

# IJB Budget Pressures: Prescribing

## Chief Officers Update – 3<sup>rd</sup> April 2025

# Ambition

## REALISTIC MEDICINE

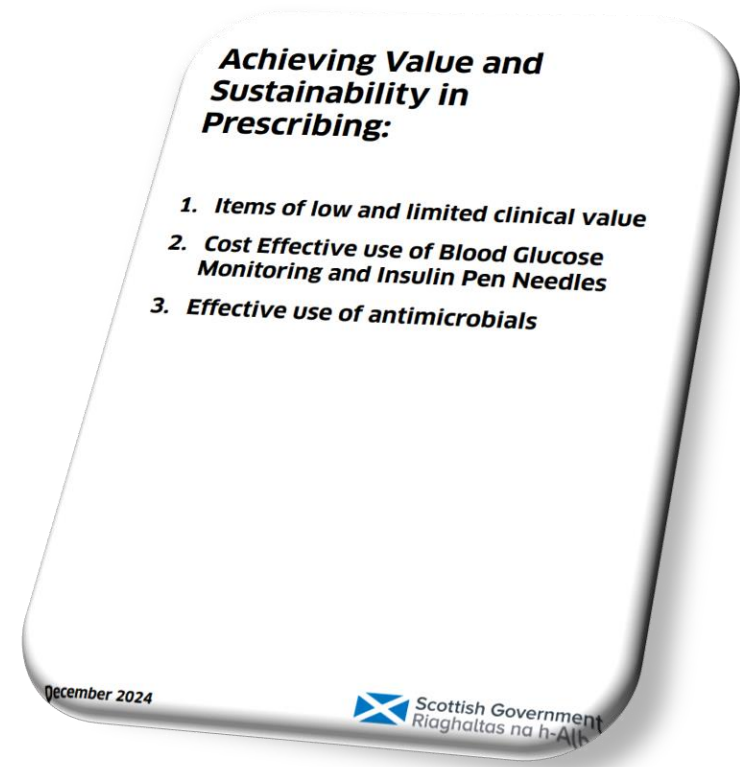
WE CAN:



# Context

Recognise that:

- Across Scotland there is variation in what is prescribed and to whom, and there are often more effective, safer, or cost-effective alternatives available.
- Good prescribing dictates that the choice of therapy should be made in discussion with the individual and on the basis of good clinical evidence of efficacy, safety, value and acceptability.



# Context



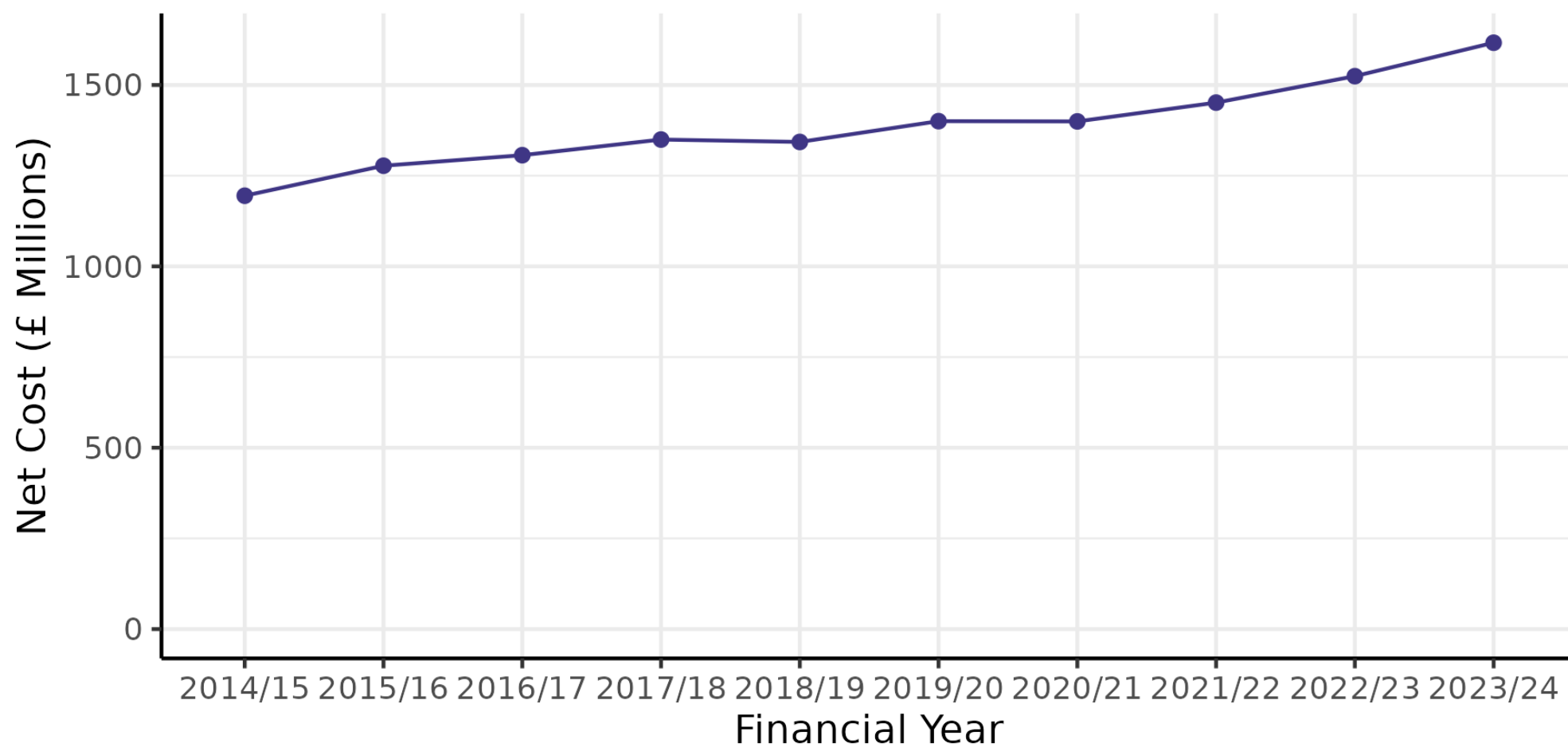
Boards face significant cost pressures - staff and prescribing costs are two areas which drive increases in spending.



