

Medicines Optimisation – Generic Prescribing Key Messages

1. In England, 81% of all drugs in primary care are already prescribed generically, generating significant savings for the NHS. Building on what's been achieved with generic prescribing in recent years, the NHS Business Services Authority has developed a dashboard providing rapid access to data, highlighting areas where savings can be realised and helping prescribers and commissioners to deliver even better value care.

The ePACT2 Generics dashboard has been available since December 2017.

2. This dashboard highlights the variation in generic prescribing across various geographies, from national down to GP practice level, for 20 carefully selected medicines which:
 - avoids the need to create complicated tags and spread sheets
 - are all suitable for generic prescribing, according to criteria developed by the [UK medicines information service](#) (UKMI)
 - are deemed by experienced pharmacists to have the least potential for clinical controversy
 - have the highest remaining potential to generate savings through increased generic prescribing
 - are all suitable for inclusion in prescribing decision support software
3. The dashboard draws on patient-level prescribing data and the analytical flexibility of ePACT2 to highlight relevant variation. This helps prescribers and medicines optimisation leads to target further improvement activity more efficiently than has previously been possible.
4. The data underlying the dashboard is refreshed on a quarterly basis. The top 20 drugs are checked against the NCSO list, and any drugs that are identified as appearing in the NCSO list will be excluded from the generics dashboard if the NCSO price is higher than the cost of the branded presentation.

Potential benefits

5. If 100% of all 20 drugs were prescribed generically, a national total of approximately £20m per year could be released for reinvestment in the NHS.
6. Key benefits to CCGs and GP practices include:
 - easy identification of financial savings;
 - better value care for patients, releasing resources for investment in other aspects of patient care;
 - highlighting variation between GP practices and CCGs, to facilitate continuous improvement;
 - all medicines on the list are suitable for inclusion in prescribing decision support software.

Feedback - 'You said, we did'

Since the first iteration of this dashboard, we have received some invaluable feedback from ePACT2 users. A selection of the suggestions and comments received, along with responses, are shown below:

Suggestion/Comments/Issues Identified	BSA Response
Why are there multiple strengths of the same drug appearing in the list?	Multiple strengths of the same drug do appear within the top 20 list, as sometimes different strengths of tablets have different costs due to market forces. However, we acknowledge that users would prefer to see an amalgamation of strengths to show a greater number of opportunities.
Some of the drugs appearing in the list are not part of local policy so shouldn't be prescribed anyway	The list consists of drugs that have been prescribed by brand in each CCG. Some of the drugs in the list will not be in local formularies, and as such alternatives should be prescribed. If no alternative is available, then it is clinically appropriate for the drug to be prescribed generically.
Our CCG has an agreement to use a branded generic drug that is cheaper than the generic drug in the list.	The list references the financial opportunity available by choosing generic prescribing over current branded prescribing. If a cheaper branded generic drug is prescribed, then the saving will be greater.
Feel that the opportunity has been exhausted. Stopped work with generic savings as the CCG is ok with generics.	There are still significant opportunities for generic savings, and as such, we have tried to develop a list of obvious switches that meet robust clinical criteria for generic prescribing. The top 20 list identifies a financial opportunity that could be realised by the use of a skilled pharmacy technician for 1 morning per month.
Some drugs are not bioequivalent; please make sure the list is clinically checked.	All drugs in the Potential Generic Savings Dashboard List in ePACT2 are clinically checked before publication by a senior clinical pharmacist. If there are any disagreements with the criteria feedback would be welcomed.
We use prescribing software to identify switches rather than the dashboard	The use of prescribing software is an important tool to influence prescribing behaviour. However, our data indicates that there is still widespread prescribing of more expensive branded drugs where cheaper and clinically appropriate alternatives are available.
This isn't useful as it doesn't include details of cheaper branded generics	Our opportunities are based on the most recent drug tariff price for the generic drug. As an arm's length body of the Department of Health and Social Care, we encourage generic prescribing in line with national policy, and recognise that CCGs may choose branded generics on a local basis in order to achieve greater financial savings.
Can we have a local top 20 rather than a national one?	A localised top 20 generic list is available through the Information Services Portal and we continue to support this list. However the local lists are automated reports and contain some items that are not appropriate for generic prescribing.

Coverage of face-to-face training (geographical gaps).	We have offered 30 free courses. These ran throughout August and September and are on offer until the end of October. This is helping to give us much better national coverage for face-to-face training. We still offer the opportunity for any organisation to book a bespoke course anywhere in the country for a flat fee of £2000. The training plan for next year is still being decided but we hope to keep training as many people as possible around the country.
One CCG is using Oracle guides rather than the NHSBSA training guide. Want more simple but comprehensive guides	We are redeveloping the training guides' section of our website and we hope to have this completely revamped by the end of October 2018. This is a wholesale change to the way we present our guides. We will have a written guide, a video and a click-through e-learning module for every element of our courses and current guides. We will also produce a video guide to every dashboard as more of a way of promoting best practice and how to interpret the data.
Didn't find training day useful. Training day was boring.	The overview training course that we currently deliver was entirely re-written recently to make it more interactive and inclusive. The reviews so far have been incredibly positive. The aim has been to ensure that participants have a good grounding in the main elements of the system and that they use the system independently.
There was a suggestion for WebEx to be tailored to specific functionality.	The WebEx delivery is being changed so that the 90min full overview is going to be replaced with a roster of shorter, more focused modules. The hope is that will increase the uptake and that we can cover more topics. The aim is to be delivering this way by the end of the year.
There is a desire for follow-up training – intermediate/advanced courses/dashboard training	The creation of more advanced training courses is a priority. A "How to produce dashboards" course will be developed along with the supporting written guides, videos and e-learning. We will also be looking to create specific courses around financial forecasting, CD drugs and other specific topics. These modules can be taken as standalone courses or combined to create longer more in-depth learning journey.

How do I get access to the Generics dashboard?

The dashboard is available in ePACT2, an online application giving authorised users access to prescription data. If you don't have access, and you wish to register for ePACT2, please email nhsbsa.registration@nhs.net

We'd love to hear from you...

Your feedback is very important to us, and we would like to hear about your experience of using the dashboard as well as any suggestions for improvement. Please forward your feedback to: nhsbsa.informationssystem@nhs.net