

Prescribing & Medicines: Prescription Cost Analysis



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Introduction

Prescription cost analysis information is obtained from NHS prescriptions dispensed in Scotland that are prescribed in Scotland and elsewhere in the United Kingdom. All these prescriptions are dispensed by community pharmacies, dispensing doctors, a small number of specialist appliance suppliers and stoma providers. GPs write the vast majority of these prescriptions, with the remainder written by authorised prescribers such as nurses, dentists and allied health professionals (AHPs). Also included are prescriptions written in hospitals that were dispensed in the community, but prescriptions dispensed within hospitals are not included.

Prescription cost analysis

The prescription cost analysis tables show details of the number of items and the gross ingredient cost of all NHS prescriptions dispensed in the community in Scotland. The gross ingredient cost is the cost of drugs and appliances reimbursed before the deduction of any dispenser discount. The items dispensed are listed in order by British National Formulary (BNF) therapeutic class or alphabetically within chemical entity (for drugs).

Top 10 drugs

This report includes statistics on the top 10 drugs. These statistics detail the ten most commonly dispensed drugs/devices in terms of both volume and cost in Scotland during 2015/16. These figures come from the prescription cost analysis data and use number of items dispensed and gross ingredient cost.

Top 10 drug increases and decreases

This report includes statistics on the top 10 drug increase and decreases. These statistics detail the ten greatest increases and decreases in dispensed drugs/devices in terms of both volume and cost in Scotland between 2014/15 and 2015/16. These figures come from the prescription cost analysis data and use number of items dispensed and gross ingredient cost.

Generic prescribing

This report includes statistics on prescribing of 'generic' drugs. When the patent expires on a branded drug, the manufacturer loses exclusive rights to produce it. Generic drugs are non-branded versions produced by different manufacturers that produce equivalent clinical effects, and are generally less expensive than the branded versions. Normally, the differences in formulation make no difference clinically. GPs are encouraged to prescribe drugs by generic name even when they are in patent so that potential savings can be realised as generic drugs/devices become available.

For certain drugs, very small differences in bio-availability¹ can be important, e.g. anticonvulsants, lithium, immunosuppressants and theophylline. For these drugs the patient should always receive the version produced by a particular company, therefore the drug must be prescribed by brand name.

¹ The bio-availability of a drug is the fraction of the dose administered which reaches the systemic circulation. It is influenced by the physical properties of the drug such as solubility, particle size, the formulation (tablets, capsules, size, enteric coatings etc.) and by the gut environment, i.e. presence of other drugs, temperature, gut transit time etc.

Key points

- In 2015/16 the total number of items dispensed was 102.61 million items with a gross ingredient cost of £1.10 billion.
- In 2015/16, the drug omeprazole, used for reducing stomach acid, was the most commonly prescribed drug with 3.57 million dispensed items. This has been the most commonly prescribed drug since 2012/13.
- Inhalers that contain the drug salmeterol with fluticasone propionate, prescribed for respiratory conditions such as asthma, had the highest total gross ingredient cost in 2015/16 at £35.55 million. This has been the highest cost drug since 2011/12.
- The rate of generic prescribing was 83.6% in 2015/16. The percentage of generic prescribing has slowly but steadily increased since 2006/07.
- Many of the drugs showing volume increases have an equivalent therapeutic use to one or more drugs that have decreased in volume and vice versa.
- The greatest increases in cost were due to a range of factors such as the supply of some drugs moving from secondary to primary care, increase in volume dispensed and increase in drug price.
- The greatest decreases in cost were due to a range of factors such as reduced cost, reduced volume dispensed and drugs coming out of patent.

