

Prescriptions Dispensed in the Community

England 2006 to 2016

Published 29 June 2017

This report presents a summary of prescription items dispensed in the community in England. The report highlights changes between 2015 and 2016 and presents the main trends between 2006 and 2016 and within therapeutic areas, based on British National Formulary (BNF) classifications.

Key findings

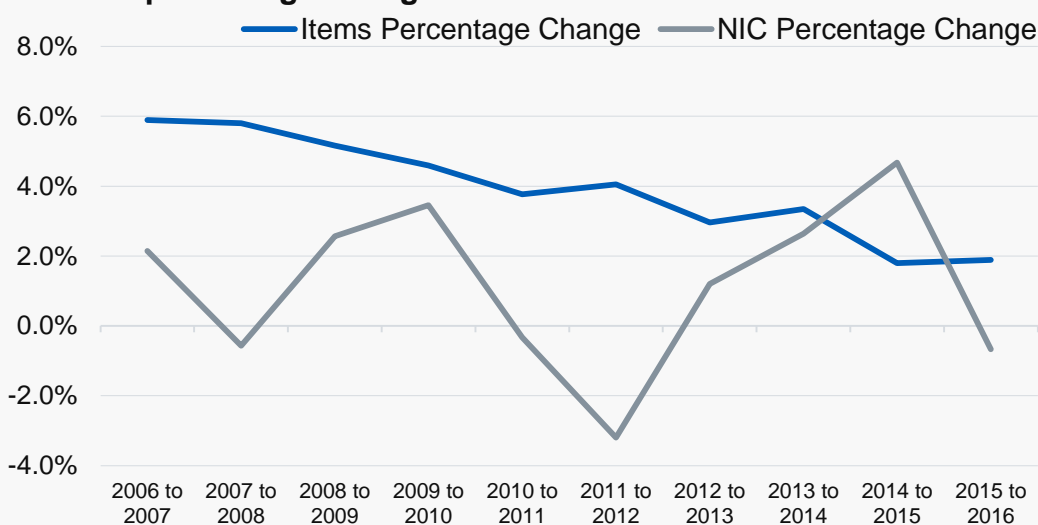
- The total net ingredient cost (NIC) of prescription items dispensed in 2016 was £9,204.9 million, a decrease of 0.7 per cent (£61.8 million) on the cost in 2015.
- The total number of items dispensed in 2016 was 1,104.1 million, an increase of 1.9 per cent, (20.5 million) on the number of items dispensed in 2015.
- The total number of items dispensed in 2016 for antidepressants showed the greatest numeric rise since 2015. They increased by 3.7 million items (6.0 per cent).

Measures used in this report

Net Ingredient Cost (NIC) is the basic cost of a drug. It does not take account of discounts, dispensing costs, fees or prescription charges income, so the amount the NHS spent will be slightly different.

Items are prescriptions written on a prescription form known as a FP10. Each single item written on the form is counted as a prescription item.

Figure 1: Items and Net Ingredient Cost, 2006 to 2016, annual percentage change



Source: NHS Digital

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This is a National Statistics publication



National Statistics status means that official statistics meet the highest standards of trustworthiness, quality and public value.

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This product is relevant to members of the public and other stakeholders to support the understanding of prescribing trends and costs over the last 10 years. It will allow them to see which medicines are being used, how much they are being used and how much they cost.

Introduction and background

This bulletin presents a summary of prescriptions dispensed in the community in England, by community pharmacists, appliance contractors, dispensing doctors and prescriptions for items personally administered in general practices. The statistics are derived from the system for reimbursing contractors for dispensing medicines and dressings and appliances, run by NHS Prescription Services - part of the NHS Business Services Authority (NHS BSA). The specific source for these statistics is the Prescription Cost Analysis system (PCA), figures for which are published annually as a National Statistic, by NHS Digital in March 2017.

The bulletin highlights changes between 2015 and 2016 and presents the main trends between 2006 and 2016 and within therapeutic areas, based on British National Formulary (BNF) classifications.

The most recent PCA publication, with data covering 2016, is available at:

<http://www.digital.nhs.uk/pubs/prescostanalysiseng2016>

The PCA publication reports on the number of prescription items dispensed, net ingredient cost and quantity, by BNF classification down to presentation level.

This National Statistic publication, Prescriptions Dispensed in the Community, provides commentary and trend analysis on the latest PCA publication and those from the previous ten years.

The data are derived from a system primarily designed for the reimbursement of the costs of medicines supplied to patients and are based on numbers of prescriptions, volumes of medicines and preparations, and the associated costs. The profession of the prescriber is recorded, and the site of prescribing and dispensing but no clinical or patient information is included (see Source and Definitions for further information, page 34).

The Data Quality Statement accompanying this report is available at:

<http://www.digital.nhs.uk/pubs/presdisp0616>

NHS Prescription Services also release national PCA data on a monthly basis. It is available at:

<https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/information-services-prescription-cost-analysis-pca-data>

Key terminology and general factors influencing prescribing are explained further in Factors Influencing Prescribing, page 29.

Key Facts: Changes

Overall

Figure 1 on the title page compares the annual percentage changes for both items and cost since 2006. 2015 was the first year in the last decade where the annualised percentage change in the number of items prescribed was lower than the annual increase in costs.

Number of items dispensed

The total number of items dispensed in 2016 was 1,104.1 million, an increase of 1.9 per cent, (20.5 million) on the number of items dispensed in 2015. This is an increase of 46.8 per cent (352.2million) on the 752.0 million items dispensed in 2006.

The average number of prescription items per head of the population in 2016 is 20.0, compared to 19.8 items in the previous year and 14.8 in 2006.

Net Ingredient Cost

The total net ingredient cost of prescriptions dispensed in 2016 was £9,204.9 million, a decrease of 0.7 per cent (£61.8 million) on the cost in 2015. This is an increase of 12.3 per cent (£1,008.1 million) on the £8,196.8 million cost in 2006.

The average cost per head of the population has fallen to £166.55, from £169.14 in 2015. In 2006 the average cost per head was £160.83. The average net ingredient cost per prescription item has decreased to £8.34 in 2016 from £8.55 in 2015, in 2006 this figure was £10.90.

Free and Charged Prescribing

89.4 per cent of all prescription items were dispensed free of charge, with 61.0 per cent of all prescription items dispensed free to patients claiming age exemption (aged 60 and over) and 4.4 per cent of all prescription items dispensed free to patients claiming age exemption (aged under 16 or 16-18 and in full-time education).

88.9 per cent of all NIC were for prescription items dispensed free of charge. Prescription items dispensed for patients claiming age exemption (aged 60 and over) accounted for 52.5 per cent of the total net ingredient cost for all prescription items and 7.4 per cent of the cost was for patients claiming age exemption (aged under 16 or 16-18 and in full-time education).

Measures used in this report

Net Ingredient Cost (NIC) is the basic cost of a drug. It does not take account of discounts, dispensing costs, fees or prescription charges income, so the amount the NHS spent will be slightly different.

Items are prescriptions written on a prescription form known as a FP10. Each single item written on the form is counted as a prescription item.

Prescribing by Dentists

Prescribing by Dentists was previously published as a separate report, however all prescriptions written by dentists and dispensed in the community are included within the PCA dataset.

Number of items dispensed for Prescribing by Dentists

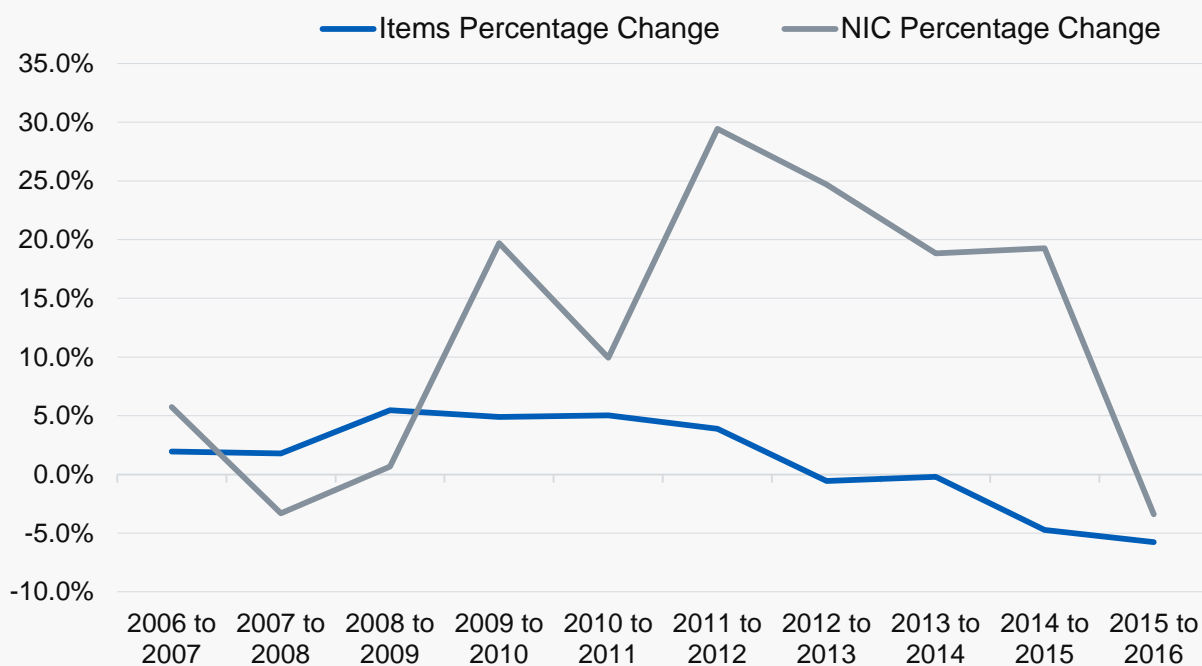
Of the 1,104.1 million prescription items dispensed in 2016, 5.0 million items (0.5 per cent) were prescribed by a dentist; a decrease of 0.3 million, (5.8 per cent) on the number of items dispensed in 2015. This is an increase of 0.5 million (11.6 per cent) on the number of items dispensed in 2006 (4.5 million items).

Net Ingredient Cost for Prescribing by Dentists

The total net ingredient cost of prescriptions by dentists in 2016 was £30.2 million (0.3 per cent of total NIC of prescriptions dispensed); a decrease of 3.4 per cent (£1.1 million) on the cost in 2015. There has been an increase of £20.1 million (199.3 per cent) in total net ingredient cost of prescriptions by dentists since 2006.

