Cost-effective Prescribing

Better Care Better Value (BCBV) Indicator on Statins

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Cost-effective prescribing: Better Care Better Value (BCBV) Indicator on statins

Summary

1. This note addresses concerns that BCBV indicator performance is being used as a target and thus, potentially, encouraging the inappropriate prescribing of medicines for individual patients. The key points to note are:

- BCBV indicators are designed to make effective use of public money;
- The indicators are not intended to be used as targets;
- Patients should continue to receive treatment according to their assessed clinical need.

2. These key messages are also reflected in the guidance on implementation of the Quality and Productivity prescribing indicators in the GP contract for 2011/12, which reward practices for reviewing their prescribing performance and implementing plans to improve clinical appropriateness and cost-effectiveness.

Background

3. The BCBV indicators are designed to help local NHS organisations make the most effective use of public money, to deliver quality healthcare. They are published by the NHS Institute for Innovation and Improvement and PCTs can replicate the calculations using NHS Prescription Service's e-PACT toolkit.

4. The three prescribing indicators each apply to a 'basket' of drugs. The factor common to all three 'baskets' is that they contain a mixture of higher cost branded medicines and lower cost generic ones. We are seeking to ensure the appropriate use of lower cost medicines within each basket. In each case, the indicator is expressed as the number of prescriptions of lower cost medicines as a proportion of the total number of prescriptions in each basket. A productivity opportunity is calculated for each organisation based on its performance compared to the upper quartile performance of all PCTs across England. Hence the lower the proportion of use of lower cost medicines, the greater the productivity opportunity.

5. The overall strategy, which is given added emphasis by the QIPP programme, is one of treating more patients within available resources and as such has proved highly successful. The strategy is supported by the Public Accounts Committee (PAC) and the National Audit Office (NAO).

Current position

6. There are currently three BCBV primary care prescribing indicators:

- increasing low cost prescribing of drugs for lipid modification;
- increasing low cost proton pump inhibitor prescribing
- increasing low cost prescribing for drugs affecting the renin-angiotensin system.

7. The NAO reported a headline figure of savings of £443 million in 2009 (relative to a 2005 baseline) resulting from the cost-effective prescribing of these categories of drugs. The greatest contribution was made by statins, with £323 million of savings achieved in 2009.

Using the BCBV indicators appropriately

8. The indicators are intended to enable comparisons between the prescribing patterns of organisations. They do not take into account differences in demography and the prevalence of disease and are not intended to determine clinical practice for individual patients.

9. Some concern has been expressed that the indicator for drugs for lipid modification might be used as a target and thus be acting to encourage inappropriate clinical care. There is extensive NICE guidance on the use of interventions to lower cholesterol in a wider range of conditions. Clinical practice should follow NICE guidance. The BCBV indicators are not targets, but intended to provide useful comparative information for local NHS organisations to decide where and how to improve performance.

10. Health professionals should base their prescribing decisions on individual assessments of their patients' clinical circumstances, and prescribe in accordance with appropriate guidance from NICE or other authoritative sources. Some individual patient circumstances will dictate that one medicine is preferable to another, eg some patients will require treatment with a high intensity statin and others might suffer adverse reactions from certain medicines. While it is likely to be appropriate for those PCTs with much lower levels of low-cost statin prescribing to continue to focus in this area, PCTs already above the upper quartile level for low-cost statin prescribing may wish to consider whether continuing to encourage prescribers to attain higher levels is consistent with local implementation of NICE guidance.

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