Results and Commentary

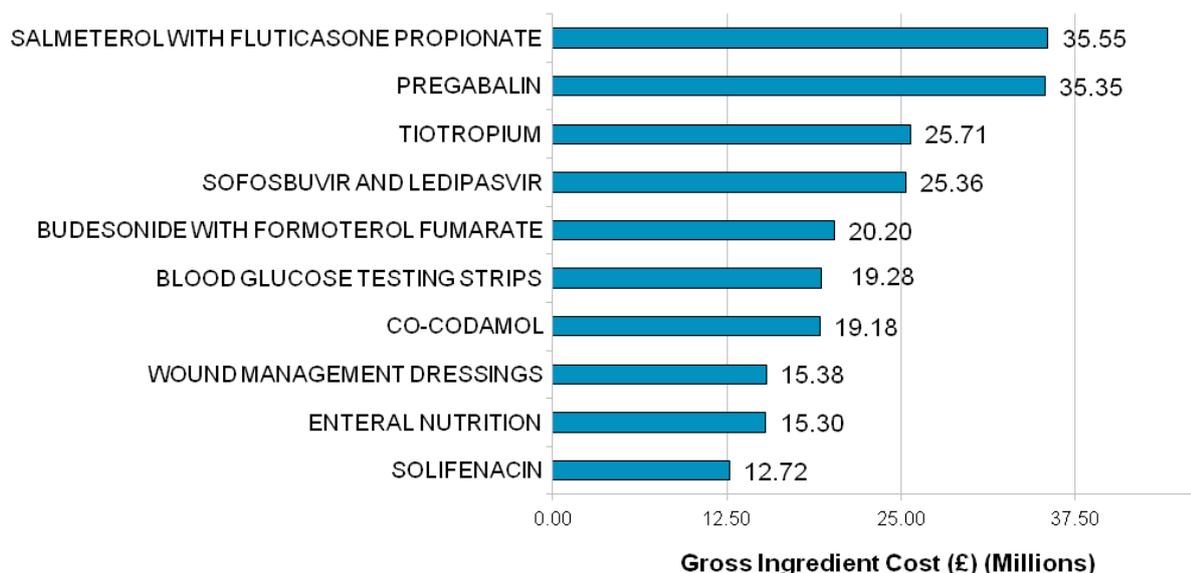
Top 10

The top 10 most commonly dispensed drugs/devices in Scotland during the year 2015/16 varied depending on whether cost or volume is being considered.

Gross ingredient cost

The top 10 drugs/devices by gross ingredient cost (£), dispensed in NHSScotland during financial year 2015/16 are shown in Figure 1. For NHSScotland in this time period, salmeterol with fluticasone propionate had the highest total gross ingredient cost at £35.55 million (Figure 1).

Figure 1 – Top 10 drugs/devices by gross ingredient cost (£) dispensed in NHSScotland – 2015/16



Source: Prescribing Information System, ISD Scotland

Table 1 shows the top 10 drugs/devices by gross ingredient cost dispensed during 2015/16 and gives examples of what the drugs might be used for. Drugs used for respiratory conditions feature frequently in the top ten by gross ingredient cost, being the first, third and fifth highest costs for drugs dispensed within Scotland.

With the exception of co-codamol, the drugs/devices in the 2015/16 top 10 by cost are medicines under patent protection or where prescribing is largely by brand (e.g. enteral feeds).

Table 1 – Reason for prescribing - gross ingredient cost

Drug/device name	Most commonly used
Salmeterol with fluticasone propionate	For respiratory conditions
Pregabalin	For epilepsy
Tiotropium	For respiratory conditions
Sofosbuvir and ledipasvir	For viral hepatitis
Budesonide with formoterol fumarate	For respiratory conditions
Blood glucose testing strips	For blood glucose monitoring
Co-codamol	As a painkiller
Wound management dressings	For dressing wounds
Enteral nutrition	As nutritional supplements
Solifenacin	For bladder conditions

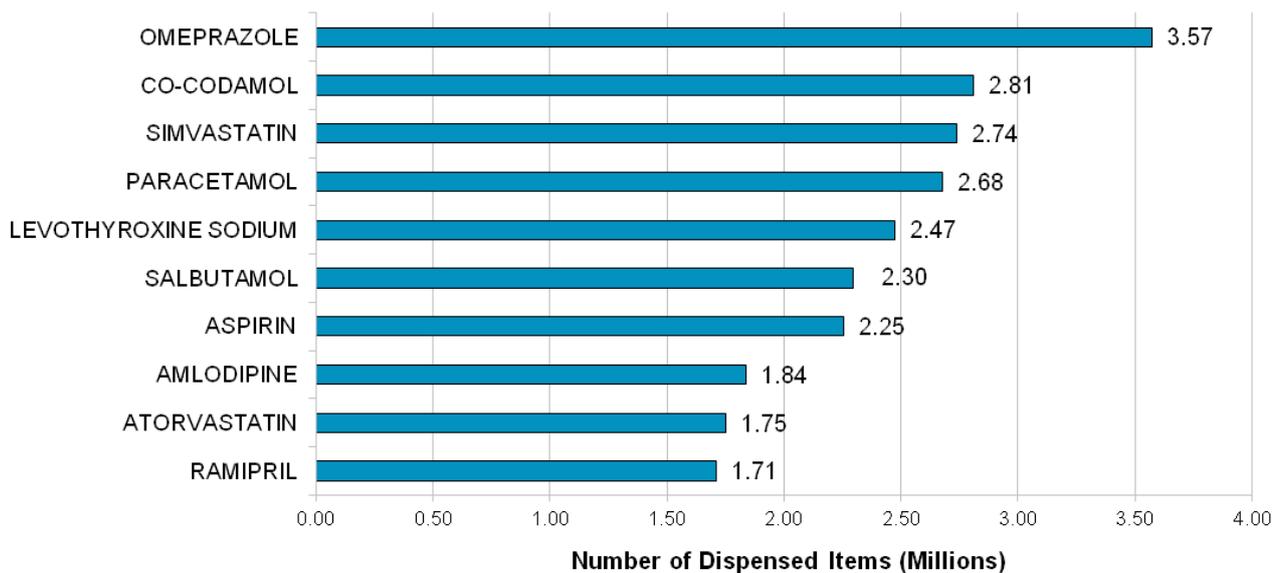
Source: Prescribing Information System, ISD Scotland