The top 5 chapters for 2016, by cost and prescriptions dispensed for dentists are BNF Chapter 5: Infections, BNF Chapter 9: Nutrition and blood, BNF Chapter 12: Ear, nose & oropharynx, BNF Chapter 10: Musculoskeletal & joint diseases and BNF Chapter 4: Central nervous system. These 5 chapters make up 99.5 per cent of the total cost of prescribing by dentists.

Figure 2: Items and Net Ingredient Cost, 2006 to 2016, annual percentage change for prescribing by dentists



Source: NHS Digital

Prescribing Trends: 2006 to 2016, by selected BNF Section Level (Therapeutic Area)

Note that BNF Classifications can change and comparisons over time may be affected by re-classifications or medicines moving between classifications.

In the following part of this report we look at six selected BNF sections that have the greatest proportion of NIC and number of items, greatest increase in NIC and number of items, and the greatest decrease in NIC and number of items.

For each section there is:

- A brief description of the therapeutic area covered
- A summary table providing
 - the number of items dispensed, the total cost (NIC) and the NIC per item for that section in 2016, 2015 and 2006
 - the number of items dispensed and the total cost (NIC) are shown as annual totals and totals per day
 - the percentage and value of any increase or decrease in the number of items dispensed or the cost from 2015 to 2016 and 2006 to 2016
- A table listing the top 10 medicines (where available) by the most appropriate measure for the medicines in that section (e.g. in the case of the section with the greatest NIC the medicines will be sorted by NIC and in the case of greatest increase in items dispensed the medicines will be sorted by change in items dispensed).
It should be noted that not all sections contain 10 medicines.
- Charts showing a ten year trend of the top 10 medicines by NIC or items for that section.
 - Please note this may be a different 10 medicines to those in the table.
 - Please note that the scales on the charts may also vary

In summary the six selected BNF sections are:

- BNF Section with the greatest net ingredient cost in 2016 - BNF 6.1 Drugs used in Diabetes
- BNF Section with the greatest increase in net ingredient cost between 2015 and 2016 - BNF 2.8 Anticoagulants and protamine
- BNF Section with the greatest decrease in net ingredient cost between 2015 and 2016 - BNF 4.2 Drugs Used In Psychoses and Related Disorders
- BNF Section with the greatest number of items in 2016 - BNF 2.5 Hypertension and Heart Failure
- BNF Section with the greatest increase in number of items between 2015 and 2016 - BNF 4.3 Antidepressant Drugs
- BNF Section with the greatest decrease in items between 2015 and 2016 - BNF 2.9 Antiplatelet Drugs

BNF Section with the greatest net ingredient cost in 2016**BNF 6.1 Drugs used in Diabetes**

Includes insulins, oral antidiabetic drugs and monitoring devices (Hypodermic equipment, although listed in this BNF section is recorded in "Other appliances", an additional BNF section)

	2016	Changes 2015 to 2016		2015	Changes 2006 to 2016		2006
Annual Totals							
Items Dispensed	51,511,648	2,402,294	4.9%	49,109,354	23,072,261	81.1%	28,439,387
NIC (£)	984,244,095	47,571,636	5.1%	936,672,459	421,765,094	75.0%	562,479,000
NIC Per Item (£)	19.11	0.03	0.2%	19.07	-0.67	-3.4%	19.78
Totals Per Day							
Items Dispensed	141,128	6,582	4.9%	134,546	63,212	81.1%	77,916
NIC (£)	2,696,559	130,333	5.1%	2,566,226	1,155,521	75.0%	1,541,038

A general increase in use of all Diabetes medicines with large proportional increases in the use of newer medicines such as linagliptin and dapagliflozin since last year corresponding to a relative increase in net ingredient cost.

Metformin hydrochloride has the largest increase in use but a larger decrease in net ingredient cost, primarily as a result of a reduction in cost of the modified release formulation which is seeing significant uptake.

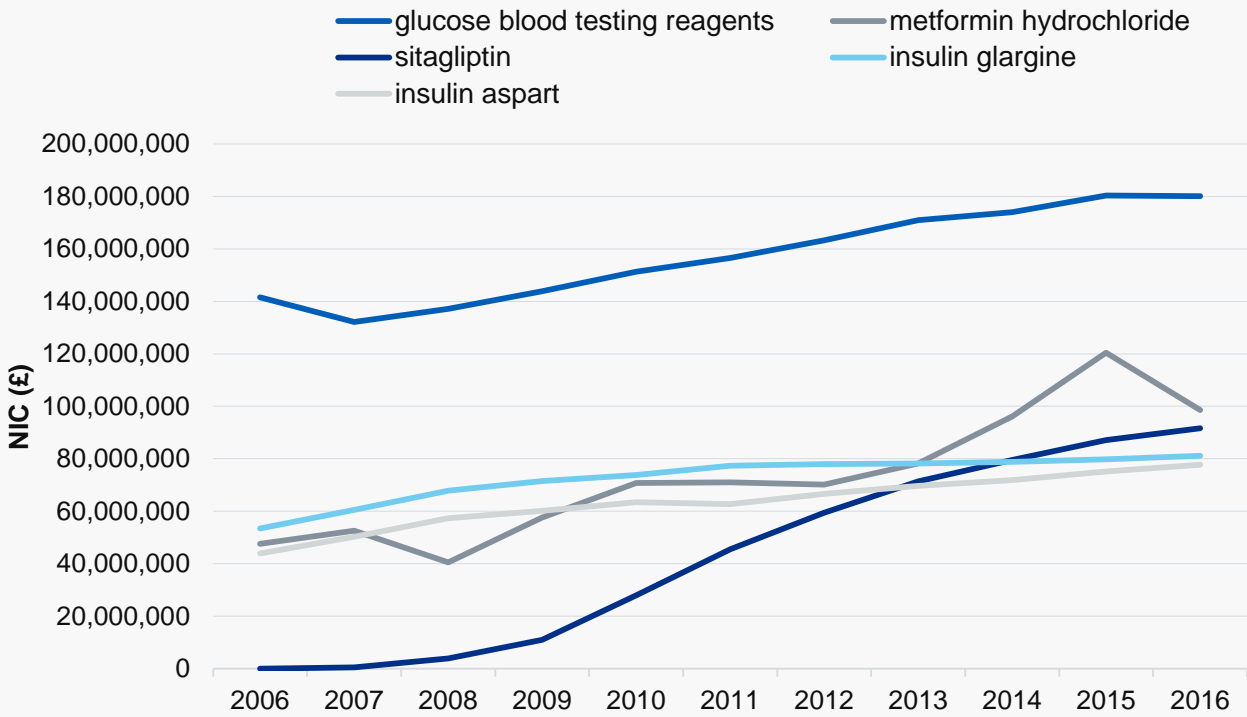
Table 1 Section 6.1 Top 10 medicines by NIC, 2016

BNF Chemical Name	2016 Items	Item change from 2015	Item change from 2015	2016 NIC (£)	NIC change from 2015 (£)	NIC change from 2015
glucose blood testing reagents	6,919,322	144,963	2.1%	180,058,799	-231,037	-0.1%
metformin hydrochloride	20,658,987	899,515	4.6%	98,617,317	-21,768,899	-18.1%
sitagliptin	2,474,647	153,066	6.6%	91,640,993	4,559,423	5.2%
insulin glargine	1,452,733	45,949	3.3%	81,115,992	1,327,605	1.7%
insulin aspart	1,682,528	66,960	4.1%	77,776,076	2,585,614	3.4%
biphasic insulin aspart	927,839	-36,892	-3.8%	49,392,188	-1,947,982	-3.8%
liraglutide	476,151	28,229	6.3%	48,969,814	3,057,171	6.7%
insulin detemir	706,331	1,082	0.2%	43,569,065	-416,009	-0.9%
linagliptin	1,194,778	344,370	40.5%	38,313,750	10,621,375	38.4%
dapagliflozin	683,180	201,264	41.8%	28,953,784	8,544,989	41.9%

More detailed analysis of prescribing for diabetes is given in the NHS Digital publication Prescribing for Diabetes, England – 2005/06 to 2015/16. The next publication is due to be released in August 2017. The August 2016 publication is available using the link below:

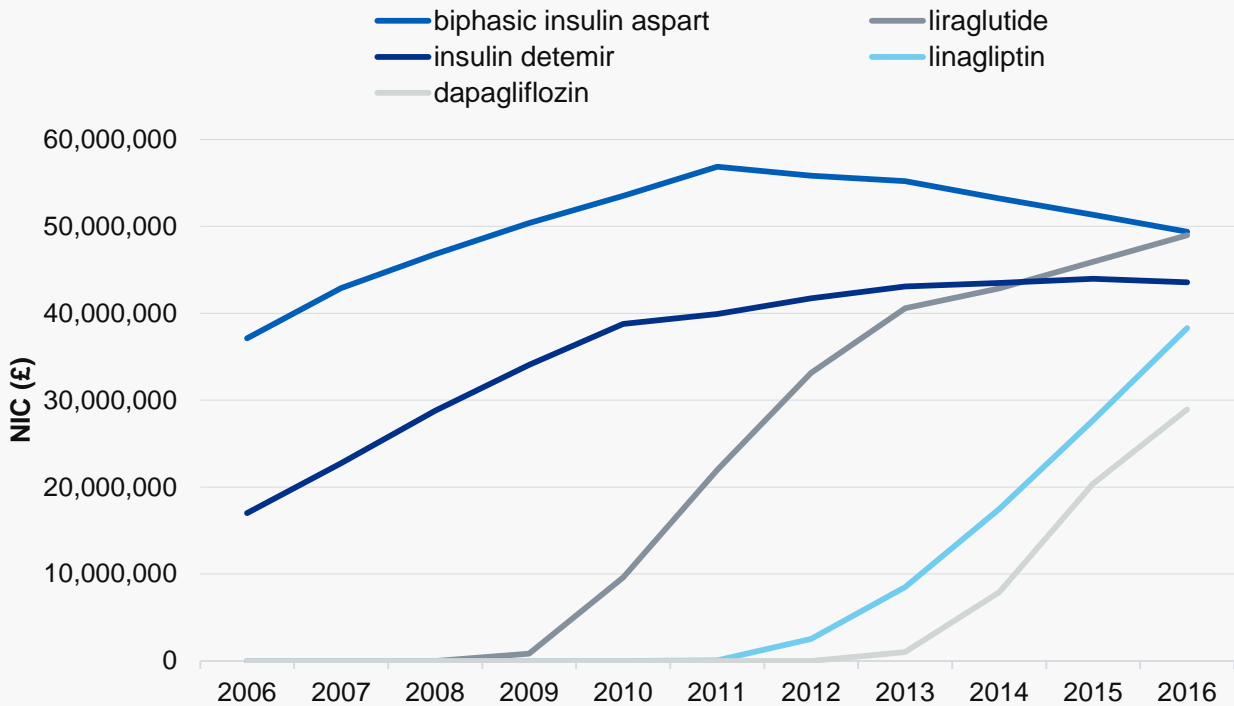
<http://content.digital.nhs.uk/pubs/presdiab0516>

Figure 3 Section 6.1 top 5 medicines by NIC, 2006 to 2016



Source: NHS Digital

Figure 4 Section 6.1 top 6-10 medicines by NIC, 2006 to 2016



Source: NHS Digital

BNF Section with the greatest increase in net ingredient cost between 2015 and 2016

BNF 2.8 Anticoagulants and protamine

Includes drugs to prevent thrombus (blood clot) formation and or extension of an existing thrombus.

