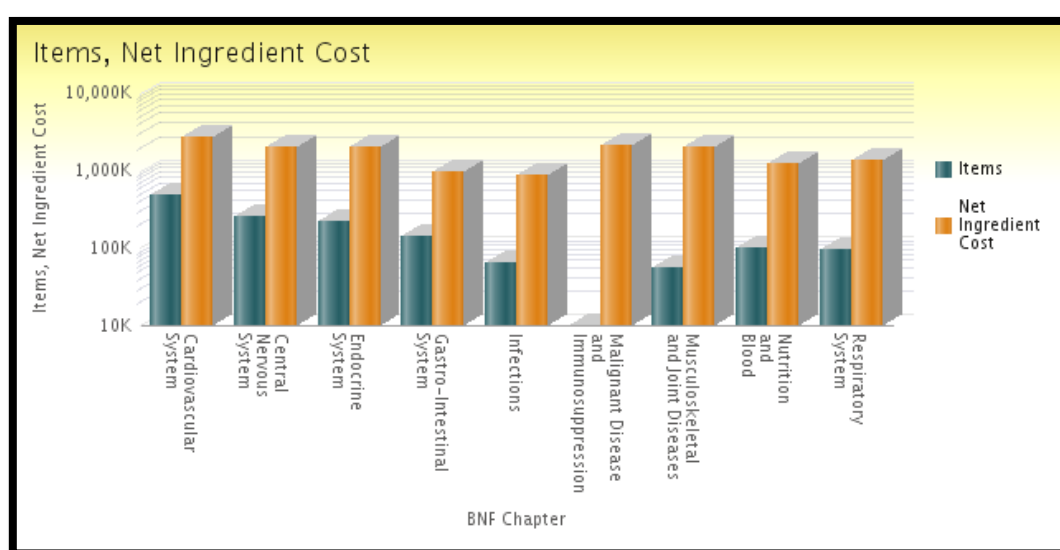


Figure 2

➤ **Gastrointestinal (GI) system**

There was a modest increase in the number of GI items of 3.2% but a 17.5 % increase in total costs. The costs of generic antisecretory drugs and mucosal protectants were the most significant. Of note is that for most of the year there was no permanent Consultant Gastroenterologist on the island.

The cost of anti-secretory drugs has increased from £125,000 in 2018 to over £400,000 in 2022. Whereas number of items only increased by 9% over the same period. The generic price for proton pump inhibitors continued to increase. There have been raw material shortages and manufacturing delays because of continued COVID restrictions in China. Ranitidine which is a histamine 2 receptor antagonist was withdrawn. We saw an 88% increase in the number of items of H2 antagonists compared to the previous year. The remaining drugs in this class are significantly more expensive when compared to PPI's. Costs for these drugs were £133,000 which was an increase of £53,000 on 2021.

Costs for prescribing in chronic bowel disorders rose by 27.5% despite the number of items being down by nearly 1%. This category includes salicylate drugs used for the management of inflammatory bowel disease. There were significant price increases for these agents during the year.

The increase seen in antispasmodic drug cost is largely due to the introduction of Glycopyrronium solution which is used to treat hypersalivation. It is classified within this category in the BNF. It is just one example of an older off-patent drug whose exclusivity was purchased by a company, which then obtained a license for an expensive branded product. One expensive generic liquid antispasmodic, costing several hundred pounds per prescription, was removed from the Prescribing List in late 2022. Further work will done in the coming months on potential cost savings in the prescribing and dispensing of these products.

Table 3, as follows, contains the details of Gastrointestinal prescribing in 2022.

Table 3 GI Prescribing	Prescription items dispensed		Total net drug cost		Average net drug cost per prescription item	
	2022	Change from 2021	2022	Change from 2021	2022	Change from 2021
Antisecretory drugs and mucosal protectants	94,544	3.2%	£403,517	28.1%	£4.27	24.1%
Antispasmodics and other drugs altering gut motility	5,899	10.8%	£87,459	18.1%	£14.83	6.6%

Chronic bowel disorders	3,405	-0.8%	£168,190	27.5%	£49.40	11.1%
Drugs affecting intestinal secretions	1029	11.2%	£44,159	23.6%	£44.92	13.9%
Dyspepsia and gastro-oesophageal reflux disease	4431	-1.6%	£31,012	-4.5%	£7.00	-3.0%
All GI	143,545	3.2%	£999,668	17.5%	£6.96	13.86%

➤ Cardiovascular system

There was an increase in item numbers in 2022 of 1.8%, with a headline 0.5% fall in total costs, before rebates. Cardiovascular prescribing costs were largely stable in 2022.

The main cost drivers were now new cardiac TA drugs. The use of the newer and more expensive direct oral anticoagulant or DOACs for atrial fibrillation, venous thromboemboli (blood clots) and now in secondary prevention of cardiovascular disease stabilised somewhat after large increases in previous years. And a rebate scheme has been in place since 2019 reducing the cost of one drug by a significant six-figure sum.

The cost of cardiovascular prescribing includes the dispensing of the blood product Factor 8 and a monoclonal antibody, all for people with haemophilia, both of which are bought by HSC at significant discounts. The cost per unit of Factor 8 when the products are bought via the NHS supply chain is said to be the lowest in the world.