In total, all the drugs featured in Figure 1 and Table 1 summed to a gross ingredient cost of £224.04 million for the financial year 2015/16.

Dispensed items

The top 10 drugs dispensed in NHSScotland by volume (the number of dispensed items) during financial year 2015/16 are shown in Figure 2. Omeprazole was the most commonly prescribed drug in NHSScotland, accounting for a total of 3.57 million items (Figure 2).

Figure 2 – Top 10 drugs by number of items dispensed in NHSScotland – 2015/16



Source: Prescribing Information System, ISD Scotland

Reasons why the top 10 drugs dispensed in NHSScotland by volume are most commonly prescribed are shown in Table 2. All of the drugs featured in Table 2 are no longer in patent

and have been in the Scottish Drug Tariff² for a number of years. In total, all of the drugs featured in Figure 2 and Table 2 account for 24.12 million items.

Table 2 – Reason for prescribing – number of dispensed items

Drug/device name	Most commonly used
Omeprazole	For reducing stomach acid
Co-codamol	As a painkiller
Simvastatin	For controlling cholesterol
Paracetamol	As a painkiller
Levothyroxine sodium	To supplement low thyroid levels
Salbutamol	For respiratory conditions
Aspirin	As a blood thinning agent
Amlodipine	For angina and lowering blood pressure
Atorvastatin	For controlling cholesterol
Ramipril	For heart failure and lowering blood pressure

Source: Prescribing Information System, ISD Scotland

Top 10 increases and decreases

Gross ingredient cost – increases

The top 10 increases in drugs by gross ingredient cost (£), dispensed in NHSScotland between financial years 2014/15 and 2015/16 are shown in Table 3a. For NHSScotland in this time period, sofosbuvir and ledipasvir had the greatest increase in gross ingredient cost at £24.98 million. This is largely due to prescriptions moving from being dispensed by hospitals to being dispensed in the community.

Table 3b gives examples of what the top 10 drug increases by gross ingredient cost dispensed during 2015/16 might be used for.

² For more information on the Scottish Drug Tariff see: <http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/>

Table 3a – Top 10 drug increases – gross ingredient cost

Drug/device name	Gross Ingredient Cost (£) 2014/15	Gross Ingredient Cost (£) 2015/16	Increase in Gross Ingredient Cost (£)	% Increase
Sofosbuvir and ledipasvir	376,807	25,362,980	24,986,174	6,631%
Sofosbuvir	2,670,364	12,104,097	9,433,733	353%
Pregabalin	30,401,404	35,352,068	4,950,665	16%
Apixaban	2,081,560	6,306,126	4,224,566	203%
Co-Codamol	15,573,617	19,184,395	3,610,778	23%
Trazodone hydrochloride	6,729,994	9,908,352	3,178,358	47%
Metformin hydrochloride	6,730,224	9,905,719	3,175,495	47%
Beclometasone dipropionate and formoterol fumarate	4,312,620	7,392,041	3,079,421	71%
Rivaroxaban	5,538,961	8,497,196	2,958,236	53%
Daclatasvir	163,452	2,890,769	2,727,317	1,669%

Source: Prescribing Information System, ISD Scotland

Table 3b – Reason for prescribing – increases in gross ingredient cost

Drug/device name	Most commonly used
Sofosbuvir and ledipasvir	For treatment of hepatitis C
Sofosbuvir	For treatment of hepatitis C
Pregabalin	For treatment of epilepsy
Apixaban	To prevent blood clots
Co-codamol	As a painkiller
Trazodone hydrochloride	As an antidepressant
Metformin hydrochloride	For treatment of diabetes
Beclometasone dipropionate and formoterol fumarate	For respiratory conditions
Rivaroxaban	To prevent blood clots
Daclatasvir	For treatment of hepatitis C

Gross ingredient cost - decreases

The top 10 decreases in drugs by gross ingredient cost (£), dispensed in NHSScotland between financial years 2014/15 and 2015/16 are shown in Table 4a. For NHSScotland in this time period, salmeterol with fluticasone propionate had the greatest decrease in gross ingredient cost at £5.47 million. The decreases seen here are partly due to a drop in volume (see Table 6a) and partly due to some drugs coming out of patent.

