

Primary Care Commissioning Committee

Date of meeting		29 August 2019	
Agenda item	10	Paper No	PCCC19/063

Primary Care Prescribing (August 2019)

Key issues	This paper summarises CCG and individual practice performance for total prescribing and for a number of key interventions contained within the QIPP (Quality, Innovation, Productivity and Prevention) plan and Medicines Optimisation Incentive Scheme (MOIS) for 2019/20.
Strategic objectives / perspectives	This paper addresses the following CCG strategic objectives: <ul style="list-style-type: none"> • Ensure system financial sustainability (reducing unnecessary medicines and dressings spend) • Ensure safe and sustainable high quality services - improved medication review and deprescribing of problematic medicines and antimicrobial stewardship • Establish local delivery systems (the integrated pharmacy service is a high priority within the LDS) • Develop the CCG workforce (the development of a more clinical role for pharmacists is in line with the national direction of travel and supports the sustainability of primary care)
Actions requested / recommendation	The Primary Care Commissioning Committee is asked to note the report.
Principal risk(s) relating to this paper	There are no risks in relation to this paper.
Other committees / groups where evidence supporting this paper has been considered	CCG Medicines Optimisation Clinical Steering Group
Financial and resource implications / impact	There are no financial implications arising from this paper.
Legal implications / impact	There are no legal implications arising from this paper.
Data protection impact assessment required?	No.

Public / stakeholder involvement – activity taken or planned	Not applicable.
Equality and diversity – implications / impact	This report does not request decisions which impact on equality and diversity.
Report author	Dr Emma Harris, Clinical Director: Prescribing Neil Hardy, Associate Director Medicines Optimisation
Sponsoring director	Ellen McNicholas, Director of Quality and Nursing (Board Nurse)
Date of paper	22 August 2019

Primary Care Prescribing

August 2019

1. Introduction

This paper summarises CCG and individual practice performance for total prescribing and for a number of key interventions contained within the QIPP (Quality, Innovation, Productivity and Prevention) plan and Medicines Optimisation Incentive scheme (MOIS), including antimicrobial stewardship.

Prescribing data are available from the NHS Business Services Authority (NHS BSA) up to May 2019.

2. CCG and Practice Performance

The following table shows the change in prescribing spend and prescription items for 2018/19 and 2019/20 year to date:

	WHCCG	England
Spend 2018/19	£86.44M	£7,99M
Forecast Spend 2019/20 *	£88.84M	£8,283M
Difference £ (%)	£2.4M (2.8%)	£294M (3.7%)
Items (June 17 to May 18)	9,600,600	1,095M
Items (June 18 to May 19)	9,714,257	1,098M
Change in Items	+113,657 (+1.2%)	+2.93M (+0.3%)

* Note the NHS BSA has not released their forecast formula for this year and therefore the formula for 2018/19 has been used.

A summary of individual practice performance is shown in Appendix One. This report is sent to GP practice prescribing leads each month and discussed at the Locality Medicines Optimisation Group meetings.

3. Medicines Optimisation Incentive Scheme (MOIS)

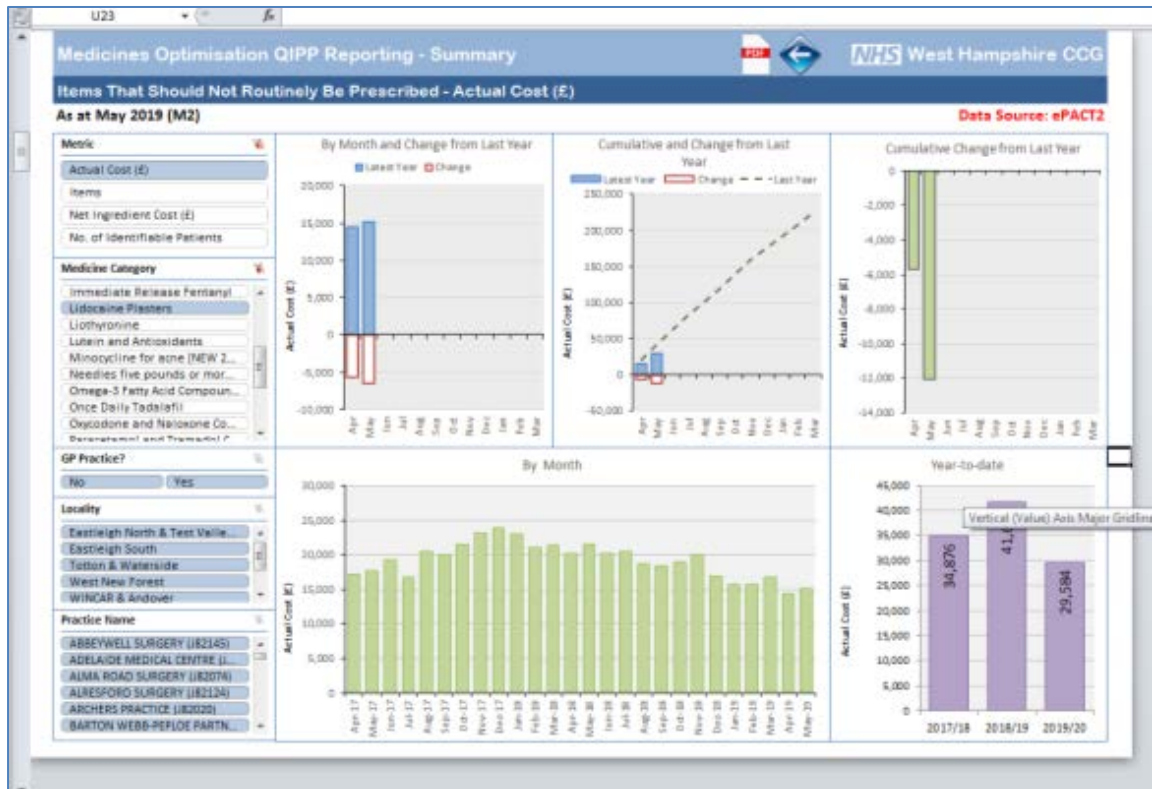
The CCG has approved a revised MOIS for the period July 2019 to March 2020. The key interventions in the MOIS are:

- Implementing the national guidance on items less suitable for prescribing in primary care including those new items published in June 2019.
- Implementing the national guidance on prescribing of over the counter medicines.
- Other local cost saving interventions including specials, increasing the use of edoxaban as the lowest acquisition cost Direct Oral Anti-Coagulants (DOAC) and alogliptin as the lowest acquisition cost 'gliptin'.
- Maximising potential savings due to patent losses (for example atomoxetine and solifenacin).
- Supporting practices to Implement PRIMIS PINCER3 as a way of identifying and reviewing patients on problematic medicines combinations (this is now included in the new GP contractual requirements).
- Running the WHCCG Polypharmacy Risk Identifier Tool (PRIT) in practices to identify frail elderly patients at high-risk of medication-related harm and inappropriate polypharmacy with a view to carrying out comprehensive medication review by a clinical pharmacist.
- Continuing the work to improve the treatment of patients with atrial fibrillation using the PRIMIS GRASP-AF and Warfarin Patient Safety Audit tools to ensure that patients on an oral anticoagulant are on the correct dose (of DOAC) or well-controlled (with warfarin).
- Antimicrobial stewardship – supporting practices to implement their agreed action plans.
- Working with care homes to improve the management of medicines in this setting.

3.1 Cost orientated interventions

The CCG Analytics Manager has developed a Medicines Optimisation QIPP Dashboard that contains data for all the *items less suitable for prescribing in primary care* at CCG and individual practice level.

The following screenshots show the change in prescribing costs for lidocaine plasters as an example of the functionality of the dashboard.



Medicines Optimisation QIPP Reporting - Data Tables

West Hampshire CCG

Items That Should Not Routinely Be Prescribed - Actual Cost (£)

As at May 2019 (M2)

Data Source: ePACT2

Scheme: Items Which Should Not Be Rout...

Metric: Actual Cost (£)

Medicine Category: Lidocaine Pastilles

GP Practice? No Yes

Locality: Eastleigh North & Test Valley ...

Practice Name: ABBEYWELL SURGERY (J82145)

Month by Month		Versus Last Year			
Month	2018/19	2019/20	Change	% Change	
April	20,120	14,443	-5,676	-28.21%	
May	21,558	15,141	-6,417	-29.77%	
June	20,202				
July	20,439				
August	18,738				
September	18,359				
October	18,933				
November	20,026				
December	16,911				
January	15,687				
February	15,798				
March	16,758				

Cumulative		Versus Last Year			
Month	2018/19	2019/20	Change	% Change	
April	20,120	14,443	-5,676	-28.21%	
May	41,678	29,584	-12,093	-29.02%	
June	61,880				
July	82,319				
August	101,057				
September	119,416				
October	138,349				
November	158,375				
December	175,287				
January	190,974				
February	206,771				
March	223,530				

The medicines optimisation team is also using and encouraging practices to use the prescribing comparisons available on Open Prescribing:

<https://openprescribing.net/>

This system utilises the publically available epact prescribing data and provides comparisons at CCG and individual practice level for a variety of indicators and provides an estimate of potential savings. The advantages of Open Prescribing are that it is easily accessible without the need to register / logon and have user friendly comparisons without the need for further manipulation of the data.