The cost of older cardiac off-patent drugs sky-rocketed in 2022, with the cost of some now similar to the cost of the branded product. For example, the cost of generic ivabradine rose from about £4.99 per 28 days in 2021 to £19.89 in 2022.

There are however significant cost pressures in the pipeline in the form of expensive new lipid-lowering drugs, rebate schemes for which have all been agreed with time companies. The NHS lipid pathway is about to be considered by the Prescribing and Formulary Panel.

Table 4, as follows, contains the details of the costs before discounts and rebates.

Table 4: Cardiovascular Prescribing	Prescription items dispensed		Total net drug cost		Average net drug cost per prescription item	
	2022	Change from 2021	2022	Change from 2021	2022	Change from 2021
Anti-arrhythmics	2,460	-0.4%	£17,202	-5.6%	£6.99	-5.2%
Anticoagulants and protamine	25,608	3.9%	£1,159,049	6.0%	£45.26	2.0%
Antifibrinolytic drugs	668	15%	£425,813	-9.0%	£637.44	-20.8%
Antiplatelet drugs	36,807	0.2%	£54,853	-7.1%	£1.49	-7.2%
Beta-adrenoceptor blocking drugs	57,748	1.6%	£90,055	-9.8%	£1.56	-11.2%
Diuretics	52,488	-1.3%	£124,433	-18.1%	£2.37	-17.0%
Hypertension and heart failure	120,169	1.8%	£350,313	-3.3%	£2.92	-5.1%
Lipid-regulating drugs	116,782	4.7%	£226,475	-6.4%	£1.94	-10.6%
Nitrates, calcium- channel blockers & other antianginal drugs	81,118	-0.1%	£311,846	12.2%	£3.84	12.3%
Positive inotropic drugs	3,130	-2.7%	£6,009	17.7%	£1.92	21.0%
Sympathomimetics	591	47.4%	£26,739	-6.7%	£45.24	-36.7%
All CV	497,569	1.8%	£2,792,786	-0.5%	£5.61	-2.2%

➤ Respiratory system

In 2022 there was a small increase of 3% for items and a 3% reduction in costs.

Antihistamine prescribing was up with a large increase in costs of nearly 48%. This was almost entirely due to one drug which is off patent: Promethazine. This is an older antihistamine usually prescribed for short term sedation rather than for the treatment of allergies. The price of promethazine increased by a factor of five over the space of the year. Efforts are being made to reduce the use of this drug.

Costs for the main asthma inhalers remained stable throughout the year. The price of leukotriene inhibitors continued to fall to a level seen before COVID and this resulted in a reduction of expenditure for this classification of drugs.

Mucolytic prescribing includes new and expensive agents used to treat cystic fibrosis and dispensed by HSC with a rebate scheme in place to recoup the significant NHS discount. Numbers of patients are very low but costs high so a small change in items used will disproportionately effect cost. There is emerging evidence of benefits for patients in terms of

lowering rates of hospitalisations and exacerbations, which will further reduce the cost to the health service.

Antifibrotics are similarly expensive but not widely used. A rebate scheme is in place which significantly reduces the cost of prescribing but does not show in the recorded data.

Despite the high cost of these new products, and because of price reductions of some inhalers, reduced prescribing, reduced wastage etc. respiratory costs in 2022 were lower than in 2012: £1.374 million for 97K items before discounts and rebates compared with £1.571 million for 59K items.

Table 5, as follows, contains the details.

Table 5: Respiratory Prescribing	Prescription items dispensed		Total net drug cost		Average net drug cost per prescription item	
	2022	Change from 2021	2022	Change from 2021	2022	Change from 2021
Antifibrotics	8	167%	£10,038	150%	£1255	-6.3%
Antihistamines, hyposensitisation and allergic emergencies	22,226	8.0%	£179,465	47.6%	£8.07	36.7%
Bronchodilators	34,436	-0.6%	£296,989	-3.6%	£8.62	-3.0%
Corticosteroids (respiratory)	30,513	3.4%	£825,726	4.3%	£27.06	1.0%
Cromoglycate, leukotriene and phosphodiesterase type-4 inhibitors	6,608	1.1%	£8,737	-41.5%	£1.32	-42.1%
Mucolytics	3,403	8.6%	£53,119	-70.0%	£15.61	-72.4%
All Respiratory	97,223	3.0%	1,374,119	-3.0%	£14.13	-5.8%

➤ Central nervous system (CNS)

The number of CNS prescriptions increased in 2022 by 1% but we saw a reduction in total cost of 3%, before one small rebate. Over many years very tight controls were in place on CNS prescribing, without which overall costs would have been a lot higher.

Despite the enormous increase in prescribing of imported and on-island medicinal cannabis, there was a small increase in the prescribing of all analgesics. This may be related to waiting lists for joint operations.

Antipsychotic medicines saw an increase in cost of 20%; there were some significant price increases throughout the year, most notably with Aripiprazole (134%). And the use of another

agent Haloperidol also increased, especially the 500mcg dose capsule. Haloperidol costs were up 150% on previous year.