Table 4b gives examples of what the top 10 drug decreases by gross ingredient cost dispensed during 2015/16 might be used for.

Table 4a – Top 10 drug decreases – gross ingredient cost

Drug/device name	Gross Ingredient Cost (£) 2014/15	Gross Ingredient Cost (£) 2015/16	Decrease in Gross Ingredient Cost (£)	% Decrease
Salmeterol with fluticasone propionate	41,023,332	35,550,857	5,472,474	13%
Sertraline	5,772,374	2,166,968	3,605,406	62%
Temazepam	4,442,529	1,996,261	2,446,269	55%
Aripiprazole	6,291,130	4,638,776	1,652,354	26%
Celecoxib	1,959,722	372,996	1,586,727	81%
Gabapentin	6,924,744	5,581,264	1,343,480	19%
Tiotropium	26,861,110	25,713,813	1,147,297	4%
Nicotine	5,726,102	4,676,234	1,049,868	18%
Phenytoin	4,970,494	4,048,974	921,521	19%
Domperidone	1,420,390	529,861	890,529	63%

Source: Prescribing Information System, ISD Scotland

Table 4b – Reason for prescribing – decreases in gross ingredient cost

Drug/device name	Most commonly used
Salmeterol with fluticasone propionate	For respiratory conditions
Sertraline	As an antidepressant
Temazepam	As a hypnotic
Aripiprazole	As an antipsychotic
Celecoxib	As an anti-inflammatory
Gabapentin	For treatment of epilepsy
Tiotropium	For respiratory conditions
Nicotine	For smoking cessation
Phenytoin	For treatment of epilepsy
Domperidone	For nausea

Number of items – increases

The top 10 increases in drugs/devices by number of dispensed items in NHSScotland between financial years 2014/15 and 2015/16 are shown in Table 5a. For NHSScotland in this time period, sertraline had the greatest increase in number of items at 149,830 items. Many of the drugs showing large volume increases have an equivalent therapeutic use to one or more drugs that have decreased in volume.

Table 5b gives examples of what the top 10 drug increases by number of items dispensed during 2015/16 might be used for.

Table 5a – Top 10 drug increases – Number of items

BNF Chemical Name	Number of Dispensed Items 2014/15	Number of Dispensed Items 2015/16	Increase in Number of Items	% Increase
Sertraline	723,082	872,912	149,830	21%
Ibuprofen	181,848	325,281	143,433	79%
Naproxen	703,523	827,574	124,051	18%
Eye products	175,559	297,698	122,139	70%
Atorvastatin	1,637,000	1,751,270	114,270	7%
Omeprazole	3,470,460	3,574,097	103,637	3%
Bisoprolol fumarate	1,272,492	1,369,558	97,066	8%
Ferrous sulfate	126,249	219,953	93,704	74%
Colecalciferol	152,368	242,695	90,327	59%
Emollient and barrier preparations	442,184	527,052	84,868	19%

Source: Prescribing Information System, ISD Scotland

Table 5b – Reason for prescribing – increases in number of items

Drug/device name	Most commonly used
Sertraline	As an antidepressant
Ibuprofen	As an anti-inflammatory
Naproxen	As an anti-inflammatory
Eye products	Eye lubrication and tear replacement
Atorvastatin	For controlling cholesterol
Omeprazole	For reducing stomach acid
Bisoprolol fumarate	For high blood pressure
Ferrous sulfate	For iron deficiency anaemia
Colecalciferol	For vitamin D deficiency
Emollient and barrier preparations	Topical products for some skin conditions

Number of items – decreases

The top 10 decreases in drugs by number of dispensed items in NHSScotland between financial years 2014/15 and 2015/16 are shown in Table 6a. For NHSScotland in this time period, aspirin had the greatest decrease in number of items at 153,265 items. Many of the drugs showing large volume decreases have an equivalent therapeutic use to one or more drugs that have increased in volume.

Table 6b gives examples of what the top 10 drug decreases by number of items dispensed during 2015/16 might be used for.