	2016	Changes 2015 to 2016		2015	Changes 2006 to 2016		2006
Annual Totals							
Items Dispensed	15,937,792	1,291,044	8.8%	14,646,748	9,147,947	134.7%	6,789,845
NIC (£)	298,736,026	76,551,208	34.5%	222,184,818	265,204,879	790.9%	33,531,147
NIC Per Item (£)	18.74	3.57	23.6%	15.17	13.81	279.6%	4.94
Totals Per Day							
Items Dispensed	43,665	3,537	8.8%	40,128	25,063	134.7%	18,602
NIC (£)	818,455	209,729	34.5%	608,726	726,589	790.9%	91,866

The cost of anticoagulants and protamine medicines has seen a substantial increase from 2015 to 2016. This is due to an increase in use of three of the top four medicines in the table below.

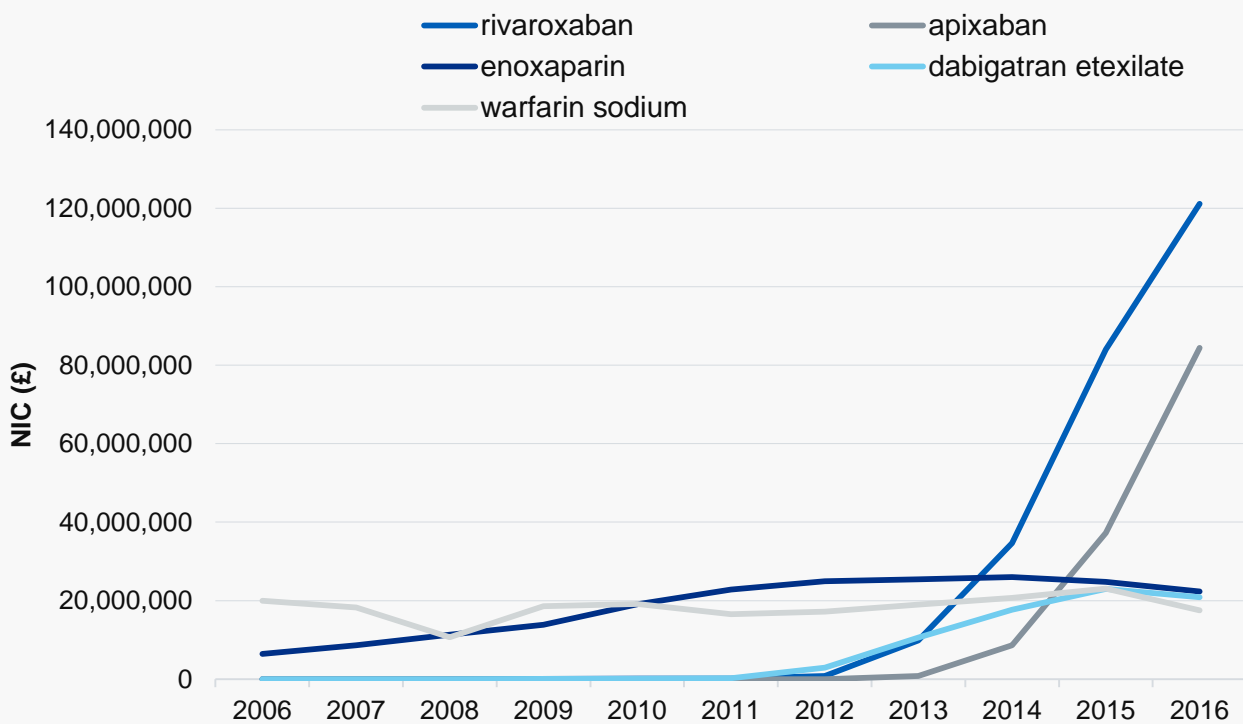
The newer oral anticoagulant medicines (ending in -xaban) are recommended as options for the management of heart failure and for post-surgical anticoagulation under NICE guidance, and show an increase in the number of items prescribed with a corresponding increase in net ingredient cost.

Table 2 Section 2.8 Top 10 medicines by increase in NIC, 2016

BNF Chemical Name	2016 Items	Item change from 2015	Item change from 2015	2016 NIC (£)	NIC change from 2015 (£)	NIC change from 2015
apixaban	1,694,290	1,027,057	153.9%	84,418,170	47,149,969	126.5%
rivaroxaban	2,528,799	991,102	64.5%	121,130,897	37,143,588	44.2%
dalteparin sodium	146,816	-9,139	-5.9%	17,172,189	710,597	4.3%
edoxaban	12,518	12,293	5,463.6%	670,298	655,820	4,530.0%
phenindione	1,054	-441	-29.5%	2,000,362	543,024	37.3%
tinzaparin sodium	69,884	2,689	4.0%	8,961,944	519,110	6.1%
pentosan polysulfate sodium	537	-12	-2.2%	322,257	26,144	8.8%
fondaparinux sodium	1,551	168	12.1%	318,126	20,148	6.8%
heparin calcium	95	21	28.4%	12,266	3,104	33.9%
heparin sodium	630	2	0.3%	51,907	3,067	6.3%

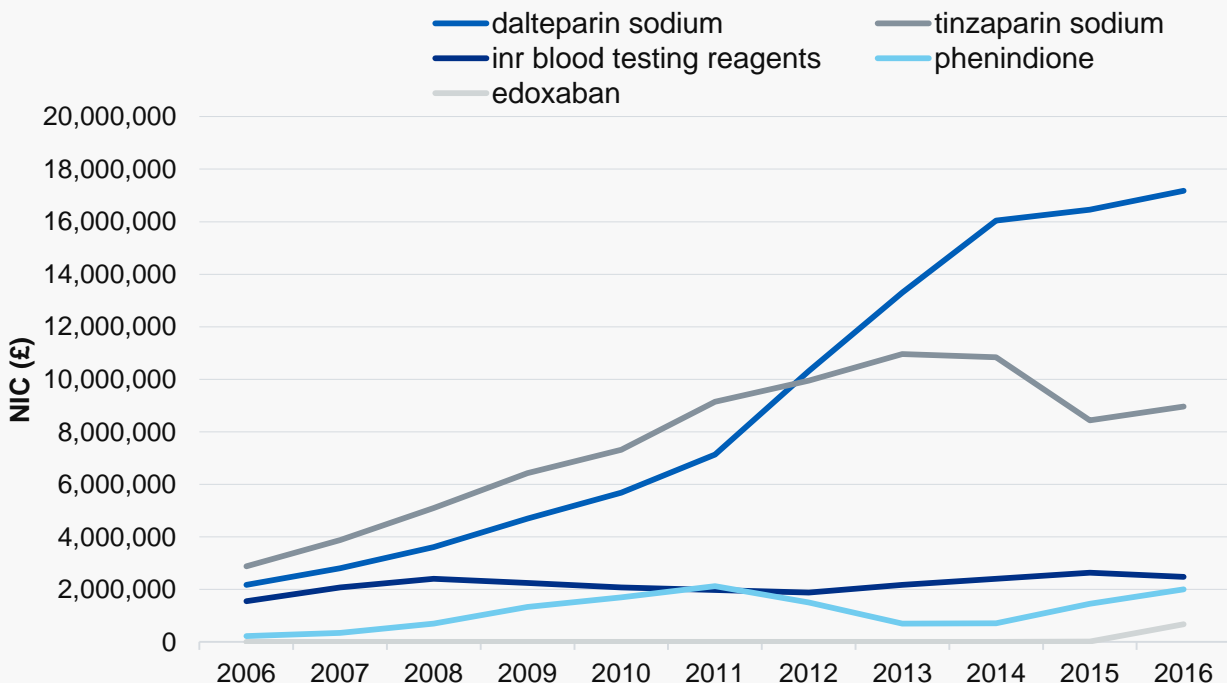
Please note the table shows the top 10 medicines by increase in NIC, however figures 5 and 6 show the top 10 medicines with the greatest NIC for this therapeutic area.

Figure 5 Section 2.8 top 5 medicines by NIC, 2006 to 2016



Source: NHS Digital

Figure 6 Section 2.8 top 6-10 medicines by NIC, 2006 to 2016



Source: NHS Digital

BNF Section with the greatest decrease in net ingredient cost between 2015 and 2016

BNF 4.2 Drugs Used In Psychoses and Related Disorders

Includes drugs used to treat the symptoms of mental disorders such as schizophrenia and bipolar disorder.

	2016	Changes 2015 to 2016		2015	Changes 2006 to 2016		2006
Annual Totals							
Items Dispensed	11,410,534	478,643	4.4%	10,931,891	4,173,038	57.7%	7,237,496
NIC (£)	93,088,562	-53,474,036	-36.5%	146,562,598	-151,854,108	-62.0%	244,942,670
NIC Per Item (£)	8.16	-5.25	-39.1%	13.41	-25.69	-75.9%	33.84
Totals Per Day							
Items Dispensed	31,262	1,311	4.4%	29,950	11,433	57.7%	19,829
NIC (£)	255,037	-146,504	-36.5%	401,541	-416,039	-62.0%	671,076

Continuing the trend from last year, the most commonly prescribed preparations have had price reductions under the category M scheme. Use of the leading branded modified-release tablets, has fallen and use of less expensive generic products has increased.