Antidepressant costs were down as previously very high generic prices finally fell.

Items used to treat ADHD increased by 20%, costs were up by 14%, which may have been attributable to increased recognition of the condition in adults or more young people transferring to psychiatry from CAMHS. There were more prescriptions issued for the more expensive agent Lisdexamfetamine. Items for this drug were up 40% in 2022. It is hoped that guidelines will be agreed on its place in therapy in the coming months.

Substance misuse items and costs were down by over 20%. The community pharmacies offering supervised Opioid substitute therapy worked hard to deliver the service despite shortage of pharmacists. The fall may in part be due to the use of long-acting injectable treatments, which are impossible to divert. And they save on dispensing and supervision costs. Costs of the first-line agent for OST are reduced by a significant rebate. Costs increase pressures for these products to come from secondary rather than primary care.

Island-wide there was a slight increase in the prescribing of hypnotics (1.5%) but costs were significantly higher. This is explained by the six-fold increase in the price of Temazepam. Despite tight regulations put in place by the PSU regarding the prescribing of melatonin for insomnia, items were up by 35%. Costs rose by £24,000 to £75,000 making it by far the most expensive medicine in this category. The guidelines, recommending its use only in specialities where evidence exists : by CAMHS and for people of all ages with Learning Disability will be revisited in the near future.

It is hoped that when prescribing decision software is reinstated, alerts on large increases in costs such as low dose haloperidol or aripiprazole or temazepam will get to prescribers at the point of prescribing. Even a small proportion of acceptances by prescribers would quickly recoup the license cost.

Table 6, as follows, contains the details on CNS Prescribing

Table 6: CNS Prescribing	Prescription items dispensed		Total net drug cost		Average net drug cost per prescription item	
	2022	Change from 2021	2022	Change from 2021	2022	Change from 2021
Analgesics	57834	0.8%	£622,486	-0.5%	£10.76	-1.3%
Antidepressant drugs	118,872	0.8%	£347,099	-19.0%	£2.92	-19.6%
Antiepileptic drugs	20,063	0.3%	£279,988	-4.4%	£13.96	-4.7%
CNS stimulants and drugs used for ADHD	3,313	21.4%	£130,551	13.9%	£39.41	-6.2%
Drugs for dementia	3,066	-8.5%	£66,954	-25.0%	£21.84	-18.0%

Drugs used in nausea and vertigo	8,466	9.3%	£56,430	2.4%	£6.67	-6.3%
Drugs used in parkinsonism and related disorders	6,609	9.2%	£206,912	9.9%	£31.31	0.6%
Drugs used in psychoses and related disorders	11,643	-4.0%	£103,033	20.0%	£8.85	25.0%
Drugs used in substance dependence	1,982	-20.1%	£90,189	-24.4%	£45.50	-4.6%
Drugs used in the treatment of obesity	416	-10.7%	£11,196	0.5%	£26.91	12.6%
Hypnotics and anxiolytics	24,557	1.5%	£160,018	24.1%	£6.52	22.3%
All CNS	256,821	0.9%	£2,074,856	-3.0%	£8.08	-3.9%

➤ Infections

Overall, there was a small increase in the numbers of drugs used to treat infections but a small decrease in costs.

Antibiotic prescriptions were up by over 12% but the expenditure on these medicines only increased by 2.5%. Generic pricing stabilised and prescribing was cost effective. Numbers were up as we saw many upper respiratory infections towards the end of the year. There was also heightened media attention regarding cases of strep A and well-publicised shortages of antibiotics last winter. This may have led to an increase in demand.

Antiviral prescribing was up 7% but costs were down by over 3%. Several discounts were negotiated which have resulted in significant cost savings for antivirals used in the treatment of HIV and Hepatitis C.

Table 7, as follows, contains the details on prescribing for people with infections.

Table7 Prescribing for Infections	Prescription items dispensed		Total net drug cost		Average net drug cost per prescription item	
	2022	Change from 2021	2022	Change from 2021	2022	Change from 2021
Anthelmintics	115	1.8%	£1,209	620%	£10.52	607%
Antibacterial drugs	51,743	12.4%	£285,932	2.5%	£5.53	-8.8%
Antifungal drugs	4,443	-3.8%	£16,783	-17.3%	£3.78	-13.9%
Antiprotozoal drugs	3206	3.4%	£16,880	13.2%	£5.27	17.2%
Antiviral drugs	4916	7.0%	£557,119	-3.4%	£113.33	-9.7%
All Infections	64,423	9.8%	£877,931	-1.5%	£13.63	-10.2%

➤ Endocrine disorders

We observed significant cost increases in this field during 2022. Expenditure rose by £370,000 (8%) and items were up 8%. The largest increases were in drugs used to treat diabetes. Costs for antidiabetic medicines were up £283,000 (9.1%) and now stand at over £1.2 million. Much of this increase is down to the use of two specific medications for type 2 diabetes; Semaglutide costs were nearly £300K, an increase of 189%. Empagliflozin's costs were nearly £340K in 2022, an increase of 59%. The latter is also used to treat heart failure.