Table 6a – Top 10 drug decreases – Number of items

BNF Chemical Name	Number of Dispensed Items 2014/15	Number of Dispensed Items 2015/16	Decrease in Number of Items	% Decrease
Aspirin	2,407,777	2,254,512	153,265	6%
Diclofenac	406,853	283,150	123,703	30%
Simvastatin	2,859,917	2,740,145	119,772	4%
Bendroflumethiazide	1,524,083	1,408,643	115,440	8%
Amoxicillin	1,332,265	1,232,979	99,286	7%
Salmeterol with fluticasone propionate	711,863	623,385	88,478	12%
Atenolol	1,068,904	984,163	84,741	8%
Ferrous fumarate	367,526	293,859	73,667	20%
Piroxicam	241,573	170,396	71,177	29%
Domperidone	129,691	68,521	61,170	47%

Source: Prescribing Information System, ISD Scotland

Table 6b – Reason for prescribing – decreases in number of items

Drug/device name	Most commonly used
Aspirin	As a blood thinning agent
Diclofenac	As an anti-inflammatory
Simvastatin	For controlling cholesterol
Bendroflumethiazide	For high blood pressure
Amoxicillin	As an antibiotic
Salmeterol with fluticasone propionate	For respiratory conditions
Atenolol	For high blood pressure
Ferrous fumarate	For iron deficiency anaemia
Piroxicam	As an anti-inflammatory
Domperidone	For nausea

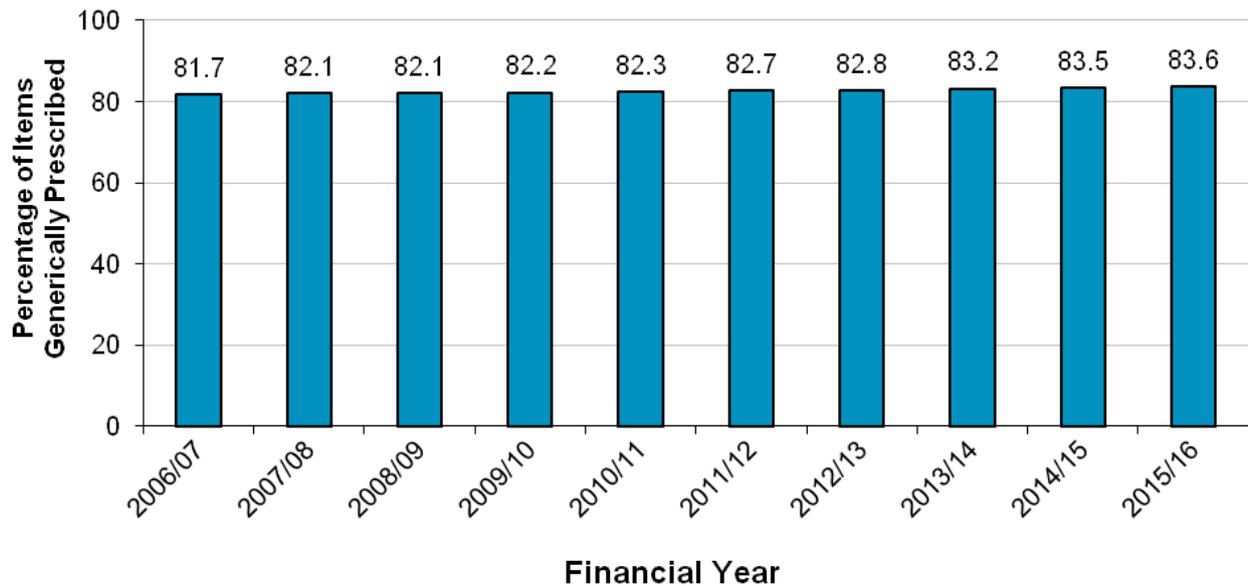
Generic Prescribing

Prescribers are strongly encouraged to write prescriptions by generic name where clinically appropriate. Generic medicines are equally effective, but generally less expensive than proprietary products (particularly those in the Scottish Drug Tariff). New medicines are expensive to develop and in order to recover these costs new medicines are initially available at a premium price exclusively from the pharmaceutical company who developed them for a number of years (a period known as 'in patent').

Prescribing by generic name ensures that when a product comes out of patent, generic drugs/device can be dispensed against the prescriptions, allowing savings to be realised without any change having to be made to the prescription.

Figure 3 below shows the generic prescribing rate for items prescribed in NHSScotland, between financial years 2006/07 and 2015/16. The data shows a slight increase in prescribing by generic name from 83.5% in 2014/15 to 83.6% in 2015/16. The percentage of prescribing by generic name has increased slowly but steadily since 2006/07.

Figure 3 – Generic prescribing rates, NHSScotland, 2006/07 – 2015/16



Source: Prescribing Information System, ISD Scotland

Data are presented by the NHS Board from which the prescription originated. Table 3 below shows the generic prescribing rate for each NHS Board for 2014/15, 2015/16 and the change between the years.