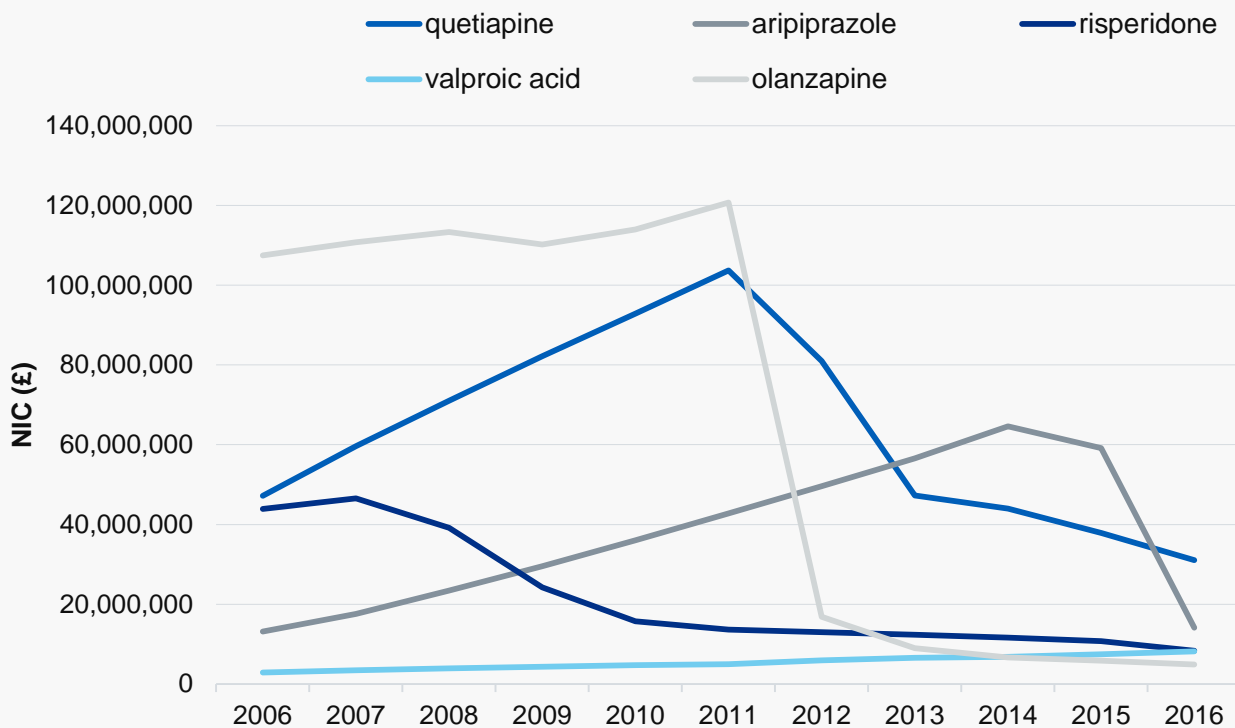
The patent of aripiprazole has expired, leading to a dramatic reduction in the net ingredient cost due to the availability of cheaper generic formulations.

Table 3 Section 4.2 Top 10 medicines by decrease in NIC, 2016

BNF Chemical Name	2016 Items	Item change from 2015	Item change from 2015	2016 NIC (£)	NIC change from 2015 (£)	NIC change from 2015
aripiprazole	930,169	106,876	13.0%	14,078,705	-45,045,910	-76.2%
quetiapine	3,082,370	270,764	9.6%	31,021,909	-6,890,563	-18.2%
risperidone	1,744,851	37,421	2.2%	8,364,096	-2,399,728	-22.3%
olanzapine	2,345,511	90,448	4.0%	4,883,361	-992,825	-16.9%
amisulpride	405,509	4,339	1.1%	2,505,569	-571,173	-18.6%
levomepromazine maleate	39,101	-2,101	-5.1%	964,498	-398,265	-29.2%
chlorpromazine hydrochloride	315,870	-26,978	-7.9%	1,039,537	-289,343	-21.8%
sulpiride	147,526	-6,698	-4.3%	1,905,890	-260,104	-12.0%
pipotiazine palmitate	416	-2,586	-86.1%	20,345	-144,968	-87.7%
fluphenazine decanoate	15,400	-3,151	-17.0%	218,436	-58,114	-21.0%

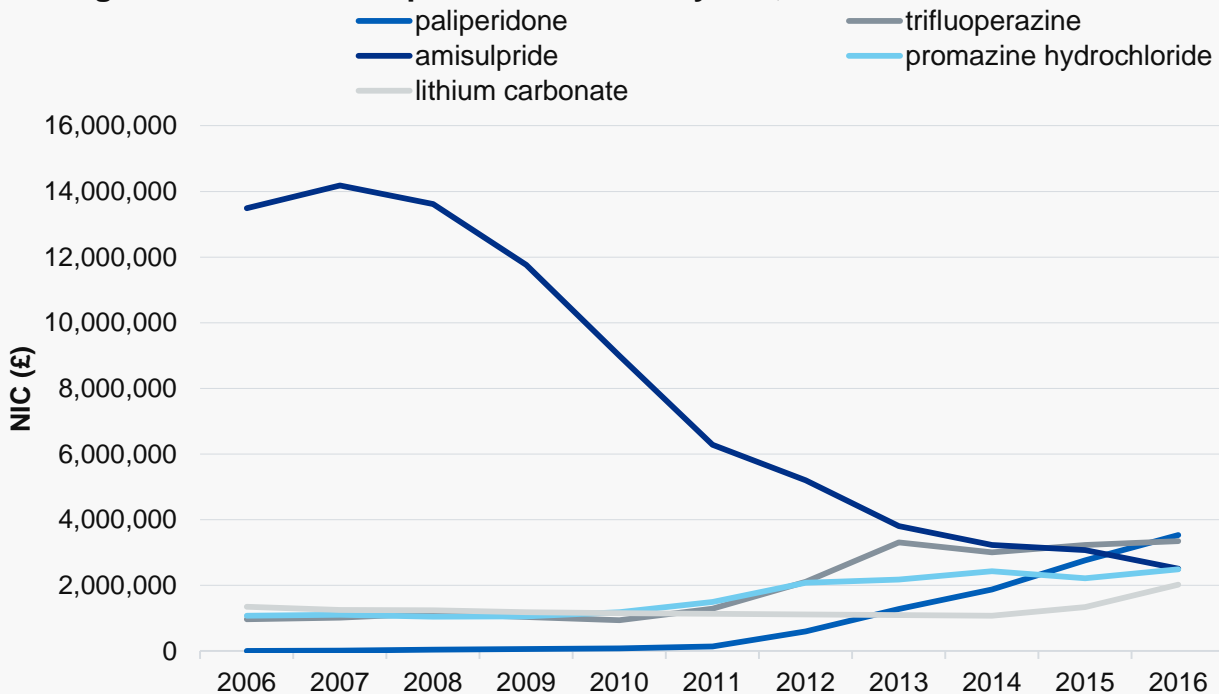
Please note the table shows the top 10 medicines by decrease in NIC, however figures 7 and 8 show the top 10 medicines with the greatest NIC for this therapeutic area.

Figure 7 Section 4.2 top 5 medicines by NIC, 2006 to 2016



Source: NHS Digital

Figure 8 Section 4.2 top 6-10 medicines by NIC, 2006 to 2016



Source: NHS Digital

BNF Section with the greatest number of items in 2016**BNF 2.5 Hypertension and Heart Failure**

Includes medicines to treat high blood pressure and heart failure

	2016	Changes 2015 to 2016		2015	Changes 2006 to 2016		2006
Annual Totals							
Items Dispensed	71,453,317	678,763	1.0%	70,774,554	23,711,332	49.7%	47,741,985
NIC (£)	152,710,945	-17,982,105	-10.5%	170,693,050	-348,843,814	-69.6%	501,554,760
NIC Per Item (£)	2.14	-0.27	-11.4%	2.41	-8.37	-79.7%	10.51
Totals Per Day							
Items Dispensed	195,763	1,860	1.0%	193,903	64,963	49.7%	130,800
NIC (£)	418,386	-49,266	-10.5%	467,652	-955,736	-69.6%	1,374,123

Figure 9 shows that use of ramipril has continually increased since 2005.

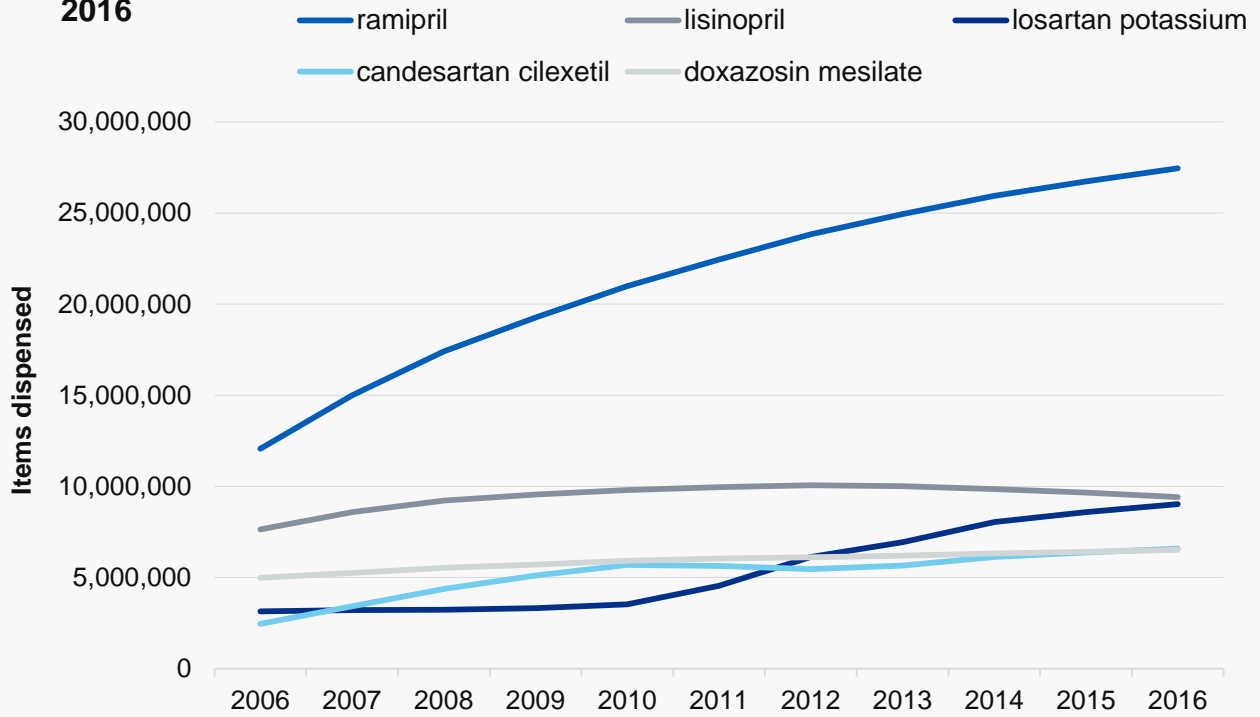
Losartan potassium is the medicine with the second highest growth in this therapeutic area, continuing a trend over the last 5 years.