The following are examples of interventions that the team is currently supporting practices to implement:

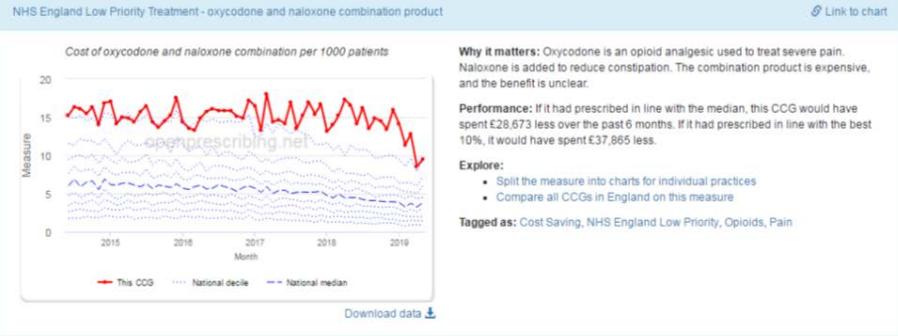
NHS England Low Priority Treatment - oxycodone and naloxone combination product

NHS WEST HAMPSHIRE CCG

[View all measures for this CCG →](#)

This measure shows how this organisation compares with its peers across NHS England. This is indicative only, and should be approached with caution. [Read more about measures.](#)

Over the past 6 months, if this CCG had prescribed at the median ratio or better on all cost-saving measures below, then it would have spent £28,673 less. (We use the national median as a suggested target because by definition, 50% of practices were already prescribing at this level or better, so we think it ought to be achievable.)



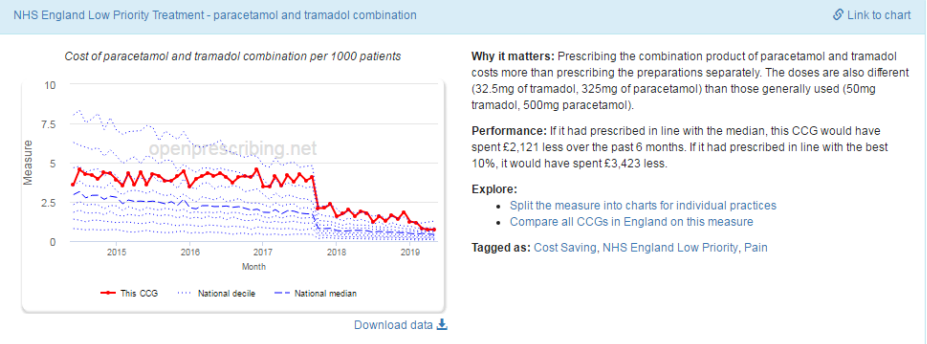
NHS England Low Priority Treatment - paracetamol and tramadol combination

NHS WEST HAMPSHIRE CCG

[View all measures for this CCG →](#)

This measure shows how this organisation compares with its peers across NHS England. This is indicative only, and should be approached with caution. [Read more about measures.](#)

Over the past 6 months, if this CCG had prescribed at the median ratio or better on all cost-saving measures below, then it would have spent £2,121 less. (We use the national median as a suggested target because by definition, 50% of practices were already prescribing at this level or better, so we think it ought to be achievable.)





3.3 Antimicrobial stewardship

The Government has published the UK's five-year national action plan for tackling antimicrobial resistance which includes, among others, targets to:

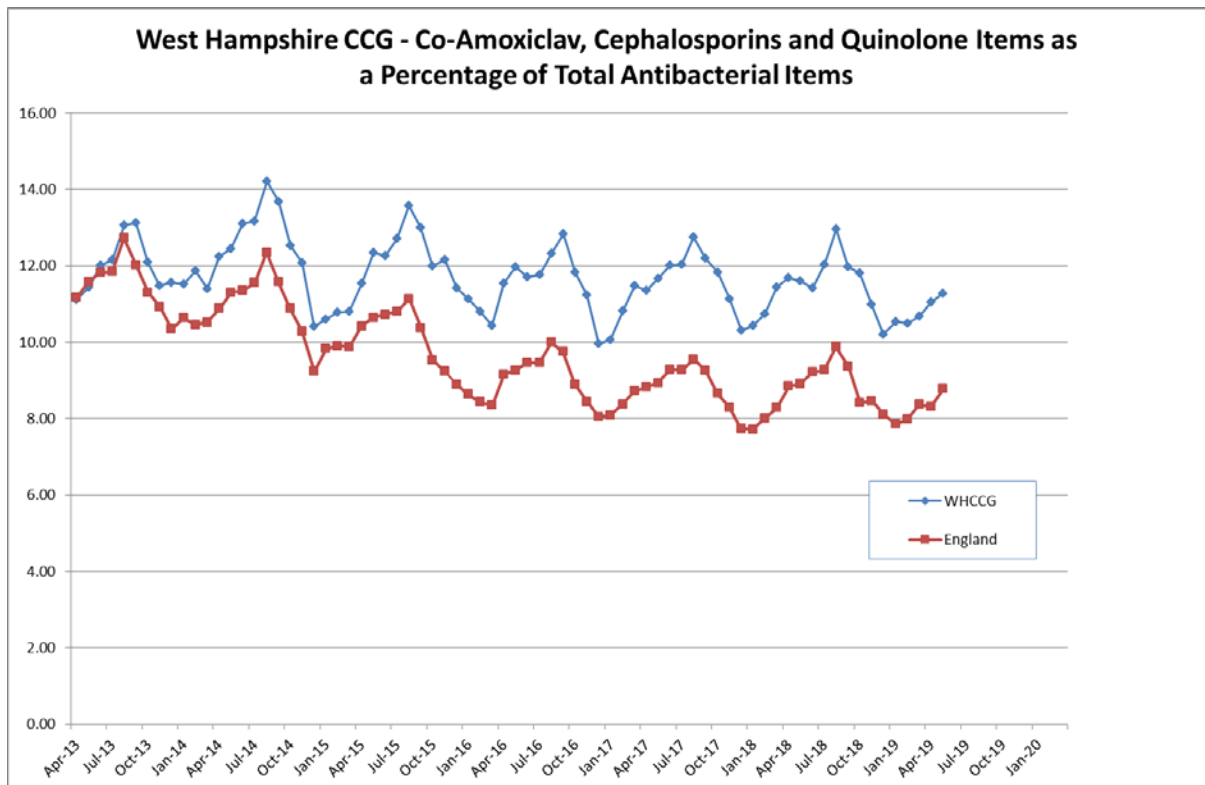
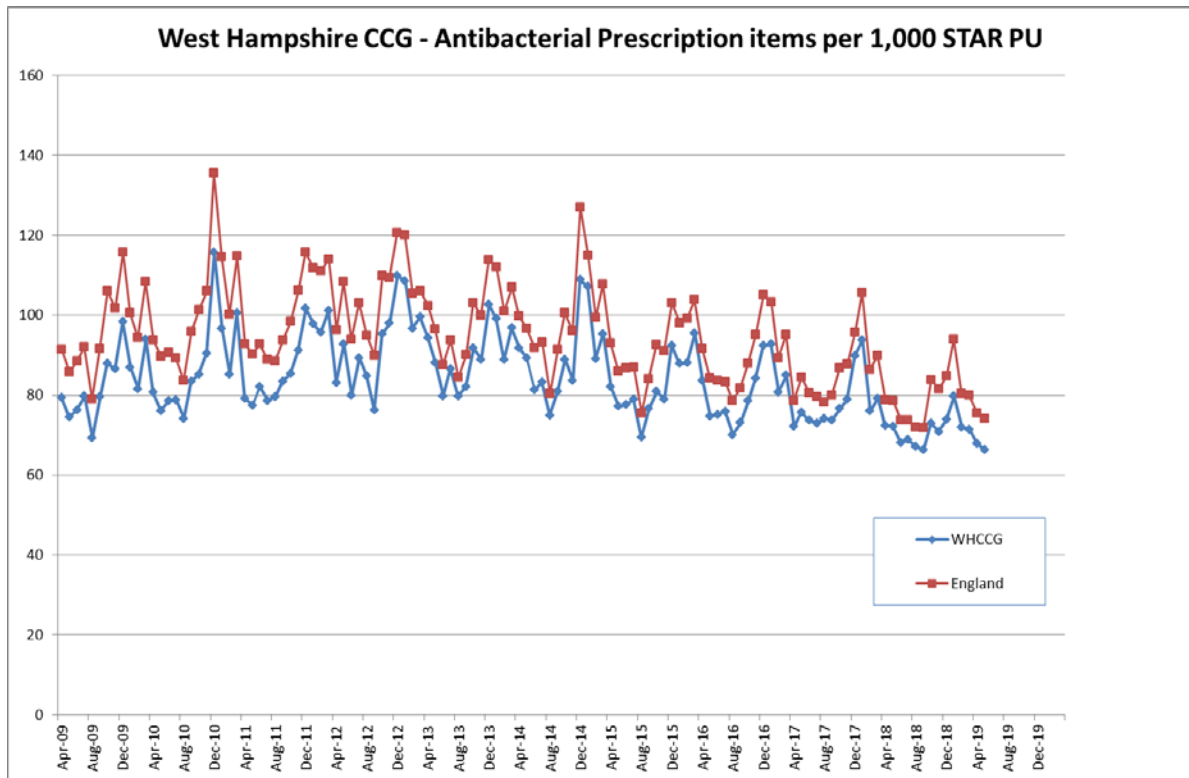
- halve healthcare associated Gram-negative blood stream infections;
- reduce the number of specific drug-resistant infections in people by 10% by 2025;
- **reduce UK antimicrobial use in humans by 15% by 2024;**
- reduce UK antibiotic use in food-producing animals by 25% between 2016 and 2020 and define new objectives by 2021 for 2025; and
- be able to report on the percentage of prescriptions supported by a diagnostic test or decision support tool by 2024.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/773130/uk-amr-5-year-national-action-plan.pdf