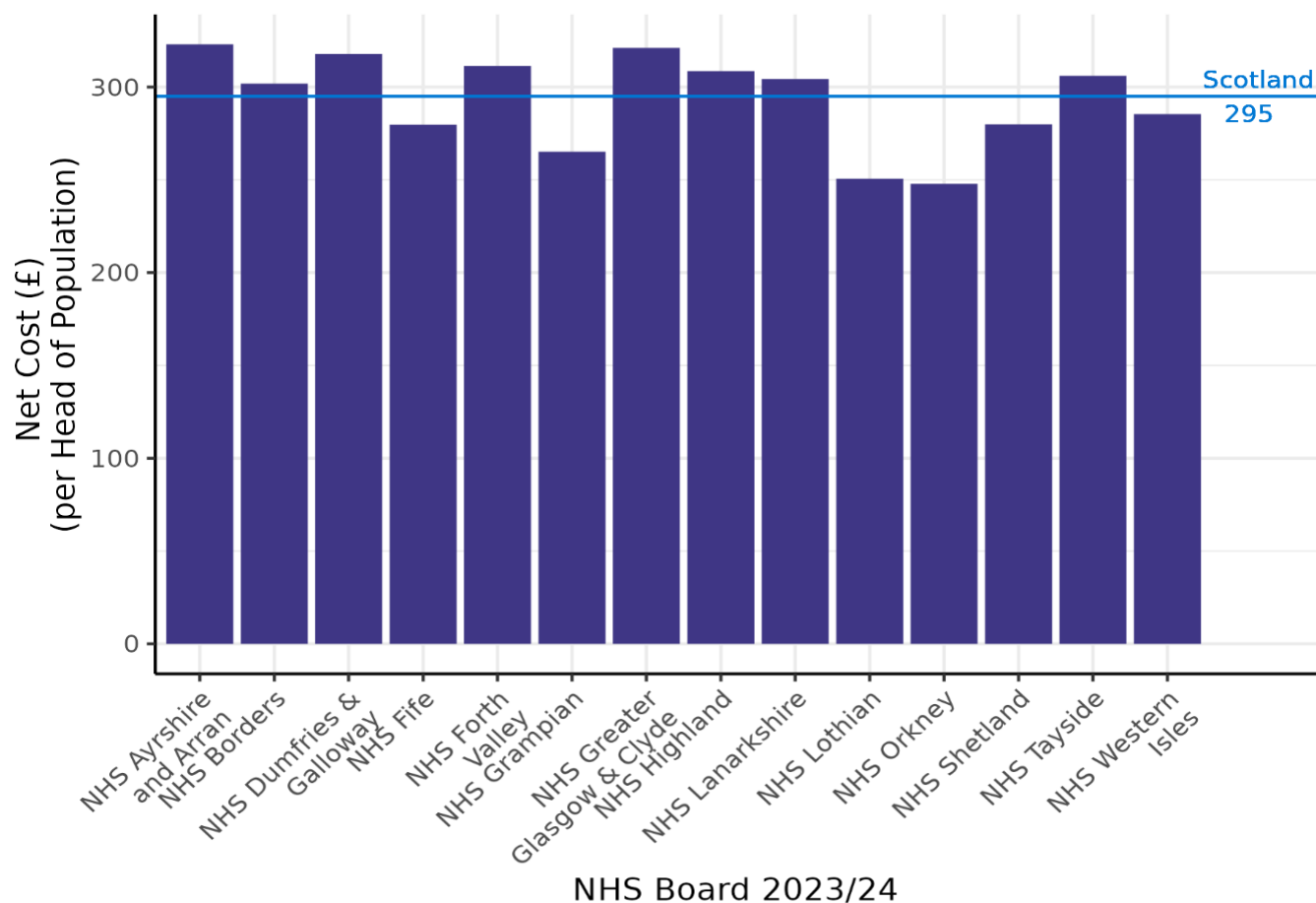
Inflationary cost pressures, including prescribing costs, making it more expensive to maintain the same level of services.