Costs are reducing across the majority of medicines leading to significant reductions in the net ingredient cost for the therapeutic area as a whole. Costs have reduced almost 70% since 2006 compared to roughly a 50% increase in medicine use due to the availability of generic formulations.

Table 4 Section 2.5 Top 10 medicines by items dispensed, 2016

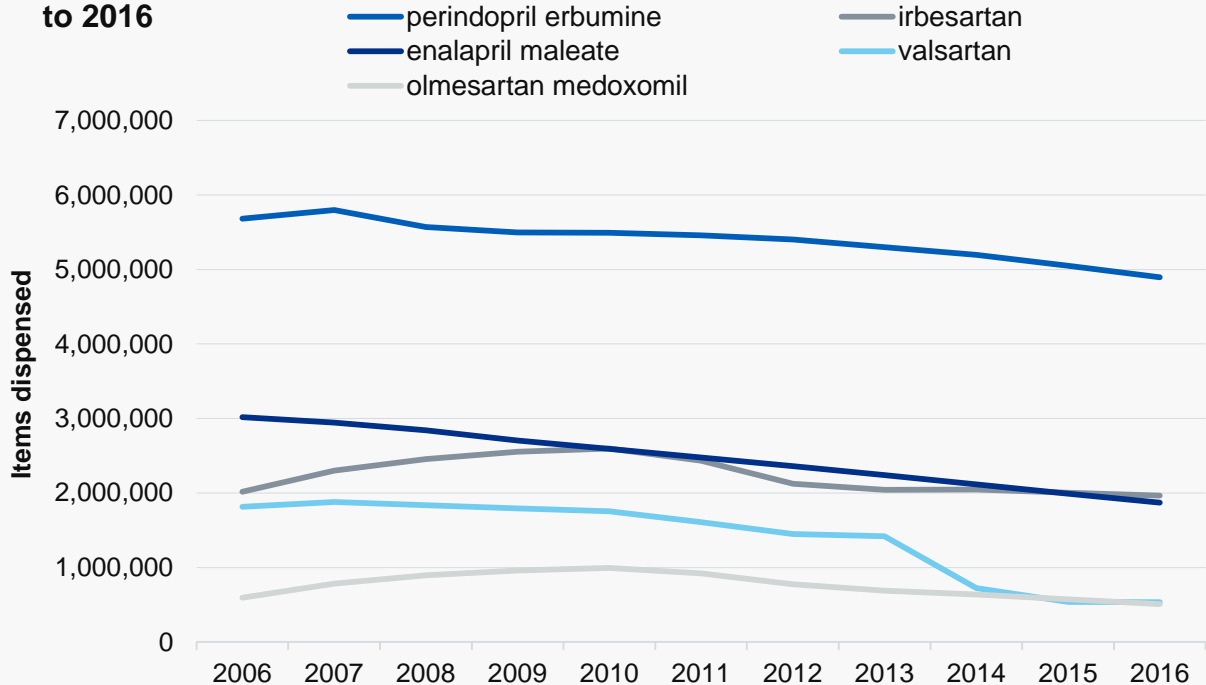
BNF Chemical Name	2016 Items	Item change from 2015	Item change from 2015	2016 NIC (£)	NIC change from 2015 (£)	NIC change from 2015
ramipril	27,447,773	718,902	2.7%	40,875,108	-1,816,153	-4.3%
lisinopril	9,409,018	-259,345	-2.7%	11,473,471	-2,275,827	-16.6%
losartan potassium	9,029,338	441,148	5.1%	15,592,572	-109,785	-0.7%
candesartan cilexetil	6,585,789	200,109	3.1%	17,330,890	-1,312,357	-7.0%
doxazosin mesilate	6,515,927	101,246	1.6%	15,878,315	-3,465,296	-17.9%
perindopril erbumine	4,896,885	-152,020	-3.0%	7,507,483	-1,076,591	-12.5%
irbesartan	1,963,168	-41,304	-2.1%	4,358,810	-1,058,137	-19.5%
enalapril maleate	1,871,692	-119,984	-6.0%	4,208,913	282,000	7.2%
valsartan	531,931	-6,904	-1.3%	2,581,982	-2,108,715	-45.0%
olmesartan medoxomil	507,058	-66,808	-11.6%	7,695,965	-902,207	-10.5%

Figure 9 Section 2.5 top 5 medicines by items dispensed, 2006 to 2016



Source: NHS Digital

Figure 10 Section 2.5 top 6-10 medicines by items dispensed, 2006 to 2016



Source: NHS Digital

BNF Section with the greatest increase in number of items between 2015 and 2016

BNF 4.3 Antidepressant Drugs

These medicines are prescribed for depressive illness, generalised anxiety disorder (GAD), obsessive-compulsive disorder, and panic attacks.

	2016	Changes 2015 to 2016		2015	Changes 2006 to 2016		2006
Annual Totals							
Items Dispensed	64,703,568	3,681,957	6.0%	61,021,611	33,665,585	108.5%	31,037,983
NIC (£)	266,560,175	-18,185,436	-6.4%	284,745,611	-24,951,238	-8.6%	291,511,414
NIC Per Item (£)	4.12	-0.55	-11.7%	4.67	-5.27	-56.1%	9.39
Totals Per Day							
Items Dispensed	177,270	10,088	6.0%	167,182	92,234	108.5%	85,036
NIC (£)	730,302	-49,823	-6.4%	780,125	-68,360	-8.6%	798,661

A number of medicines within the antidepressant therapeutic area are showing an increase in use. Many of these have licensed indications in addition to depression, including panic disorders and generalised anxiety.

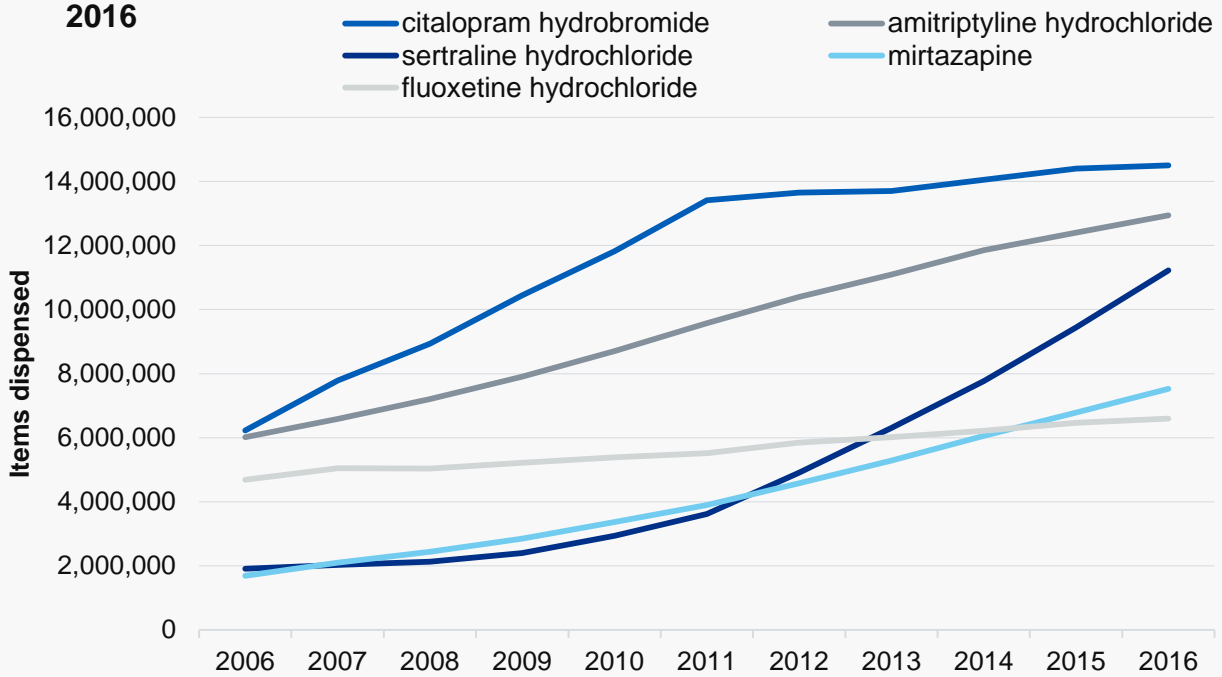
The data available does not enable identification of prescribing for specific indications.

Table 5 Section 4.3 Top 10 medicines by increase in items dispensed, 2016

BNF Chemical Name	2016 Items	Item change from 2015	Item change from 2015	2016 NIC (£)	NIC change from 2015 (£)	NIC change from 2015
sertraline hydrochloride	11,222,910	1,775,084	18.8%	19,541,469	-729,098	-3.6%
mirtazapine	7,526,200	742,294	10.9%	12,489,476	1,521,286	13.9%
amitriptyline hydrochloride	12,943,139	538,600	4.3%	24,633,502	1,559,052	6.8%
venlafaxine hydrochloride	3,895,405	278,324	7.7%	48,477,536	-2,400,848	-4.7%
duloxetine hydrochloride	1,812,334	216,805	13.6%	17,115,707	-28,053,184	-62.1%
fluoxetine hydrochloride	6,594,072	124,335	1.9%	11,829,575	-1,473,734	-11.1%
citalopram hydrobromide	14,506,187	102,362	0.7%	14,709,769	-3,086,153	-17.3%
escitalopram	970,673	38,084	4.1%	2,093,373	-350,713	-14.3%
trazodone hydrochloride	1,112,437	28,463	2.6%	42,199,181	15,463,038	57.8%
vortioxetine	12,736	12,662	17110.8%	298,577	296,509	14337.2%