Table 7: Percentage of prescriptions written as generic by NHS Board, 2014/15 and 2015/16

NHS Board	Percentage of generic prescribed 2014/15	Percentage of generic prescribed 2015/16	Percentage change between 2014/15 and 2015/16
NHS WESTERN ISLES	86.5	86.7	+ 0.2
NHS AYRSHIRE & ARRAN	86.1	86.2	+ 0.1
NHS BORDERS	85.9	86.1	+ 0.2
NHS GREATER GLASGOW & CLYDE	85.8	85.8	+ 0.1
NHS SHETLAND	84.9	85.0	+ 0.1
NHS FORTH VALLEY	84.3	84.8	+ 0.4
NHS ORKNEY	84.2	84.2	+ 0.0
NHS DUMFRIES & GALLOWAY	83.6	83.4	- 0.2
NHS Lothian	82.9	83.1	+ 0.2
NHS FIFE	82.8	82.8	- 0.1
NHS HIGHLAND	82.4	82.6	+ 0.3
NHS LANARKSHIRE	81.3	81.7	+ 0.4
NHS TAYSIDE	81.0	80.9	- 0.1
NHS GRAMPIAN	81.1	80.9	- 0.2

Source: Prescribing Information System, ISD Scotland

NHS Western Isles had the highest percentage of prescribing by generic name at 86.7% in 2015/16. NHS Grampian and NHS Tayside have the lowest rates at 80.9%.

Glossary

Appliance supplier	Appliance suppliers are a specific sub-set of NHS dispensing contractors who are contracted to supply approved medical devices on prescriptions (e.g. stoma).
British National Formulary (BNF)	A standard classification of drugs into conditions of primary therapeutic use, the aim is to provide prescribers, pharmacists and other healthcare professionals with sound up-to-date information about the use of medicines.
Community pharmacy	A retail pharmacy outlet holding a contract with a NHS Board to provide NHS pharmaceutical services
Dispensing doctor (practice)	Dispensing practices exist in those areas of Scotland where the population density is considered too low to support a pharmacy and where the NHS Board has determined that a dispensing service should be supplied.
Dispensing NHS Board	The NHS Board with which the dispenser holds a dispensing contract, i.e. community pharmacy, dispensing doctor or appliance supplier.
Drug/Device name	This includes prescribed drugs, devices, appliances and other products as listed in BNF being the recognised official non-proprietary title (the is normally the recommended International Non-Proprietary Name - rINN).
Dummy items	Items which were not recognised by the prescription pricing system or where payment was rejected.
Generic drugs	An item that has lost its patent. When the patent expires on a branded drug, the manufacturer loses exclusive rights to produce it. Generic drugs are non-branded versions produced by different manufacturers that produce equivalent clinical effects.
Generic prescribing	An item written with its non-proprietary name, also referred to as the approved name. Approved [generic] names may be used for items in patent where only 1 brand exists and it is clinically safe to use the non-proprietary title.
Gross ingredient cost (GIC)	Cost of drugs and appliances reimbursed before deduction of any dispenser discount (note: this definition differs from other parts of the UK).
Over the counter	A drug for which a prescription is not needed.
Prescribed NHS Board	The NHS Board with which the prescriber holds a contract to prescribe, i.e. GP, dentist, non-medical prescriber.
Prescription form	A prescription form that can contain up to three items.
Prescription item	An item is an individual product prescribed e.g.100 aspirin tablets of 300mg, they are also called a dispensed item.
Prescribable item name	The drug name written on the prescription - can be by approved name or a brand name. This is presented as 'Drug/device name' in the publication tables.

Prescribing Information System	NSS Scotland's national prescribing dataset. Known as PIS.
Quantity	Quantity dispensed of an individual item e.g. 100 tablets.
Scottish Drug Tariff	The Scottish Drug Tariff contains information regarding the prescribing, dispensing and reimbursement of medicines and appliances on primary care NHS prescriptions.

List of Tables

Table No.	Name	Time period	File & size
1	Prescription Cost Analysis	FY 2015/16	Excel [1462kb]
2	Top 10 Drugs	FY 2015/16	Excel [36kb]
3	Top 10 Increases and Decreases	FY 2014/15 – 2015/16	Excel [31kb]
4	Generic Prescribing	FY 2006/07 – 2015/16	Excel [96kb]

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Further Information

Further information can be found on the [ISD website](#)

NHS Performs

A selection of information from this publication is included in [NHS Performs](#). NHS Performs is a website that brings together a range of information on how hospitals and NHS Boards within NHSScotland are performing.