Rates of type 2 diabetes are increasing and complications from the disease place a considerable burden on health expenditure. These newer agents have been shown to be effective. It is hoped that by reducing the many complications seen with diabetic patients they will have a very positive impact on health costs in the future.

There was also another big increase in the prescribing of HRT in 2022. This follows much publicity regarding the potential benefits. A large MHRA review was the basis of NICE advice and that in the BNF. It concluded that the benefits of short-term HRT outweigh the risks in most women, especially those aged under 60 years and those requiring oestrogen only. Costs for HRT were up by £75,000 (50%) and items by 45%. Stock shortages of HRT products caused major issues for patients, prescribers and particularly for community pharmacists in 2022.

Details on the prescribing of drugs for endocrine disorders are as follows in Table 8.

Table 8: Endocrine Prescribing	Prescription items dispensed		Total net drug cost		Average net drug cost per prescription item	
Class of drug	2022	Change from 2021	2022	Change from 2021	2022	Change from 2021
Corticosteroids (endocrine)	13,632	5.7%	£67,972	-0.5%	£4.99	-5.8%
Drugs affecting bone metabolism	8563	-4.9%	£132,926	4.9%	£15.52	10.3%
Drugs used in diabetes	62,497	9.1%	£1,243,649	29.4%	£19.90	18.6%
Hypothalamic and pituitary hormones and anti-oestrogens	842	22.9%	£129,706	9.9%	£154.04	-10.6%
Other endocrine drugs	106	-16.5%	£7,400	-12.8%	£69.81	4.5%
Sex Hormones	44,254	34.1%	£295,198	49.8%	£6.67	11.8%
Thyroid and antithyroid drugs	88,998	-0.8%	£134,430	-16.7%	£1.51	-16.0%
All Endocrine	218,892	8.0%	£2,011,280	22.5%	£9.19	13.5%

➤ **Malignant Disease and Immunosuppression**

There was an apparent large decrease in expenditure within the field of malignant disease in 2022. This is largely explained by administrative changes which now mean many of the costs for these expensive agents are attributed to secondary care rather than through the community. The actual costs of many of these treatments was reduced by at least 50% through NHS rebate and purchasing discounts.

Details are in Table 9 as follows

Table 9: Malignant Disease	Prescription items dispensed		Total net drug cost		Average net drug cost per prescription item	
	2022	Change from 2021	2022	Change from 2021	2022	Change from 2021
Cytotoxic drugs	1,050	-26.5%	£603,607	-48.0%	£574.86	-29.3%
Drugs affecting the immune response	3026	-4.0%	£1,014,934	-41.2%	£335.40	-38.8%
Sex hormones and hormone antagonists in malignant disease	6099	1.2%	£551,983	-25.7%	£90.5	-26.5%
All Malignant Disease Drugs	10,175	-4.1%	£2,170,525	-40.2%	£213.32	-37.7%

➤ **Nutrition and Blood**

2022 saw an increase in the number of items of 5% costs however rose by 15%.

This can be attributed to a few specific areas. Eltrombopag a high-cost agent used to treat platelet disorders such as thrombocytopenia was used on a few occasions. There were more prescriptions for darbepoetin (renal anaemias) issued. Costs for this drug have been significantly reduced due to central purchasing at a competitive price.

Due to excessive price inflation by companies, Vitamin D supplementation was a significant cost at £272,000 in 2022. But high cost high strength specials were removed from the Prescribing List in 2023 which should see costs fall. Viteyes^R and similar products costing, £83,000, is another vitamin product where we are observing rising costs. This product was approved locally before the on-island AMD service was funded and appears to be non-formulary in many NHS trusts. Whether continued funding is appropriate will be revisited in 2023.

Infant formulae for specific indications rose to £100,000 in 2022 but we did see a reduction in cost of about 8% for sip and tube feeds throughout the year thanks to careful management of patients by the dietetic team.

The PSU team will be conducting further analyses on all the above figures and where appropriate making recommendations to the PFP for better stewardship and/or disinvestment.

Table 10, as follows, contains the details

Table 10 Nutrition and Blood	Prescription items dispensed		Total net drug cost		Average net drug cost per prescription item	
	2022	Change from 2021	2022	Change from 2021	2022	Change from 2021
Anaemias	33,459	3.6%	£296,644	25.3%	£8.87	20.9%
Oral nutrition	8054	-7.6%	£400,627	-8.2%	£49.74	0.71%
Vitamins	46,826	8.6%	£334,681	53.0%	£7.15	40.9%
All	99,980	5.7%	£1,277,876	15.7%	£12.78	9.4%

➤ Musculoskeletal and joint disease

Rheumatology costs rose by 12% in 2022. This is largely attributable to the increased use of biologics in the management of Rheumatoid arthritis. The spend for 2022 was just over 2 million pounds. We obtain significant rebates back from drug companies which means the true cost to the health service is much lower than these figures suggest. The number of NSAID drugs prescribed was down by nearly 6% throughout the year. This is hopefully an indication of improved management of chronic arthritis.

Table 11, as follows, contains the details.