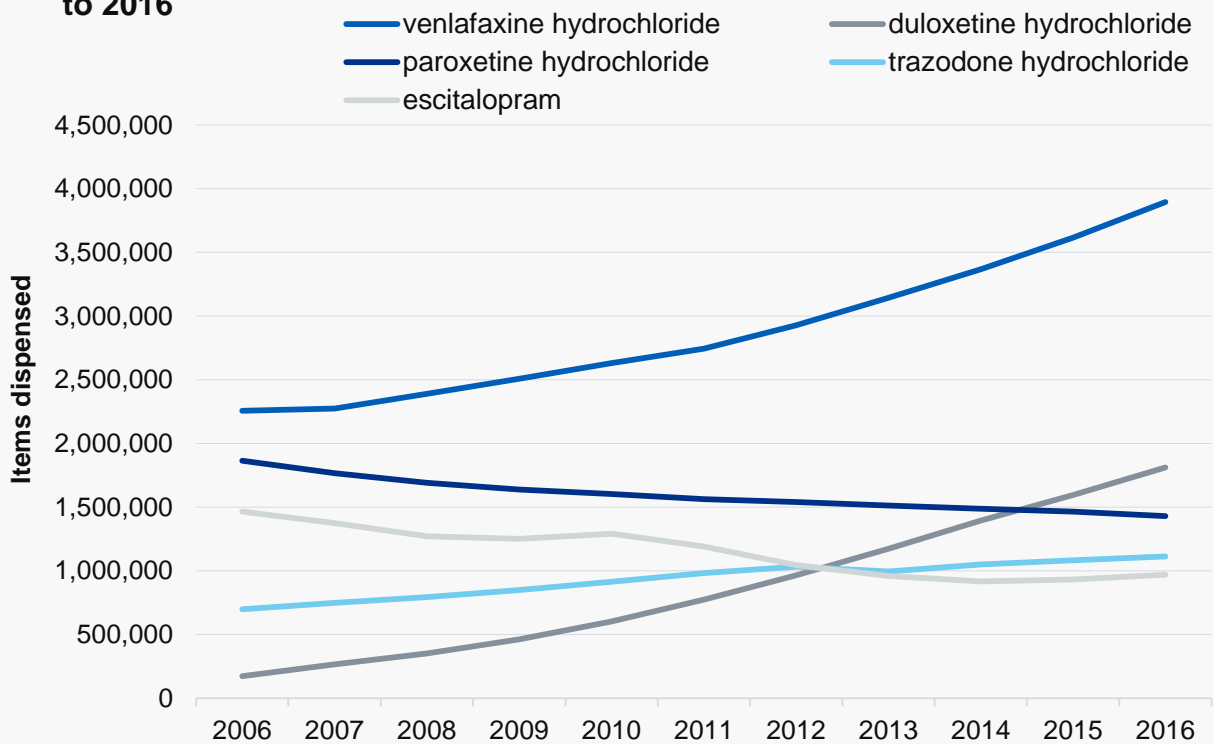
Please note the table shows the top 10 medicines by increase in items dispensed, however figures 11 and 12 show the top 10 medicines with the greatest items dispensed for this therapeutic area.

Figure 11 Section 4.3 top 5 medicines by items dispensed, 2006 to 2016



Source: NHS Digital

Figure 12 Section 4.3 top 6-10 medicines by items dispensed, 2006 to 2016



Source: NHS Digital

BNF Section with the greatest decrease in items between 2015 and 2016

BNF 2.9 Antiplatelet Drugs

For the prevention of atherothrombotic events (stroke, myocardial infarction and peripheral arterial disease).

	2016	Changes 2015 to 2016		2015	Changes 2006 to 2016		2006
Annual Totals							
Items Dispensed	36,297,182	-1,015,304	-2.7%	37,312,486	3,518,280	10.7%	32,778,902
NIC (£)	73,531,112	-3,574,479	-4.6%	77,105,591	-121,395,295	-62.3%	194,926,408
NIC Per Item (£)	2.03	-0.04	-2.0%	2.07	-3.92	-65.9%	5.95
Totals Per Day							
Items Dispensed	99,444	-2,782	-2.7%	102,226	9,639	10.7%	89,805
NIC (£)	201,455	-9,793	-4.6%	211,248	-332,590	-62.3%	534,045

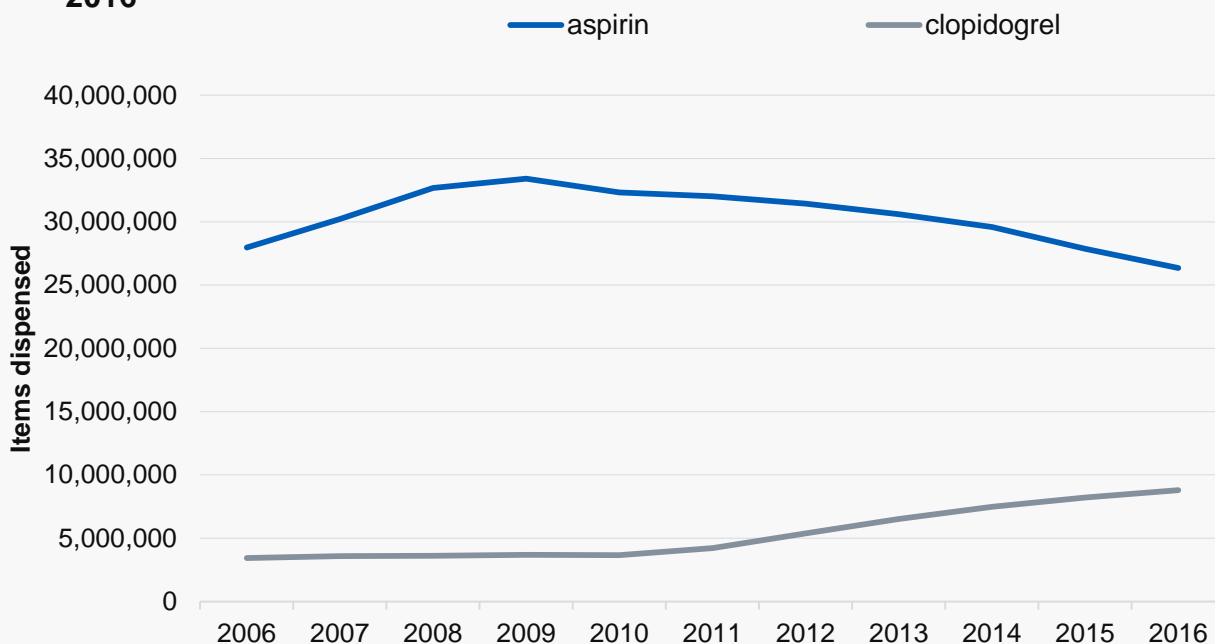
A continuing large decrease in the use of aspirin and dipyridamle is offset slightly by the increasing use of newer medicines ticagrelor and clopidogrel.

Table 6 Section 2.9 Top 8 medicines by decrease in items dispensed, 2016

BNF Chemical Name	2016 Items	Item change from 2015	Item change from 2015	2016 NIC (£)	NIC change from 2015 (£)	NIC change from 2015
aspirin	26,358,016	-1,520,137	-5.5%	22,879,960	-3,888,671	-14.5%
dipyridamole	533,109	-130,426	-19.7%	6,410,059	-1,668,086	-20.6%
dipyridamole & aspirin	86,964	-25,196	-22.5%	1,032,840	-291,796	-22.0%
prasugrel	81,348	-5,352	-6.2%	4,337,212	-398,975	-8.4%
ticlopidine hydrochloride	22	-5	-18.5%	7,704	-4,102	-34.7%
eptifibatide	0	0	-	0	0	-
ticagrelor	448,631	79,883	21.7%	24,340,129	4,322,109	21.6%
clopidogrel	8,789,092	585,929	7.1%	14,523,208	-1,644,958	-10.2%

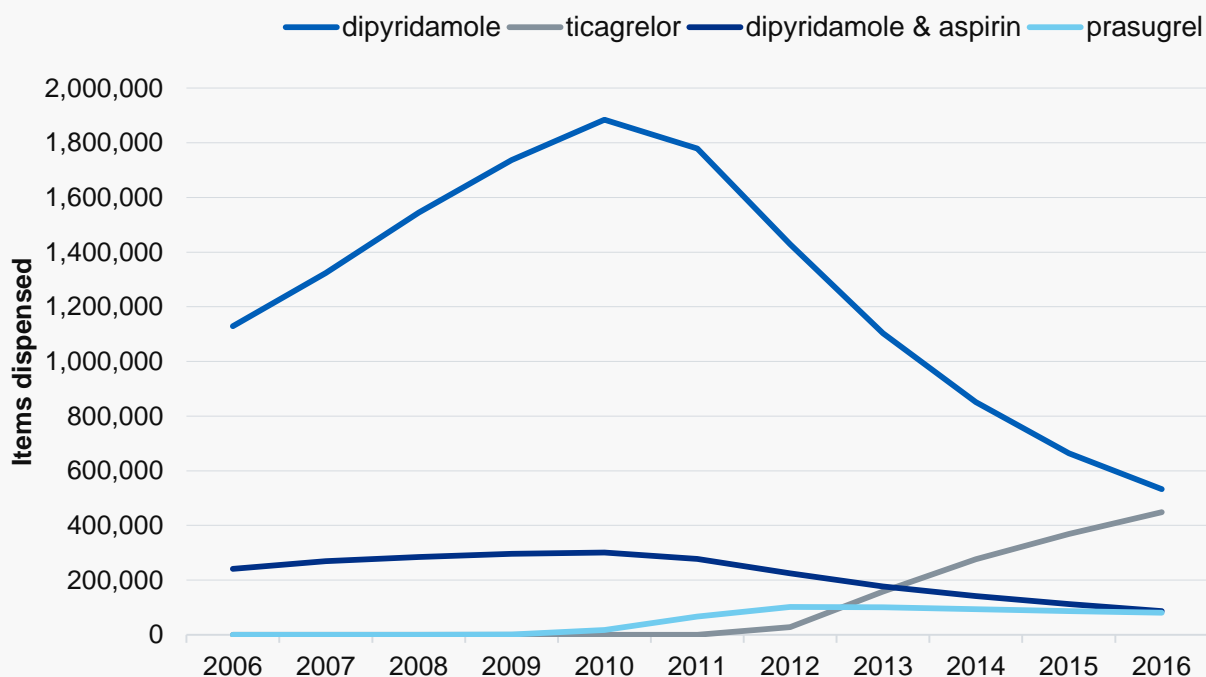
Please note the table shows the top 10 medicines by decrease in items dispensed, however figures 13 and 14 show the top 10 medicines with the greatest items dispensed for this therapeutic area.

Figure 13 Section 2.9 top 2 medicines by items dispensed, 2006 to 2016



Source: NHS Digital

Figure 14 Section 2.9 top 3-6 medicines by items dispensed, 2006 to 2016



Source: NHS Digital

Special Order Products (Specials)

Special Order Products are unlicensed medicines that are manufactured for patients with certain clinical needs that cannot be met by licensed medicinal products. The law allows the manufacture and supply of these unlicensed medicines, subject to conditions, to meet the needs of these patients.

'Specials' can be prepared by pharmacy departments but are now increasingly manufactured by pharmaceutical companies that hold a 'Specials' manufacturing licence, issued by the Medicines and Healthcare Products Regulatory Agency. These products appear throughout the BNF; there is no standard means of identifying them although many of them are liquid formulations of existing licensed products.

From November 2011 new arrangements for the reimbursement of 'Specials' were introduced, whereby the [Drug Tariff](#) set the reimbursement prices for the most frequently prescribed products.