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Appendix

A1 – Background Information

How the data is obtained

[Practitioner Services](#) process all NHS prescriptions for payment of pharmacists, dispensing doctors and appliance suppliers. This gives a full record from which trends in prescribing can be investigated at a detailed level. The data includes prescribing by GPs, nurses, dentists, pharmacists and hospitals, where the latter was dispensed in the community. Hospital dispensed prescriptions are not included in the figures. The Information Services Division (ISD) cannot ascertain what proportion of the drug dispensed is actually consumed. These data do not include drugs/devices purchased "over the counter". Prescriptions processed internally by Boards for payment purposes are not included in these data.

Top 10 – assumptions

A drug may be available in a number of formulations, such as tablets and syrups, produced by different manufacturers. For example, co-codamol includes aggregated data for all preparations of that drug, both branded and generic.

Changes to publications

Changes to publications – July 2016

The top 10 increases and decreases in dispensed items and gross ingredient cost were added to the July 2016 publication.

Summary Statistics were removed from the July 2016 PCA publication and added to the [Dispensing Reimbursement, Remuneration and Volume publication](#).

Reporting issues that prevented reporting of statistics on prescribing of generic drugs in the 2014/15 publication of June 2015 have been resolved and these statistics for 2015/16 are again included in this publication

Changes were made to the PCA publication in June 2014, which should be noted when comparing data from publications produced prior to 2013/14.

Changes were made to dispensed items in the PCA, Top Ten and Generic Prescribing tables, to improve the accuracy of the information available. Data for 2013/14 has been updated but no previous data will be revised.

Please see the [2013/14 PCA Report](#) for further information about all these changes.

NHS Health Board boundary changes

On the 1st April 2014 a number of changes were made to NHS Health Board boundaries to ease the integration of NHS and Local Authority services. These revisions resulted in small changes to the resident populations of the majority of Scottish NHS Health Boards. NHS Greater Glasgow & Clyde and NHS Lanarkshire saw the largest changes to resident populations, with approximately 72,000 residents being reassigned from NHS Greater Glasgow & Clyde to NHS Lanarkshire. A small number of GP Practices and Community Pharmacies that had previously been affiliated to NHS Greater Glasgow and Clyde were also transferred to sit within the revised NHS Lanarkshire boundary. The impact of these changes should be taken into consideration when comparing trends in NHS Board activity over time.

A2 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	Prescribing & Medicines: Prescription Cost Analysis
Description	Summary and detailed statistics on prescribing and dispensing in the community in Scotland including: generic prescribing rates and detailed information on drugs dispensed by BNF Hierarchy and individual preparation level.
Theme	Health and Social Care
Topic	Health Care Personnel, Finance and Performance
Format	Excel Workbooks
Data source(s)	Prescribing Information System (PIS). All data held in PIS is sourced from Practitioner Services within NHS National Services Scotland who are responsible for the remuneration and reimbursement of dispensing contractors within Scotland.
Date that data are acquired	Data is acquired on a monthly basis from Practitioner Services following payment approximately 2 calendar months after the end of the month being claimed for payment by contractors
Release date	12 th July 2016
Frequency	Annual
Timeframe of data and timeliness	Data covering financial year from 1 st April 2006 to 31 March 2016
Continuity of data	Data is held in PIS from 1993 onwards. The definition of the main measures such as gross ingredient cost and number of items are unchanged over this period. Types and value of dispensing fees are agreed the Scottish Government and set annually. Details can be found in the Scottish Drug Tariff and in Primary Care circulars issued by the Government. Drugs/devices are first licensed as proprietary medicines but generic versions often appear once the original patent expires. This can affect the price and uptake of these drugs. The Scottish Government sets the reimbursement price of generic drugs/devices via the Scottish Drug Tariff which is updated and issued quarterly.
Revisions statement	Data are sourced from monthly pharmacy payments data on an ongoing basis therefore once published there is no routine requirement to revise historical data. However, occasionally adjustments are made to pharmacy payments retrospectively by Practitioner Services, for example due to an administrative error. Retrospective revisions can also be made to the classification of drugs in the British National Formulary (BNF). Where either of these occur and are