Table 11: Musculoskeletal and Joint Disease	Prescription items dispensed		Total net drug cost		Average net drug cost per prescription item	
	2022	Change from 2021	2022	Change from 2021	2022	Change from 2021
Drugs used in neuromuscular disorders	1,501	4.5%	£15,894	3.8%	£10.66	-0.7%
Drugs used in rheumatic diseases and gout	42,062	2.1%	£2,000,008	13.0%	£47.55	10.7%
Drugs for soft tissue disorders and topical pain relief	12,139	-5.8%	£75,055	-9.6%	£6.18	-4.1%
All	55,702	0.4%	£2,090,957	12.0%	£37.54	11.5%

➤ **Changes over time**

In the first full year of operation of the Prescribing Support Unit, 2000, the cost per prescription item was £10.42. It then rose to £11.53 in 2004. In 2022 it was £13.16 per item before deduction of rebates to CfESS and NHS discounts to CfHSC.

D. Prescribing Support Unit Activities in 2022

The role of the Prescribing Support Unit is to:

- Provide unbiased information on the evidence-based use of drugs to manage, influence and support cost-effective prescribing
- Provide feedback and prescribing data to individual prescribers and prescribing organisations
- Manage the entry of new drugs via the Prescribing and Formulary Panel and new NICE TAs as per the States Resolution of January 2020.
- Provide prescribing and other data to groups and individuals including but not limited to as the local print, broadcast and social media, Primary Care, Immunisation and Vaccination Committee, the Drug and Alcohol Strategy Co-ordinator and the Misuse of Drugs Advisory Group.

All were maintained to the extent possible throughout the year. Details of the above, plus other projects undertaken in 2022, are as follows

➤ **Transfer of function from CfESS TO CfHSC**

In May 2020 the States approved the transfer of responsibility for all health-related benefits, including pharmaceutical benefits, from CfESS to CfHSC. Senior pharmacy staff and other officers in both committees have been working closely together since the PSU was established in 1999. All the team had moved by the end of 2021. Work on IT, Finance aspects and other practical aspects of the move are still on-going. There were minimal if any changes to the day-to-day service given to our customers.

The Health Benefit staff at CfESS moved to CfHSC in 2022. Necessary supporting work in IT, finance/invoicing and other pharmaceutical benefit functions remain on-going.

➤ **Prescribing Panels**

In May 2018 the CfHSC and CfESS approved the formation of one island-wide panel, the Prescribing and Formulary Panel, to review and to make recommendations for approval of new drugs, to disinvest in poor value products and to agree policies and guidelines on prescribing.

There were 29 applications for individual products for approval in 2022, some were reconsiderations of products already considered. Of the 29 products requested, 26 were approved. In 2021 and 2022 the PFP was advised which new TAs were ready for approval.

An accurate estimate of the cost avoidance of the drugs declined for prescribing is difficult to make. Alternative treatments, not all pharmacological, of varying costs and in different care settings may have been offered. There may have been extra monitoring costs associated with the new drugs or potential savings by reduced use of secondary care facilities.

➤ **NICE Medicines and Prescribing Associate Programme**

There was no reaccreditation conducted in 2022 due to the COVID-19 pandemic and the widespread disruption to all aspects of the NHS. The team at NICE continued the usual face-to-face days on-line and in abbreviated formats. Face to face meetings were reinstated in 2022, with the plan to have two events per year and two remote events.

➤ **Prescribing and Dispensing Audits**

As in previous years audits were conducted in 2022 into all aspects of prescribing and dispensing. The NHSBSA improved the functionality of EPACT2 to allow users to access more detailed prescribing and dispensing data. It is also gradually increasing the data set held from 5 years to 10 years. The PSU has been using EPACT data and benefiting from it since pre-1999. Close professional links with the NHSBSA Data Specialists, Pharmacists and others remained a greatly valued source of information, advice, and support.

The system now provides more information and improved functionality with respect to drug pricing and charging for non-standard formulations or specials i.e. products without a single fixed price. All prescribing was checked monthly on receipt of data from the NHSBSA. Doctors were written to with recommendations for switches to better value treatments where appropriate and when time allowed. Where costs were deemed excessive, the Prescribing Panel has in the past recommended changes to alternative products.

➤ **Rebates and discounts**

Costs of new drugs in the NHS are reduced by a series of complex rebates, discounts, and patient access schemes. This is to satisfy patient demand for new drugs in the UK and to make them available at a price that might be affordable in the NHS. There are numerous supporting processes in the NHS including electronic prescribing, BlueTeq, more hospital dispensing and dispensing by Homecare Companies or pharmacies wholly owned by the NHS.

Without these processes, rebates in the Bailiwick are far more complex to set up, to manage and to monitor. But every effort is always made to ensure that all the rebates obtained in the NHS are obtained on behalf of the Bailiwick taxpayer by pharmacy.

However, the increase in specialist drugs including new TAs being dispensed by community pharmacy has put pressure on teams to the extent that a more sustainable, future-proof and integrated model is required.