Whilst the total prescribing of antibiotics within the CCG (using weighted population) remains significantly lower (10%) than the national average, the proportion of broad spectrum antibiotics prescribed continues to be higher.

An update on antimicrobial stewardship was included in the GP target meetings in June.

The following graphs show the CCG and national trend for total prescription items, and the proportion of broad spectrum agents.



4. Medicines Safety

The medicines optimisation team supports GPs and practice staff to implement relevant drug alerts and medicines-related patient safety alerts.

A recent example of this is the Drug Alert EL(19)A/17 which highlighted the rare, but important, risk of the Emerade (a brand of adrenaline auto injector) failing to deliver a dose of adrenaline from the syringe due to blockage of the needle. The Medicines and Healthcare products Regulatory Agency (MHRA) estimate the risk to be 0.23% (i.e. 2.3 pens in every 1,000 affected).

Healthcare professionals were required to contact all patients, and their carers, who have been supplied with an Emerade device to inform them of the potential defect and reinforce the advice to always carry two in-date adrenaline autoinjectors with them at all times.

The medicines optimisation team supported practices by identifying all patients that had been prescribed Emerade and drafting letters for patients so that practices could contact the patients to provide the necessary advice.

5. Patient Engagement

The medicines optimisation team continues to engage with patient participation groups and at other public and patient forums to encourage patients and their carers to take greater responsibility for their medicines and seek advice and medication reviews if they are concerned.

The CCG easy-read version of the medication review prompt is now hosted on the WidgitHealth website which means it is now available for any organisation to use:

<https://widgit-health.com/easy-read-sheets/index.htm>

My Medication Review 

 **Talking to your doctor about your medicines**

Please complete this form to help your doctor understand how your medicines make you feel.
You can also tell your doctor if you have any problems with your medicines.

 **My name is:**

How to use this booklet
Complete each question below by putting a cross into the box next to the answer you want to choose.
Example:

  **Are you a patient at the surgery?**

Widgit Symbols © Widgit Software 2002-2017 www.widgit.com
This resource was developed with NHS Local Programme Clinical Commissioning Group
For more resources like this please visit www.widgit-health.com

The team has agreed with the Designated Nurse for Safeguarding Children to promote and promulgate the use of the ICON (Abusive Head Trauma) resources to parents and carers via local community pharmacies.

<http://iconcope.org/>

6. Medicines Optimisation in Care Homes (MOCH)

Five members of the medicines optimisation team are enrolled on the national MOCH training programme.

As well as the team's work in identifying patients at risk of problematic polypharmacy (which includes those patients resident in a care home), the team is also developing resources to support care homes to improve their processes for managing medicines. These are hosted on the CCG public website:

<https://www.westhampshireccg.nhs.uk/care-homes>

The team is planning to visit all care homes within West Hampshire to introduce and promote these resources. In addition the team works closely with the CCG nurse facilitators to support homes that are experiencing difficulties with medicines management.

Care homes are being encouraged to participate in an audit of waste medicines to try and improve the current level of waste.

7. Conclusions

A revised Medicines Optimisation Incentive Scheme has been approved by the CCG and it is expected that all practices will sign up to this.

The CCG medicines optimisation team is supporting the implementation of interventions within the MOIS (cost, quality and safety). The work on improving the use of antibiotics continues.

Medicines Optimisation in Care Homes is a specific work stream and includes both patient specific medication review and support to care homes to improve their systems for handling medicines.

8. Actions Requested

The CCG Primary Care Commissioning Committee is asked to note this report.