	<p>deemed to be significant in line with ISD's Revisions policy, a revision will be made to published data. This will be notified on the website.</p>
Revisions relevant to this publication	<p>The top 10 increases and decreases in dispensed items and gross ingredient cost were added to the July 2016 publication.</p> <p>Summary Statistics were removed from the July 2016 PCA publication and added to the Dispensing Reimbursement, Remuneration and Volume publication.</p> <p>Changes were made in June 2014 to the publication which should be noted when comparing figures from publications released prior to 2013/14.</p> <p>Please see appendix 1 for further information on these changes.</p>
Concepts and definitions	<p>The data published in all these releases correspond to prescriptions that have been dispensed in the community in Scotland, i.e. dispensed by a pharmacy, dispensing doctor or appliance supplier. This includes prescriptions which were issued in another UK country but dispensed in Scotland. These data do not include prescription drugs that were supplied and administered to patients in a hospital setting. Prescriptions issued in hospital to patients on discharge and dispensed in the community are however included. Each excel workbook contains further detailed definitions of the main measures and links to a glossary.</p>
Relevance and key uses of the statistics	<p>These statistics are the primary source of data used to monitor the national community drugs bill within Scotland and the pharmacy contract agreed with dispensing contractors. They are also used to monitor national and local prescribing indicators covering both the quality and efficiency of prescribing in general practice.</p>
Accuracy	<p>The data is sourced from a payment system and routine monthly checks are carried out by Practitioner Services on a random sample of approximately 5% of prescription payments. These check all data captured for payment and the accuracy of the payment calculation and have a target accuracy of 98% which is routinely met. Data that is captured but is not mandatory for payment purposes can be of lower quality; principally this includes the prescriber code which links a prescription back to the individual prescriber (e.g. GP) and their organisation (e.g. practice or NHS Board). Routine monitoring of unallocated prescriptions is carried out and correct codes are applied before publication. This ensures that unallocated prescriptions account for fewer than 2% of all prescriptions. For remaining unallocated prescriptions, the prescribing NHS Board is assumed to be the same as the dispensing NHS Board.</p>

Completeness	The Prescribing Information System holds information on 100% of NHSScotland prescriptions dispensed within the community and claimed for payment by a pharmacy contractor (i.e. pharmacy, dispensing doctor or appliance supplier). It does not include data on prescriptions dispensed but not claimed (likely to be very small) or prescriptions prescribed but not submitted for dispensing by a patient. Some research has estimated these latter prescriptions to account for around 6% of all prescriptions issued to patients. It is not possible to determine from payment data how much of the medicine dispensed to patients is actually taken in accordance with dosage instructions.
Comparability	The main measures of drug ingredient cost and volumes of items dispensed in the community are comparable across the UK countries. However it should be noted that the gross ingredient cost (GIC) within Scotland is equivalent to the net ingredient cost (NIC) in England, i.e. the reimbursement cost of drugs before any pharmacy discounts are applied. Also each country determines its own dispensing fees based on separate contractual arrangements with dispensing contractors in each country. A common formulary called the British National Formulary (BNF) is used to classify drugs based on therapeutic use.
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines .
Coherence and clarity	All prescribing tables are accessible via the ISD website . Prescribing statistics are presented within excel spreadsheets for NHSScotland and where appropriate broken down by NHS Board.
Value type and unit of measurement	The main units of measure of drug reimbursement costs are gross ingredient cost (GIC) and net ingredient cost (NIC) quantity. The latter takes account of pharmacy discounts, the rates for which are set by the Scottish Government in the Scottish Drug Tariff. There are a large number of individual dispensing remuneration fees paid to dispensing contractors details of which can be found in the Scottish Drug Tariff. The main measures of drug volume are items (the number of individual drug items on a prescription form), quantity (the total number of tablets, capsules etc), and defined daily doses (DDDs - estimated average daily maintenance doses for a total quantity of prescribed). Further details and definitions can be found in the glossary.
Disclosure	The ISD protocol on Statistical Disclosure Protocol is followed.
Official Statistics designation	National Statistics
UK Statistics Authority	Completed assessment by UK Statistics Authority. Report

Assessment	published December 2011.
Last published	30 th June 2015
Next published	July 2017
Date of first publication	March 2000
Help email	Nss.isdprescribing@nhs.net
Date form completed	23 rd June 2016

A3 – Early Access details (including Pre-Release Access)

Pre-Release Access

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD are obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access.

Standard Pre-Release Access:

- Scottish Government Health Department
- NHS Board Chief Executives
- NHS Board Communication leads

A4 – ISD and Official Statistics

About ISD

Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up.

Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

Purpose: To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.

Mission: Better Information, Better Decisions, Better Health

Vision: To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.

Official Statistics

Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of 'Official Statistics'. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

ISD's statistical publications are currently classified as one of the following:

- National Statistics (ie assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (ie legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (ie still to be assessed by the UK Statistics Authority)
- other (not Official Statistics)

Further information on ISD's statistics, including compliance with the Code of Practice for Official Statistics, and on the UK Statistics Authority, is available on the [ISD website](#).

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics. Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods, and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.