In 2022 rebates came to £560K. Dispensing via the hospital pharmacy cost £2.653 million in 2022, this was reduced by at least 50% by NHS discounts. Guernsey has no automatic entitlement to these rebates and discounts. The time involved and the complexity of even

obtaining access to these discounts, negotiating agreements, maintaining them, supplying data and chasing payments etc. cannot be over-emphasised.

➤ **Inpatient Deprescribing Audits and Interface / Discharge Pharmacy Business Case**

In late 2018 the then Chief Pharmacist and a Consultant Geriatrician, conducted an audit on inpatient prescribing in Victoria Wing and Carey Ward to check what products might be appropriate for deprescribing. The report was published in early 2019. In September 2019 the audit was repeated on two surgical wards, two medical wards and the rehabilitation ward, Le Marchant. Due to time constraints and the imminent retirement of the Chief Pharmacist the second audit was less detailed than the first.

The findings of the first audit were that, in 20 patients, 30 drugs would be recommended for deprescribing. Potential savings would be £450 per month or £5,400 per year for 20 patients. In the second audit 73 patients were reviewed, 14 drugs were considered to be suitable for deprescribing. Potential savings would be £254 per month or £3,048 per year.

The reviewers calculated that if the samples seen were representative of the current position in the general population, savings generated from deprescribing would be between £185K and £1.2 million per year. The latter figure was based on the more detailed 2018 audit. The actual savings from deprescribing would be a part only of anticipated larger savings by active intervention at the interface between care settings. This would also reduce stockpiling of unwanted pharmaceuticals in homes, where it is a public health issue. The authors' recommendations included the investment in an interface pharmacy service and the sharing of the results with the wider community.

As a result of this audit, a business case for the pharmacy roles has been submitted for two pharmacists and two pharmacy technicians in late 2020. Though this was supported, funding was not identified in 2021.

Due to budgetary restrictions one post only was funded: an Elderly Care Senior Pharmacist. The successful candidate at interview, an experienced Community Pharmacist has accepted the post and has now started. A delivery service of discharge prescription forms from the PEH to pharmacies, initially in mental health, was introduced in early 2023. This has been well received by all concerned and is now being rolled out across the main hospital.

➤ **Reducing wastage and polypharmacy**

An important part of reducing wastage in the pharmaceutical service is disinvesting in high cost and low value products. As a result of evidence-based medicines optimisation, prescribing was considerably reduced or stopped all together in products such as melatonin for insomnia for adults in primary care, liothyronine for thyroid disease, trimipramine for depression, alimemazine for allergies, lidocaine plasters in chronic pain, fish oils for cardiac disease, glucosamine for OA and numerous high-cost specials. These measures resulted in real on-going significant savings.

Patients and community pharmacy staff have a central role to play in reducing wastage.

Checks throughout the year showed that islanders, as well as pharmacy staff, continued to cross unwanted items off prescription forms, as advised on the back of Guernsey prescription forms. The number of “not dispensed” items rose from 107,110 in 2020 to 108,585 in 2021 to 115,668 in 2022. The number of items dispensed per prescription form in 2022 reflected this and was slightly lower than in 2021.

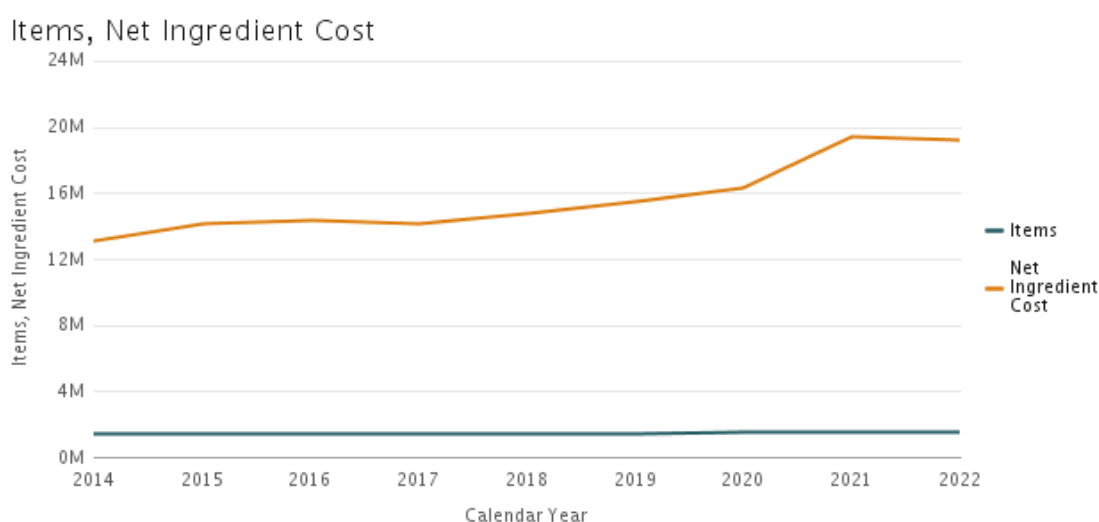
Medicines wastage can also mean an antibiotic being prescribed when a self-purchased cold remedy would work just as well, it can mean a special formulation of a generic being charged for at a vastly inflated price or test strips prescribed for people only on oral treatments for Type 2 diabetes or a treatment previously funded now replaced by one of better cost-effectiveness.

