**November 2015**

A forecast of the spend for each practice for the current financial year, calculated using the expected profile of expenditure for England.

**Calculation**  
The forecast out-turn (FO) calculation assumes that each month's expenditure for a practice is in line with the national trend for proportionate spend, ie it is assumed that a practice's cumulative spend to date is the percentage of total spend defined by the national trend. The percentages used are updated each year to reflect the latest trend information.

The FO formula for an existing practice is:

(CUMULATIVE ACTUAL COST X 100) /   
CUMULATIVE PROPORTIONATE SPEND FIGURE

The FO will not be shown for the first two months of the financial year (relating to April and May dispensing) due to the volatility of forecasting over the beginning of the year. The first month that this will be shown, for each financial year, will be for June dispensing.

This revised profile takes into account actual data up to October 2016 and a Cat M adjustment from January 2016.

This profile will be used to calculate forecast out-turns for 2015/16 prescriptions from the November 2015 PMD report onwards.

|  |  |  |
| --- | --- | --- |
| **Month** | **Practice Prescribing Monthly Profile** | **Practice Prescribing Cumulative Monthly Profile** |
| April 2015 | 8.20% | 8.20% |
| May 2015 | 8.07% | 16.27% |
| June 2015 | 8.51% | 24.78% |
| July 2015 | 8.83% | 33.61% |
| August 2015 | 7.91% | 41.52% |
| September 2015 | 8.62% | 50.14% |
| October 2015 | 8.97% | 59.11% |
| November 2015 | 8.31% | 67.42% |
| December 2015 | 8.34% | 75.76% |
| January 2016 | 8.28% | 84.04% |
| February 2016 | 7.88% | 91.92% |
| March 2016 | 8.08% | 100.00% |
| **Total** | **100.00%** |  |
|  |  |  |

**Previous Versions**

[April 2015](http://www.nhsbsa.nhs.uk/PrescriptionServices/Documents/PrescriptionServices/FOT_April_2015.doc)

[December 2014](http://www.nhsbsa.nhs.uk/PrescriptionServices/Documents/PrescriptionServices/FOT_December_2014.doc)

[October 2014](http://www.nhsbsa.nhs.uk/PrescriptionServices/Documents/PrescriptionServices/FOT_October_2014.doc)

[April 2014](http://www.nhsbsa.nhs.uk/PrescriptionServices/Documents/PrescriptionServices/FOT_April_2014.doc)

[December 2013](http://www.nhsbsa.nhs.uk/PrescriptionServices/Documents/PrescriptionServices/FOT_December_2013.doc)

[November 2013](http://www.nhsbsa.nhs.uk/PrescriptionServices/Documents/PrescriptionServices/FOT_November_2013.doc)

[April 2013](http://www.nhsbsa.nhs.uk/PrescriptionServices/Documents/PrescriptionServices/FOT_April_2013.doc)

[August 2012](http://www.nhsbsa.nhs.uk/PrescriptionServices/Documents/PrescriptionServices/FOT_August_2012.doc)

[April 2012](http://www.nhsbsa.nhs.uk/PrescriptionServices/Documents/PPDPMDReports/FOT_April_2012.doc)

[August 2011](http://www.nhsbsa.nhs.uk/PrescriptionServices/Documents/PrescriptionServices/FOT_August_2011.doc)

[April 2011](http://www.nhsbsa.nhs.uk/PrescriptionServices/Documents/PrescriptionServices/FOT_April_2011.doc)

[September 2010](http://www.nhsbsa.nhs.uk/PrescriptionServices/Documents/PrescriptionServices/FOT_September_2010.doc)

[April 2010](http://www.nhsbsa.nhs.uk/PrescriptionServices/Documents/PrescriptionServices/FOT_April_2010.doc)

Notes:

1. **Profile excludes drugs costs met centrally**
2. **Includes practice, out of hours, and community nurse prescribing**
3. **Profile is subject to change**

**The method used to calculate the forecast of primary care prescribing expenditure is**

* Considers monthly expenditure data from the last five years.
* Removes the effect of policies (that is, reductions due to PPRS and Category M) from last year's expenditure.
* Looks at the effect of the number of dispensing days, the position of the month in the year and the year of expenditure.
* This is collated to predict the monthly expenditure for this year.

The percentage is then applied to data from the monthly Prescribing Monitoring Document.

**Revision to the In Year Forecast of Primary Care Prescribing Expenditure**

The profile for 2015/16 is subject to change and is based on the best information available at the time. The profiles will be revised accordingly as better information becomes available.