For further information on Special order products click on the link below:

<https://www.nhsbsa.nhs.uk/prescription-data/prescribing-data/information-services-volume-and-cost-special-order-products>

Generic Prescribing

Background

When writing a prescription the prescriber can prescribe a medicine by brand or proprietary name or by the generic name; this is the approved and registered chemical ingredient name. Prescribers are encouraged to prescribe generically, as this reduces the risk of error as each drug has only one approved name, rather than a number of brand names. Generic prescribing allows any suitable generic (or equivalent branded product) to be dispensed, reduces the number of items to be stocked in the pharmacy and can potentially reduce delays in supplying medicines to the patient. Also, generic medicines are usually less expensive to the NHS. Except where a change to a different manufacturer's product may compromise efficacy or safety, it is good practice to prescribe drugs generically using their approved, International Non-proprietary Name (INN) (i.e. as described in the BNF).

When a new medicine receives a marketing authorisation, it is likely to have been patented and the manufacturer will have exclusive selling rights over the product until this patent expires several years later. On expiry, other manufacturers can apply for a marketing authorisation. Generic medicines are manufactured according to the same quality standards as other medicines and are subject to the same regulatory requirements as branded medicines.

In primary care, dispensers are obliged to dispense what is written on the prescription, if a branded product is stipulated, this must be supplied. If the generic name is written, a branded or generic version can be supplied. As generic prescribing is regarded as good practice, many prescriptions are written generically even where only one branded product is available.

NHS Prescription Services record this activity by placing the prescription items in one of four drug 'classes'.

- **Class 1** - Drugs are prescribed **and** are available generically and the dispenser is reimbursed at the Drug Tariff price or the price of the generic. It is possible in such circumstances for a branded drug or a parallel import to be dispensed against the prescription
- **Class 2** - Drugs are prescribed generically but because a generic is not available (for example the proprietary is still under patent) a proprietary product has been dispensed
- **Class 3** - Drugs are prescribed and dispensed by proprietary brand name
- **Class 4** – These are dressings and appliances.

Where the generic form of the drug has been reimbursed at the generic price, the data for the drug dispensed will be recorded against the class 1 (generic) form of the drug in PCA. Where a proprietary product is supplied this is recorded as class 3. However, some of these class 3

products will have been written as the generic name and are also designated as class 2.

Where a drug is defined as class 2, the prescription items and net ingredient cost for it are allocated across the items for all equivalent proprietaries. This is done pro rata on the basis of the number of proprietary prescription items dispensed. 'Of which class 2' (Owc2) gives the number of prescription items resulting from this apportionment. There are a small number of preparations that are not linked to equivalent proprietaries that appear separately with a class of 2.

NHS Prescription Services produces the Drug Tariff on a monthly basis on behalf of the Department of Health. It lists the basis for reimbursement for most commonly prescribed generic drugs which are (in most cases) available generically. It is available here:

<https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff>

In some cases, although a generic has been reimbursed at the Drug Tariff price, the equivalent proprietary product may have been dispensed. This will, none the less, be recorded against the class 1 form of the drug.

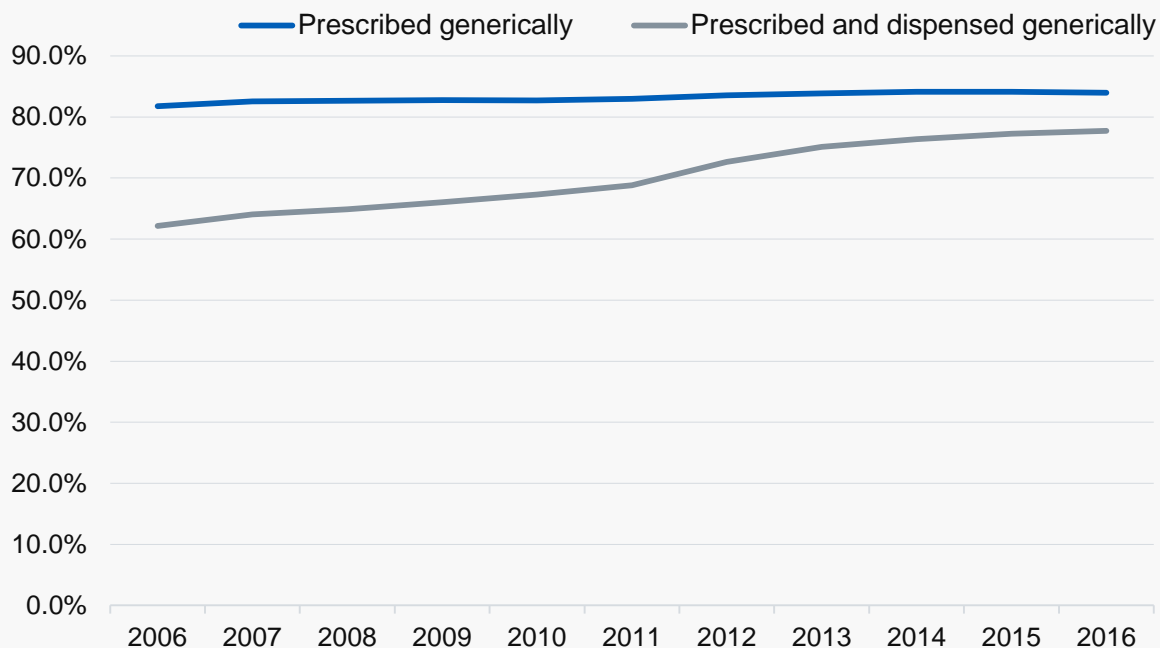
For drugs dispensed by doctors, class 2 is not normally used in the PCA system; if a drug is prescribed generically but dispensed by a doctor as a proprietary because the generic is not available, it is recorded as a class 3 - prescribed and dispensed as a proprietary.

Appendix Table A5 shows the percentage of all items dispensed for each class.

The percentage of items prescribed and dispensed generically continues to rise, 77.7 per cent in 2016; dispensing by brand, where no generic exists, has fallen to 6.2 per cent. This suggests that there are now many generic products available and less proprietary-only medicines available.

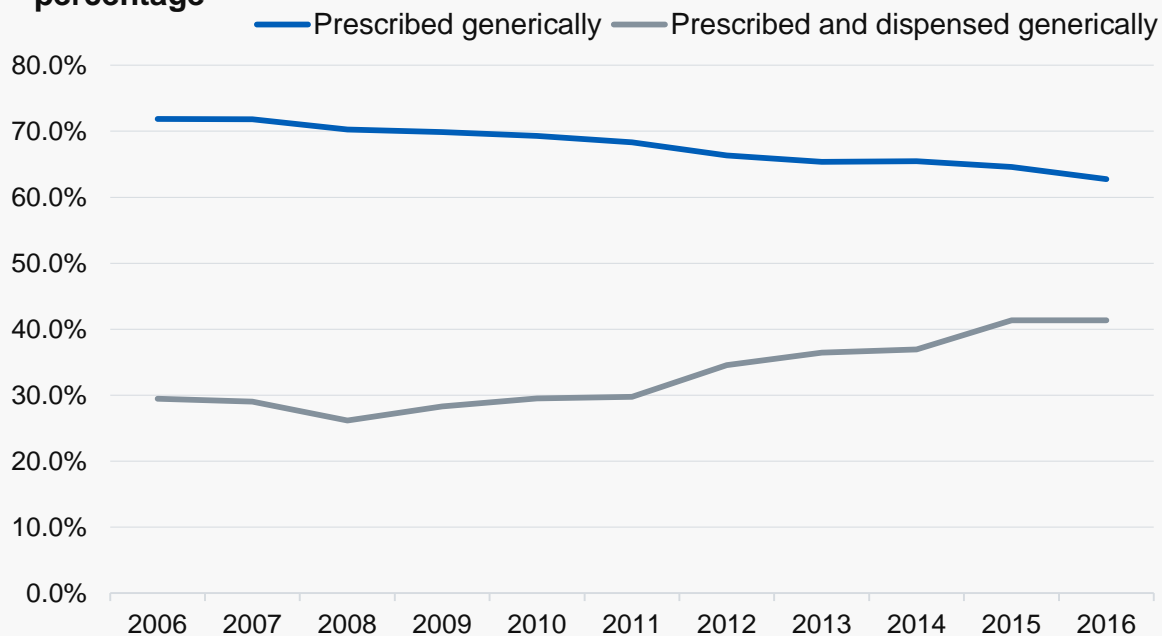
Appendix Table A6 gives the actual number of items dispensed by class - the number of class 1 prescriptions has risen by 18.5 million as the number of class 2 prescriptions has fallen again; numbers of class 3 prescriptions have increased. The average cost per item has decreased for class 1 and 2 prescriptions but costs for class 3, prescribed and dispensed as proprietary, has increased to £18.21; the average of all classes is £8.34, twenty-one pence lower than in 2015.

Figure 15: Percentage of items prescribed generically and prescribed and dispensed generically, 2006 to 2016, annual percentage



Source: NHS Digital

Figure 16: Percentage of NIC for items prescribed generically and prescribed and dispensed generically, 2006 to 2016, annual percentage



Source: NHS Digital

Generic Prescribing By BNF Chapters

Appendix Table A7 shows that there is wide variation between chapters in both the percentage of items prescribed generically and the percentage of items dispensed generically. Each chapter is made up of certain groups of medicines and the extent to which generic alternatives exist for these medicines is the major factor governing this variation.

The prescriber has the choice to prescribe generically or not, in most cases. Factors which influence this choice are:

- Clinical need, where a branded product is more suitable for the patient
- Guidelines, which recommend that specific medicines should be prescribed by brand.

The overall generic prescribing rate remained very similar to prior years at 84.0 per cent.

The chapters with the highest generic prescribing rates are the same as in the previous year with BNF Chapter 5, (infections) having the greatest proportion of items prescribed generically (98.3 per cent) and the greatest proportion of items dispensed generically (95.9 per cent).

Excluding the 'Other' category, the chapter with the lowest generic prescribing rate is BNF Chapter 13, Skin, with 48.3 per cent.

The overall generic dispensing rate has increased to 77.7 per cent in 2016 from 77.3 per cent in 2015, mainly as a result of the use of generic alternative products which have become available recently for several leading medicines

The chapters with the highest and lowest generic dispensing rates are the same as in the previous year. However BNF Chapter 15, Anaesthesia had a marked increase in the proportion of medicines dispensed generically, up from 45.9 per cent in 2015 to 60.5 per cent in 2016.

Free and Charged Prescribing

Prescriptions are subject to a prescription charge but many people are eligible to receive prescriptions free of charge, if they meet certain exemption criteria. All items 'personally administered' and all 'contraceptives' are free.