Dr Emma Harris, Clinical Director – Prescribing

Neil Hardy, Associate Director, Medicines Optimisation

August 2019

APPENDIX ONE

Practice	NCR	Vanguard/Large Practice	Disputed	2018/19 Spend	Apr19 - May19 Spend	Forecast 2019/20 Spend	Forecast Increase over 2018/19 Spend	Forecast Increase over 2018/19 Spend (%)	Change in ASTRO PUs	Change in Patients	Forecast 2019/20 Spend per ASTRO PU	Prescribing Need Index	2019/20 Spend per Weighted Pop Using Prescribing Need Index (%)	Change in Items (percent)	% of EPS Items out of all Items	% of eRD Items out of EPS Items
				£	£	£	£	£	£	£	£	£	£	£	£	£
Note				1	3	4	5	6	11	14	16	17	19	22	23	24
ADELAIDE MEDICAL CENTRE	Andover			£1,361,305	£229,624	£1,414,810	£53,505	3.9	1.1	0.6	106	1.03	98	1.6	75.2	0.0
CHARLTON HILL SURGERY	Andover	Y		£1,903,643	£322,671	£1,988,114	£84,471	4.4	5.4	5.7	107	0.93	103	10.2	54.4	0.0
SHEPHERD'S SPRING MEDICAL CENTRE	Andover			£1,603,714	£264,931	£1,632,351	£28,637	1.8	5.5	5.2	119	0.80	105	5.8	82.8	0.0
ST MARY'S SURGERY	Andover			£1,653,205	£273,343	£1,684,182	£30,977	1.9	2.3	1.3	95	0.96	89	1.8	70.9	0.0
THE ANDOVER HEALTH CENTRE MEDICAL PRACT	Andover			£2,200,446	£376,730	£2,321,193	£120,747	5.5	-5.5	-6.6	111	0.99	108	1.8	75.6	0.0
CORNERWAYS MEDICAL CENTRE	Avon Valley	V		£2,011,519	£341,667	£2,105,155	£93,637	4.7	1.9	0.3	97	1.15	98	2.7	67.0	0.0
FORDINGBRIDGE SURGERY	Avon Valley	Y		£2,166,588	£376,821	£2,321,754	£155,167	7.2	0.8	-0.9	105	1.13	105	3.6	54.2	12.2
RINGWOOD MEDICAL CENTRE	Avon Valley	V		£1,999,686	£329,215	£2,028,286	£35,751	1.8	0.7	-0.3	102	1.19	98	0.2	81.6	0.0
TWIN OAKS MEDICAL CENTRE	Avon Valley	V	Y	£738,853	£130,913	£806,609	£67,756	9.2	6.6	3.7	99	1.10	101	7.8	52.5	0.0
PARK SURGERY	Chandlers Ford			£2,220,196	£362,194	£2,231,634	£11,438	0.5	0.5	-0.9	88	0.87	97	6.4	69.6	0.0
THE FRYERN SURGERY	Chandlers Ford			£1,899,047	£307,651	£1,895,568	£-3,479	-0.2	3.3	2.2	83	0.93	91	20.3	73.9	0.1
BATTON Webb-Peploe Partnership	Coastal Med Group	V		£2,341,208	£390,051	£2,403,271	£62,064	2.7	2.5	0.8	105	1.38	103	1.8	78.7	12.6
NEW MILTON HEALTH CENTRE	Coastal Med Group	V		£1,886,017	£309,918	£1,909,541	£23,524	1.2	0.0	-0.4	105	1.29	98	1.4	80.6	5.3
THE ARNEWOOD PRACTICE MILTON MEDICAL CEN	Coastal Med Group	V		£2,518,019	£418,616	£2,579,273	£61,253	2.4	1.2	0.4	106	1.24	100	2.1	82.1	4.5
ARCHERS PRACTICE	Eastleigh			£845,418	£148,493	£914,931	£69,512	8.2	-0.9	-1.4	101	0.92	95	-2.2	56.1	0.0
BOVATT WOOD SURGERY	Eastleigh			£857,096	£148,088	£912,432	£55,336	6.5	6.7	5.9	100	0.86	94	8.6	76.3	0.0
ST ANDREW'S SURGERY	Eastleigh			£1,316,700	£220,842	£1,360,700	£44,001	3.3	4.3	3.5	107	0.86	96	6.5	77.2	0.0
BLACKTHORN HEALTH CENTRE	ESP			£2,080,099	£349,477	£2,153,275	£73,176	3.5	3.1	0.9	113	1.02	108	0.1	91.4	41.3
BURLESDON SURGERY	ESP			£539,297	£93,328	£575,035	£35,738	6.6	9.4	9.7	107	0.86	98	2.3	83.2	24.4
HEDGE END MEDICAL CENTRE	ESP			£2,151,801	£362,885	£2,235,888	£84,087	3.9	6.7	8.1	97	0.97	95	3.4	86.0	2.8
ST LIUKS SURGERY	ESP			£1,492,803	£238,819	£1,471,468	£-21,335	-1.4	-2.7	-4.0	101	0.78	104	-5.6	86.8	4.7
WEST END SURGERY	ESP			£1,321,692	£216,339	£1,132,960	£11,268	0.9	3.0	2.3	103	1.07	104	4.4	61.7	0.0
CHAWTON HOUSE SURGERY	New Forest	V		£1,164,341	£192,655	£1,187,030	£22,689	1.9	1.9	0.4	93	1.24	89	3.3	79.3	0.0
LYNHURST SURGERY	New Forest	V		£905,615	£147,861	£911,035	£5,420	0.6	3.5	1.9	93	1.20	90	-1.2	69.8	4.1
NEW FOREST MEDICAL GROUP	New Forest	V		£1,202,126	£200,476	£1,235,216	£33,090	2.8	2.8	0.9	85	1.17	87	0.3	82.2	4.4
WISTARIA & MILFORD SURGERIES	New Forest	V		£3,055,114	£515,203	£3,174,385	£119,270	3.9	2.4	1.3	102	1.29	100	-1.3	82.1	21.7
ABBEYWELL SURGERY	Romsey	L	Y	£2,967,696	£492,656	£3,035,468	£67,771	2.3	1.3	0.2	98	1.06	99	0.7	68.5	0.1
ALMA ROAD SURGERY	Romsey	Y		£2,155,176	£365,146	£2,249,824	£94,648	4.4	2.7	2.6	95	1.06	95	2.8	64.1	0.0