# Prescribing Cost Trends

Total (Net) cost (£ Millions) in NHS Scotland: 2014/15 - 2023/24



# Prescribing Expenditure



Variation in prescribing expenditure influenced by a variety of factors, inc. population demographics and prevalence of chronic disease.

NHS Financial Planning Guidance 25/26:

- 10% increase in prescribing costs
- 3% increase in funding for prescribing from SG to cover additional costs

# Prescribing Cost Pressures

## Prescribing and IJBs:

- c£1.2bn budget across all 31 IJBs - 10% of total IJB budgets
- **c£70m** anticipated cost pressures in prescribing across IJBs
- Prescribing budget overspends will have a direct impact on the provision of other HSCP services.
- Pressure of budgets further challenges scope to invest in upstream prevention and population health measures.




***c£70m is the equivalent  
of 1,530 Band 5 Nurses***



# Prescribing Cost Drivers

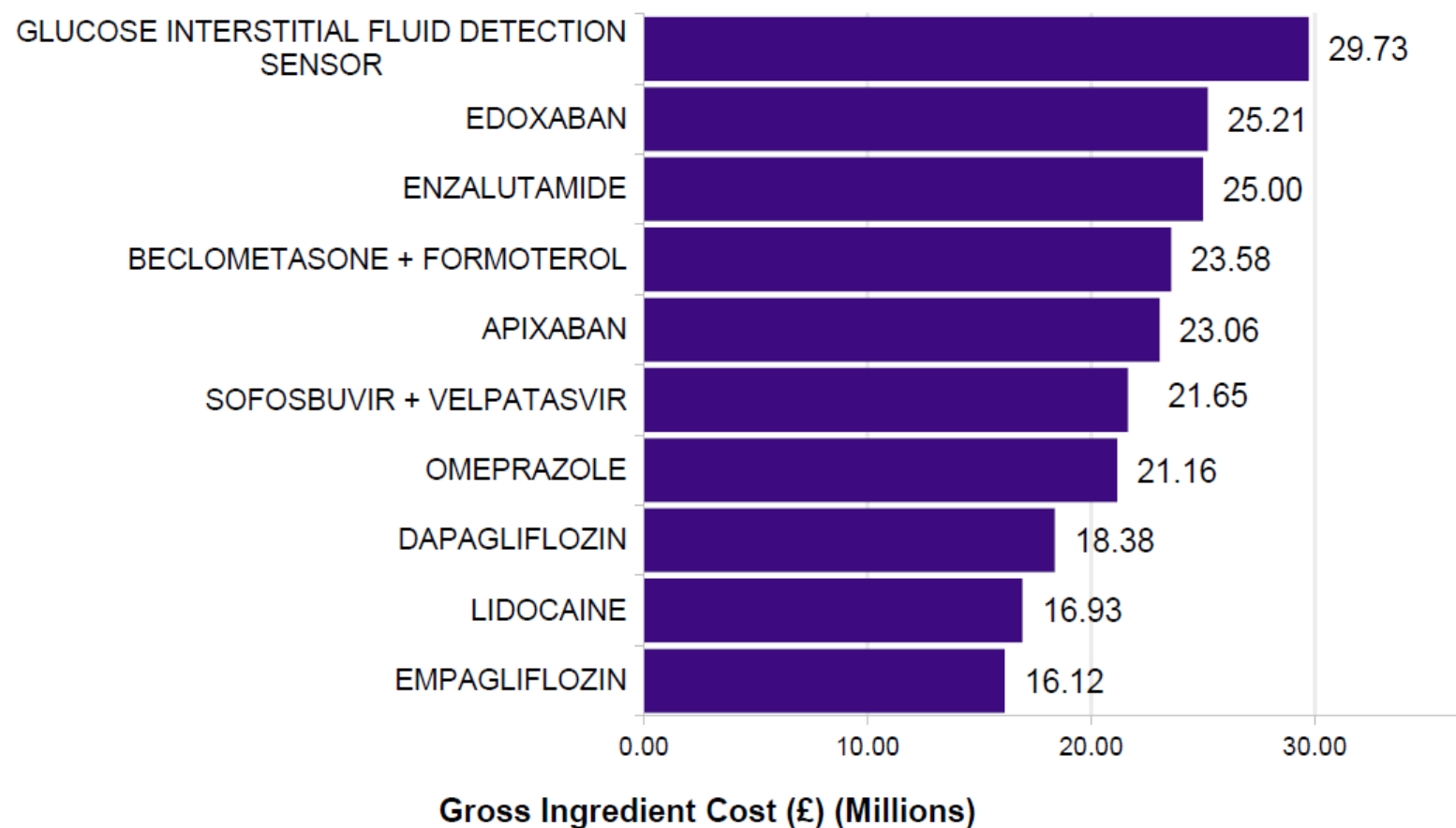
## Factors affecting Prescribing Spend – inc.:

- Demographics 
- Deprivation/Disease Prevalence
- New Medicines/Guidance
- Price Changes/Supply issues
- Increased waiting list times.

Age Group (years)	Scotland Cost per Patient
00-04	£81
05-14	£69
15-24	£64
24-44	£92
44-64	£234
65-74	£378
75-84	£500
85+	£591

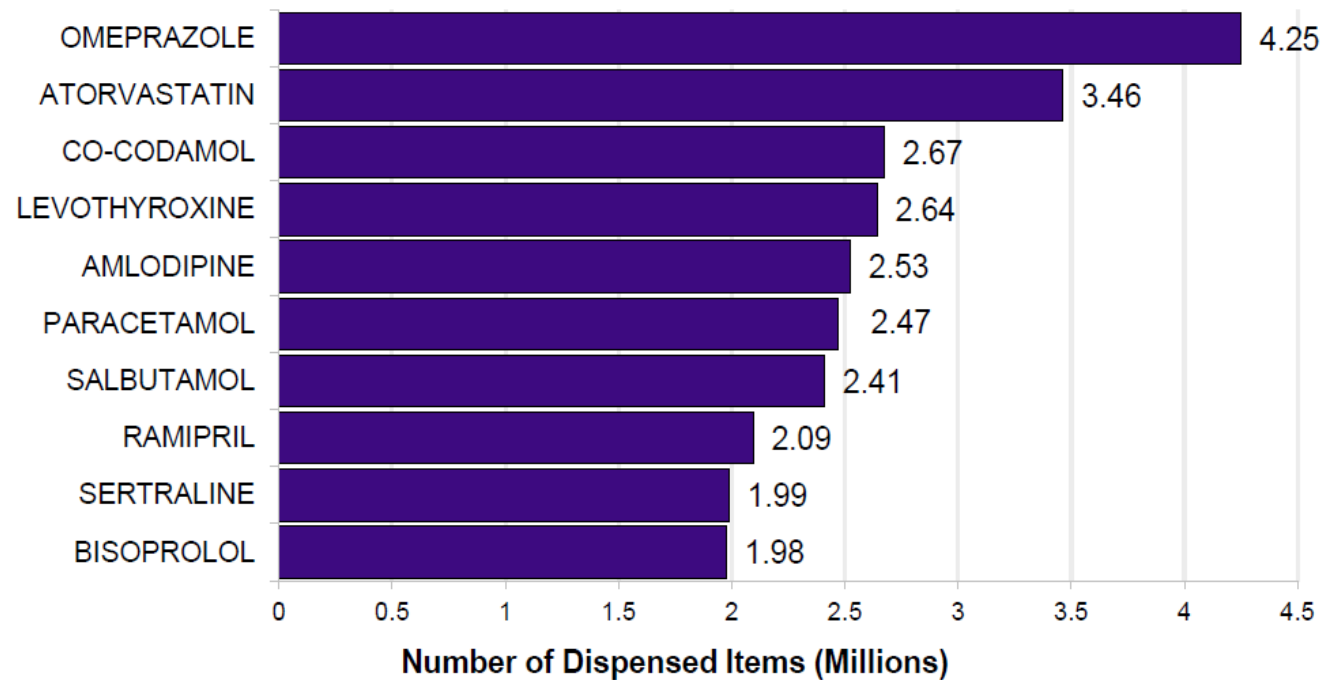


# Top 10 items by Gross Ingredient Cost (£) NHS Scotland: 2023/24



Source: Prescribing Information System, Public Health Scotland

# Top 10 items prescribed and top price increases (2023)



Drug/device name	Gross Ingredient (£) Cost 2022/23	Gross Ingredient Cost (£) 2023/24	Increase in Gross Ingredient Cost (£)	% increase in Gross Ingredient Cost	% change in volume
Enzalutamide	16,316,386	24,998,064	8,681,678	53.21	54.31
Dapagliflozin	11,340,694	18,377,466	7,036,772	62.05	61.76
Atorvastatin	5,941,799	12,902,506	6,960,706	117.15	11.09
Sofosbuvir and velpatasvir	17,238,901	21,646,888	4,407,987	25.57	26.02
Lidocaine	13,628,266	16,926,282	3,298,016	24.20	26.53
Sacubitril and valsartan	11,279,874	14,240,948	2,961,074	26.25	24.38
Edoxaban	22,341,933	25,211,647	2,869,715	12.84	12.00
Beclometasone and formoterol and glycopyrronium bromide	9,499,237	12,174,934	2,675,697	28.17	25.44
Empagliflozen	13,479,659	16,123,933	2,644,274	19.62	18.88
Omeprazole	18,617,600	21,164,189	2,546,589	13.68	0.88

# Expenditure Control Actions

15 Box Grid		
Innovation & Value-Based Healthcare	Workforce Optimisation	Service Optimisation
1. Sustainable Prescribing	6. Agency Reduction	11. Theatres Optimisation
2. Clinical Variation Review	7. Sustainable Staff Bank Usage	12. Remote Outpatient Appointments
3. Digitally Enabled Savings	8. Sickness Absence Reduction	13. PLICS Roll Out
4. Energy Efficiency Schemes	9. Non-Compliant Rotas Review	14. Length of Stay Reductions
5. Prescribing Savings	10. Central Functions Job Family Review	15. Non-pay Spend Review