The PSU has developed comprehensive evidence-based policies and processes to reduce to the extent possible or eliminate all forms of wastage and to get the messages across to the island community in many different formats.

Details of the items per prescription form since 2015 are as follows, in Table 12.

Table 12: Items per drug prescription form

Year	Items	Forms	Items per form
2015	1,471,888	682,269	2.16
2016	1,464,363	706,820	2.07
2017	1,450,609	721,442	2.01
2018	1,465,922	729,441	2.01
2019	1,485,554	746,062	1.99
2020	1,517,568	747,395	2.03
2021	1,565,246	770,931	2.03
2022	1,615,282	780,431	2.01



➤ **Biosimilars**

Many of the expensive biologics dispensed in the community for arthritis, inflammatory bowel disease and psoriasis are available as lower priced biosimilars. In some cases the original product is discounted to match the cost of the biosimilar. As discussed previously, a biosimilar policy was agreed in late 2014 across Primary and Secondary Care. This was considered in the NHS to be an important opportunity to save money. Biosimilar specialist pharmacists and nurses were appointed in trusts to manage their introduction. The NHS initially set a target of saving £350 million per year by using biosimilars. Local savings in excess of £1 million in 2022 were achieved without any extra expenditure on infrastructure or staff in Primary or Secondary Care. The processes for the prescribing and dispensing of high cost drugs now needs to be reviewed.

➤ **Prison pharmacy**

Outside of lockdown, the Prescribing Advisor continued to visit the prison once per week to support the excellent work of the Prison Healthcare team, to do audits and to review the treatments of admitted people. Pharmacists’ input in secure environments is being increasingly required in the UK given the complex care needs of the population and the issues of misuse of prescribed drugs.

➤ **Prescribing data for GP activity reports**

This was downloaded, collated and sent to Primary Care for use in doctors’ appraisals in Q2 2022. It was encouraging to have seen improvements every year in the quality of antibiotic, opioid and hypnotic and anxiolytic prescribing in Primary Care. These are real benefits for the health of the community, as well as saving large sums of public funds.

Island-wide, in 2022, there were further improvements in the prescribing of opioids as follows. There were marginal increases in the prescribing of hypnotics and anxiolytics and antibacterials, now possibly linked to increases in cancer cases, the ageing population and increased circulation of people in the community.

Table 13: Opioid Prescribing 2014 to 2021

Year	Opioid Items	Opioid NIC
2014	20,874	£350,472
2015	20,467	£351,368
2016	19,958	£351,450
2017	18,049	£305,411
2018	17,091	£286,829
2019	17,267	£267,529
2020	17,017	£248,601
2021	17,177	£240,632
2022	16,987	£234,471

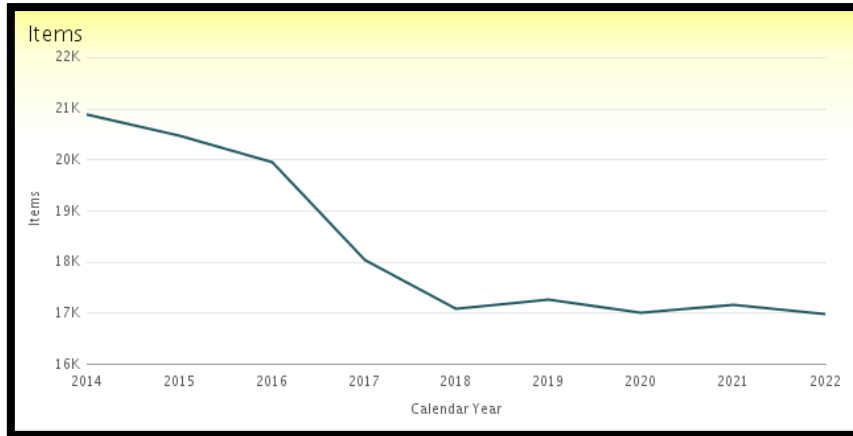


Figure 3

Table 14: Antibacterial Prescribing 2014 to 2020

Year	Antibacterial Items	Antibacterial NIC
2014	59,386	£275,986
2015	56,765	£302,839
2016	55,969	£264,156
2017	53,689	£240,235
2018	53,472	£230,804
2019	51,535	£243,272
2020	44,332	£272,752
2021	46,034	£279,052
2022	51,743	£285,930