NORTH BADGESLEY SURGERY	Romsey			£1,418,855	£234,466	£1,484,636	£25,782	1.8	1.6	-0.1	101	0.94	102	2.1	75.2	0.6
NEW HORIZONS MEDICAL PARTNERSHIP	Totton			£4,087,137	£672,051	£4,140,798	£53,661	1.3	1.1	-0.1	109	1.02	105	0.8	83.1/67.6	0.7/0.0
TESTVALE SURGERY	Totton			£2,281,930	£383,365	£2,362,074	£80,144	3.5	0.8	-0.1	118	1.03	112	-1.4	71.6	0.3
FORESTSIDE MEDICAL PRACTICE	Waterside			£1,854,264	£295,123	£1,818,380	£-35,883	-1.9	3.6	2.4	105	0.96	104	1.5	70.3	1.4
RED AND GREEN PRACTICE	Waterside	L		£3,937,075	£634,842	£3,911,537	£-25,538	-0.6	-0.6	-1.7	103	1.10	97	0.0	72.4	10.9
WATERFRONT AND SOLENT SURGERY	Waterside	V		£1,241,736	£206,844	£1,274,453	£32,717	2.6	2.9	2.5	99	1.14	95	0.5	76.8	0.3
ALRESFORD SURGERY	Win Rural N+E	Y		£1,389,785	£243,303	£1,459,095	£109,310	7.9	1.6	-0.5	92	1.05	95	2.3	0.0	0.0
GRATTON SURGERY	Win Rural N+E	Y		£899,132	£157,233	£968,782	£69,650	7.7	3.2	1.7	92	0.94	97	0.9	0.0	0.0
STOCKBRIDGE SURGERY	Win Rural N+E	Y		£1,317,328	£232,201	£1,430,688	£113,360	8.6	1.5	-1.0	94	1.08	94	-6.0	10.1	0.0
THE WATERCRESS MEDICAL GROUP	Win Rural N+E	Y		£1,061,102	£171,434	£1,055,282	£-5,821	-0.5	1.8	0.4	88	0.96	98	4.9	51.9	1.9
TWO RIVERS PARTNERSHIP	Win Rural N+E	Y		£1,088,623	£181,356	£1,117,411	£28,787	2.6	4.9	4.8	83	0.95	83	-1.5	61.4	0.9
WEST MEON SURGERY	Win Rural N+E	Y		£330,545	£55,404	£341,369	£10,824	3.3	5.4	4.7	75	0.95	85	4.9	2.9	0.0
BISHOPS WALTHAM SURGERY	Win Rural South	Y		£1,923,709	£321,384	£1,980,187	£56,478	2.9	2.5	0.4	94	0.97	100	1.8	52.4	0.0
STOKENWOOD SURGERY	Win Rural South	Y		£2,727,044	£450,093	£2,772,660	£45,616	1.7	3.1	2.5	104	0.90	111	2.8	69.7	2.5
TWYFORD SURGERY	Win Rural South	Y		£1,283,044	£215,970	£1,330,682	£47,639	3.7	0.1	-1.0	89	0.94	95	-2.3	55.0	0.1
WICKHAM SURGERY	Win Rural South	Y		£2,194,539	£344,367	£2,121,793	£-72,746	-3.3	3.9	2.7	104	1.04	102	6.3	28.4	0.0
FRIARSGATE PRACTICE	Winch City	L		£2,955,979	£493,965	£3,043,530	£87,551	3.0	1.6	-0.8	90	0.87	92	-0.8	87.8	0.0
ST CLEMENTS PARTNERSHIP	Winch City	L		£2,444,245	£394,018	£2,427,717	£-16,528	-0.7	-0.7	0.0	97	1.00	90	-0.6	73.2	0.0
ST PAUL'S SURGERY	Winch City			£1,835,330	£331,856	£2,044,708	£209,378	11.4	3.5	3.1	88	0.80	86	-1.2	83.8	0.3
ESP HUB OOH				£13,438	£2,072	£12,764	£-674	-5.0	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	52.5	0.0	0.0
H-DOCS ON CALL OOH				£60,074	£10,782	£66,431	£6,357	10.6	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	-21.8	0.0	0.0
MHH GP ACCESS HUBS OOH				£17,408	£3,351	£20,646	£3,238	18.6	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	28.7	0.0	0.0
NEW HALL HOSPITAL				£1,152	£139	£855	£-297	-25.8	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	33.3	0.0	0.0
NMP SOUTHERN HEALTH (WEST HANTS)				£57,506	£11,171	£68,827	£11,321	19.7	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	-15.3	0.0	0.0
OKHAYVEN HOSPICE TRUST				£750	£301	£1,853	£1,103	147.1	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	35.5	0.0	0.0
ROMSEY HUB OOH				£10,123	£0	£0	£-10,123	-100.0	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!	0.0	0.0
SOUTHERN REHABILITATION TEAM				£831	£24	£147	£-684	-82.4	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	-11.3	0.0	0.0
TEENAGE DROP-IN CENTRE				£7,237	£1,282	£7,302	£65	0.9	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	0.6	0.0	0.0
THE PRACTICE AT LYMINGTON				£14,482	£2,049	£12,626	£-1,857	-12.8	0.0	#DIV/0!	#DIV/0!		#DIV/0!	-15.5	0.0	0.0
W HANTS SW COMM DERM SERVICE				£78,271	£13,725	£84,565	£6,294	8.0	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	148.1	0.0	0.0
WEST HANTS COMMUNITY DIABETES SERVICE				£12,591	£1,607	£9,902	£-2,688	-21.4	#DIV/0!	#DIV/0!	#DIV/0!	1.04	#DIV/0!	-45.6	0.0	0.0
TOTAL				£86,399,215	£14,409,121	£88,780,780	£2,881,564	2.8	1.9	1.0	100	1.00	100	1.7	63.7	5.2