# Expenditure Control Actions - Local

- Promote cost effective quality prescribing - continuous approach building on established relationships with Prescribing Advisors, Medicines Management teams, Formulary groups and Pharmacotherapy teams.
- Polypharmacy reviews:
  - Toolkit for GP practices / clusters focusing on polypharmacy reviews, in support of national guidance on polypharmacy and realistic prescribing.
  - Covers high priority individuals for polypharmacy review (e.g. living with or at risk of frailty)
  - Seven step medication review, with consideration of non-pharmacological interventions.

# Expenditure Control Actions - Local

- Reduce Medicines Waste - minimise patient stockpiling using patient advice and education.
- Ensure medicine switches are implemented as soon as possible once generic alternative available
- Implement Medicines of Low and Limited Clinical Value guidance

# Prescribing Expenditure – Further Risks

- Risk of impact of private diagnosis and prescription recommendations / requests (especially neurodiversity, and weight loss) and UK or overseas private treatment
- Risk related to new weight loss drugs – existing demand and potential new indications.
- Risk related to increasing pressures on and budget availability for services which support non-pharmacological interventions.

# Prescribing Controls – National Opportunities

1. Consider effectiveness of current arrangements for national approval of medications.
2. Consider updated mechanisms to facilitate IJBs access to proportionate share of the New Medicines Fund where prescribing costs are devolved.
3. Consider other options for engaging independent contractor prescribers directly in board delivered Medication Sustainability and Value Schemes.
4. Consider whether a specific Realistic Medicine approach could be taken alongside a national Once for Scotland communications program regarding use of medicines.