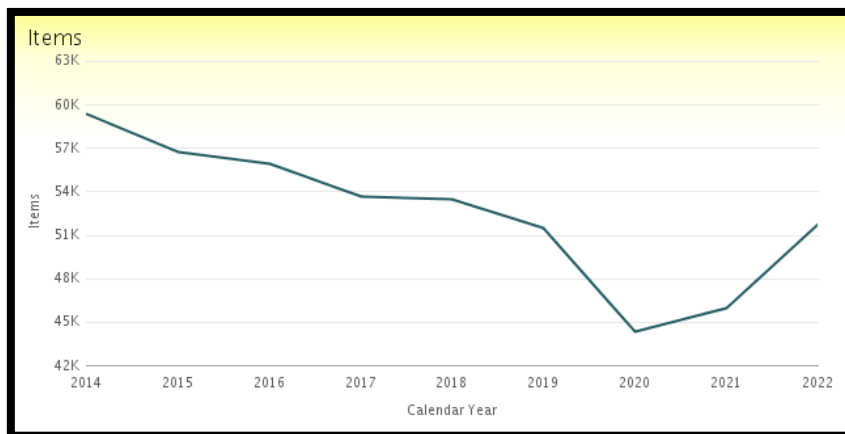


Figure 4

Table 15: Hypnotic and Anxiolytic Prescribing 2014 to 2020

Year	Hypnotic and Anxiolytic Items	Hypnotic and Anxiolytic NIC
2014	29,976	£210,653
2015	29,563	£231,497
2016	28,852	£187,755
2017	28,294	£211,396
2018	27,059	£163,228
2019	25,280	£120,582
2020	25,200	£124,557
2021	24,198	£128,931
2022	24,557	£160,018

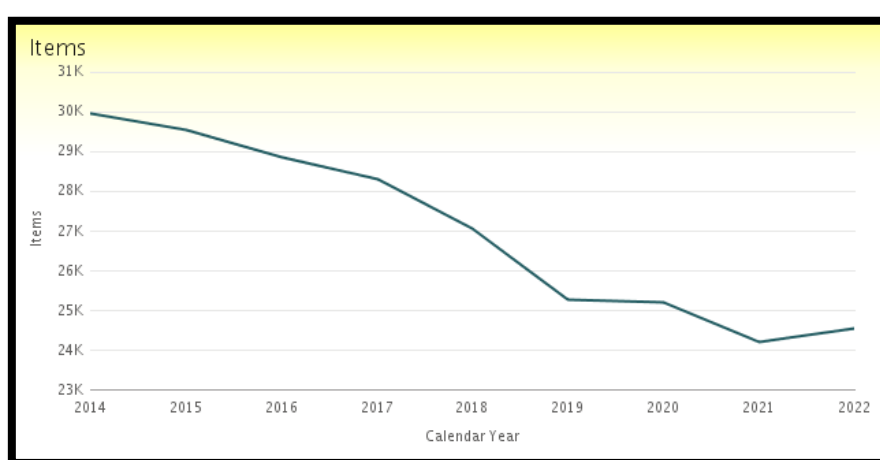


Figure 5

➤ **High cost drugs**

A Senior Pharmacy Technician who was appointed in late 2018 to manage the transition of some very high costs drugs from community to hospital dispensing was still in his post in 2022. This work realised large savings, as discussed previously.

➤ **NICE TAs**

In January 2020 the States of Guernsey debated possible changes to drug funding policy. The gap between what drugs are available in the UK and those available in the Bailiwick was considered too wide to be acceptable. Deputies voted to fund all NICE TAs via a rolling programme. Deputies also voted to fund the implementation programme via a rolling programme. Due to the COVID-19 outbreak, implementation did not begin until November 2020. Since January 2021, TAs in spec have been approved “ automatically”. A full report of the implementation is being finalised at the time of writing.

Priorities in 2023

The healthcare community is still rebuilding its resilience after COVID and BREXIT.

In late 2022 funding for a Senior Pharmacist for the PSU was obtained. The successful candidate, an experienced community pharmacy manager with 20 years of on-island experience, took up his post in February 2023. The medicines optimisation pieces of work and the savings achieved since then, by the now strengthened team, are as follows

Product	Details	Monthly saving excl. fees	Annual saving excl. fees
Travel vaccines and anti-malarials	Removed from Prescribing List, with the support of Public Health		£3K
Semaglutide	Error in pricing identified during a pricing audit by the PSU Senior Pharmacist. If a prescription said "4" the BSA priced 4 boxes. Prescribers and pharmacists were contacted and prescriptions changed to "1", which is a 28 day supply.	£9,000	£108K
Colecalciferol high strength tablets	Became high-cost specials in the course of 2022. Removed from Prescribing List with the approval of the PFP.	£13,000	£156k
Ascorbic acid tablets	Generic price rose considerably. Removed from Prescribing List with the approval of the PFP.	£3,500	£42K
Calcium with ergocalciferol	Generic price rose considerably. Removed from Prescribing List with the approval of the PFP.	£1,799	£22K
TOTAL		£27,299	£331K

The following are the priorities for the rest of the year

- Reducing Polypharmacy and improved Deprescribing
- Reducing wastage
- Revisiting and updating existing guidelines on high cost low value products
- Prescribing, dispensing and charging audits
- Management of high-cost drugs
- Development of a simplified pathway for NICE TAs and possibly all new drugs
- Prep work for reintroduction of prescribing support software, Sceiptswitch.

➤ **Future savings**

Reductions in the use of the products discussed throughout this report will mean that costs in future years will be significantly lower than if this work had not been done. However increased monitoring will be required the medium term to ensure that these gains will not be lost. There will be opportunities for savings from projects such as high-cost drugs, specials, biosimilars, test strips, deprescribing and reducing polypharmacy, as well as reducing the use of drugs of concern and wastage.

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August 17th 2023