- Notes**
- 1 - Practice prescribing spend in 2018/19
 - 2 - Practice indicative prescribing budget for 2019/20
 - 3 - Actual spend April - May 2019
 - 4 - Forecast Outturn spend for 2019/20
 - 5 - Forecast increase in spend 2019/20 compared to actual 2018/19 spend (column F minus column C)
 - 6 - Forecast increase in spend expressed as a percentage
 - 7 - Forecast Budget over/underspend (column F minus column D)
 - 8 - Forecast Budget over/underspend expressed as a percentage
 - 9 - Practice ASTRO PU count (weighted population) for the month of May 2018
 - 10 - Practice ASTRO PU count (weighted population) for the month of May 2019
 - 11 - Change in ASTRO PU count latest month vs. the same month one year ago - this gives an indication of the practices list size and age demography change over the last year
 - 12 - Patient count for the month of May 2018
 - 13 - Patient count for the month of May 2019
 - 14 - Change in Patient count latest month vs. the same month one year ago - this gives an indication of the practices list size and age demography change over the last year
 - 15 - Practice spend (2019/20) per ASTRO PU
 - 16 - Practice spend (2019/20) per ASTRO PU expressed as a percentage (CCG mean = 100%)
 - 17 - Prescribing Need Index
 - 18 - Practice spend (2019/20) per weighted patient (using list size adjusted with prescribing need index)
 - 19 - Practice spend (2019/20) per weighted patient expressed as a percentage (CCG mean = 100%)
 - 20 - Total prescription items (June17 to May18)
 - 21 - Total prescription items (June18 to May19)
 - 22 - Percentage change in prescription items
 - 23 - % of EPS items out of all items
 - 24 - % of eRD items out of EPS items