Up to 2007, information on prescribing by exemption group was compiled using a 1 in 20 sample of all exempt items. In December 2007, NHS Prescription Services changed the process for pricing prescriptions and for capturing prescription charge exemption status. As a result, NHS Prescription Services were unable to reliably estimate the data for each exemption category from this date.

From January 2012, a new methodology to report exemption data was set up. This records the reason for any exemption for all prescription items, with the exception of approximately 1 million items (0.1 per cent) which are processed using a legacy system, where reason for exemption is not recorded. The exemption figures included in this report are therefore based on all prescriptions rather than from the 1 in 20 sample of exempt prescriptions used prior to 2008.

Information on prescribing by exemption category using the 1 in 20 sample, for 2005 to 2011 is shown in previous publications in Appendix Table A4. Data that has been collected using the new methodology is shown separately in Table 7 below, as this is not directly comparable.

The overall number of free prescription items has gradually increased from 2015 to 2016 from 971.6 million to 986.6 million (1.5 per cent) however has reduced as a proportion of all items dispensed to 89.4 percent from 89.7 per cent the previous year.

Table 7 Number and percentage of items that were charged for or dispensed free, by exemption category, 2015 to 2016

	2016		2015	
Charged				
Point of dispensing	55,695,000	5.0%	54,662,000	5.0%
Pre-pay Certificates	54,525,721	4.9%	50,716,650	4.7%
Total Charged	110,220,721	10.0%	105,378,650	9.7%
Free				
Elderly	673,829,881	61.0%	654,464,601	60.4%
Young	48,401,488	4.4%	49,090,514	4.5%
Maternity/Medical	90,768,680	8.2%	88,225,574	8.1%
NHS LIS	130,496,794	11.8%	129,249,437	11.9%
Contraceptives	5,175,435	0.5%	5,858,185	0.5%
Personally Administered	18,916,000	1.7%	18,773,000	1.7%
Other	19,019,666	1.7%	25,894,394	2.4%
Total Free	986,607,944	89.4%	971,555,705	89.7%
Not captured (Legacy system)	7,303,335	0.7%	6,741,645	0.6%
Grand total	1,104,132,000	100.0%	1,083,676,000	100.0%

For patients expecting to need regular prescriptions there is an option to purchase a 3 or 12 month pre-payment certificate, in advance, to cover the cost of all medicines across the time period. Use of these pre-payment certificates has increased since 2015, by 3.8 million items (7.5 per cent).

For the exemption categories between 2016 and 2015 there have been some slight changes. The proportion for the 'Elderly' category has slightly increased, whereas the proportion for the 'young' category has decreased.

From April 2009, a further group of patients were added to those exempt from the prescription charge on medical grounds, namely patients undergoing treatment for cancer. Prescriptions for these patients are included in the 'maternity/medical' category, which has increased slightly to 8.2 per cent of all prescription items. More details are available from the link below.

<http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Healthcare/Medicinespharmacyandindustry/Reviewofprescriptioncharges/index.htm>

For 'personally administered' and 'contraceptive' items between 2015 and 2016, the percentage figure has remained the same.

Table 8 below shows that there is little change in the proportion of net ingredient cost associated with each exemption category between the two years. The proportions of charged and free prescription costs are broadly in line with the proportions of charged free items dispensed from Table 7 previously, although there are differences within the specific free categories.

Table 8 Net Ingredient Cost (£) by Exemption categories, 2015 to 2016

	2016		2015	
Charged				
Point of dispensing	503,899,000	5.5%	524,479,000	5.7%
Pre-pay Certificates	496,075,309	5.4%	488,327,114	5.3%
Total Charged	999,974,309	10.9%	1,012,806,114	10.9%
Free				
Elderly	4,829,454,710	52.5%	4,791,545,309	51.7%
Young	679,085,002	7.4%	658,039,831	7.1%
Maternity/Medical	1,121,798,570	12.2%	1,106,738,415	11.9%
NHS LIS	1,036,578,547	11.3%	1,090,625,964	11.8%
Contraceptives	48,444,467	0.5%	56,837,792	0.6%
Personally Administered	222,144,000	2.4%	224,287,000	2.4%
Other	247,824,990	2.7%	306,377,313	3.3%
Total Free	8,185,330,284	88.9%	8,234,451,623	88.9%
Not captured (Legacy system)	19,586,406	0.2%	19,418,264	0.2%
Grand total	9,204,891,000	100.0%	9,266,676,000	100.0%

Table 9 below shows the variation in the proportion of items dispensed and costs for each exemption category in 2016. Notable differences include the free prescriptions for the 'elderly' category, accounting for 61.0 per cent of prescription items, and 52.5 per cent of net ingredient cost, and the 'maternity/medical' category accounting for 8.2 per cent of prescription items, and 12.2 per cent of net ingredient cost.

These differences are also apparent in the average net ingredient cost per item figures. The average cost per item is the lowest for the 'elderly' category, excluding the 'Not captured' (legacy system) figure and greatest for the 'young' and 'maternity/medical' categories. The 'young' category accounts for 4.4 per cent of prescription items and 7.4 per cent of the cost, in 2016.

This indicates that the elderly receive the majority of the prescriptions dispensed but the medicines provided are not necessarily all high cost. Many of the elderly will have one or more chronic long term conditions, treated with established, generic, low cost medicines. On average, the 'young' and those with 'maternity/medical' exemption appear to have fewer but more expensive medicines especially as the 'medical' exemption category now includes diabetes and cancer patients where several medicines are of higher cost.

More detailed information on prescribing by exemption category is currently unavailable.

Table 9 Proportion of Items and Net Ingredient Cost, and Net ingredient cost per item by Exemption categories, 2016

	Items	NIC	NIC per item
Charged			
Point of dispensing	5.0%	5.5%	£9.05
Pre-pay Certificates	4.9%	5.4%	£9.10
Total Charged	10.0%	10.9%	£9.07
Free			
Elderly	61.0%	52.5%	£7.17
Young	4.4%	7.4%	£14.03
Maternity/Medical	8.2%	12.2%	£12.36
NHS LIS	11.8%	11.3%	£7.94
Contraceptives	0.5%	0.5%	£9.36
Personally Administered	1.7%	2.4%	£11.74
Other	1.7%	2.7%	£13.03
Total Free	89.4%	88.9%	£8.30
Not captured (Legacy system)	0.7%	0.2%	£2.68
Grand total	100%	100%	£8.34

From April 2016 the charge for a prescription item was £8.40, from April 2015 it was £8.20. The charge is independent of the cost of the actual prescription item dispensed.

For example, the Drug Tariff (see The Drug Tariff) prices at April 2016 for selected presentations of the most commonly dispensed medicine

in 2016, atorvastatin, is given in Table 10 below, alongside the prescription charge from April 2016. The Drug Tariff price does not include the cost of the dispensing fees for these items.

Table 10 Drug Tariff April 2016 prices of selected atorvastatin presentations against the prescription charge from April 2016

	Drug Tariff price	Prescription charge
Generic atorvastatin 80mg tablets x 28	£2.42	£8.40
Generic atorvastatin 10mg tablets x 28	£1.05	£8.40
Proprietary atorvastatin 10mg chewable tablets sugar free x 30	£13.80	£8.40

The price of the generic tablets is less than the prescription charge, whereas prices for other forms are higher than the prescription charge. In addition, the prescription charge is made against a prescription item, regardless of the actual amount of medicine included – the charge is the same for 14, 28 or 56 tablets, for example.

Factors Influencing Prescribing

Number of prescription items dispensed

Given the current framework of NHS prescribing in both primary and secondary care, there are numerous factors which might influence the number of prescriptions dispensed within a year, including:

- the size of the population
- the age structure of the population, notably the proportion of the those aged 60 and over, who generally receive more prescriptions than the younger age groups
- improvements in diagnosis, leading to earlier recognition of conditions and earlier treatment with medicines
- development of new medicines for conditions with limited treatment options
- development of more medicines to treat common conditions
- increased prevalence of some long term conditions, for example, diabetes
- shifts in prescribing practice in response to national policy, and new guidance and evidence
- increased prescribing for prevention or reducing risk of serious events, e.g. use of lipid-lowering drugs to reduce risk of stroke or heart attack.

Net Ingredient Cost

There are several influences on prescribing costs which need to be considered when comparing costs between different years. These include the controls of the PPRS agreement, the prices agreed in the Drug Tariff the prices set in the category M scheme and the level of medicine use from one year to another.

For many individual medicines there is an expected pattern of behaviour for prices and costs:

- Prices are expected to be highest when the medicine first appears under patent.
- Costs would be expected to rise as use of the medicine grew.
- When the patent expires generic alternatives are likely to appear, at prices below the proprietary price. Costs fall as use switches from the dearer proprietary to the cheaper generic alternative. Prices for the proprietary may fall as well.

Population Influence

One of the major underlying factors influencing the volume of prescription items dispensed is the age demographics of the population.

Although the overall size of the population is important, the demographics of that population will also have an effect on the overall level of prescribing, as sections of the population may need more prescribed medical treatment than others; the older age groups are the most important section in this respect. A population with a

proportionally large number of older patients is likely to receive more prescription items.

Information on the age and sex of patients is not collected directly in PCA. It is possible to gain some indication of the age of the patient receiving a prescription by using the information collected on charged and non-charged prescription items as three of the exemption categories relate to age (see Chapter on Free and Charged Prescribing for further information).

Prescription items per head

The average number of prescription items issued per head of the population has increased steadily since 2006, from 14.8 to 20.0 per head in 2016; each patient receives 5.2 more items a year, on average, than in 2006.

This may not be solely the result of more medication being dispensed, although this is the major driver, following improved evidence of preventative interventions and for new medicines. It may also, in part, be due to changes in prescribing behaviour, especially in the duration of treatment each item is intended to cover.

The average NIC per head of population has increased since 2006 from £160.83 to £166.55 in 2016. However this has not been a steady increase, with year on year decreases in the NIC per head of population noted in 2008, 2011, 2012 and 2016.

Exemption Categories

Statistics relating to exemption category for prescription forms exempt from the prescription charge are not available for the years 2008 to 2011. NHS Prescription Services have issued the following statement.

“NHS Prescription Services are responsible for the reimbursement and remuneration of dispensing contractors in England on behalf of the Department of Health. When determining payment to contractors, it is only necessary for the NHS Prescription Services to determine whether:

- A prescription charge has been collected or
- A patient has completed a declaration of exemption, when a declaration is required

Up until November 2007, NHS Prescription Services determined and recorded the exemption category on every 20th form that is exempt from the prescription charge. The data was recorded from the tick-box shown on the reverse of FP10 prescription forms, and where appropriate from the age or date of birth printed on the front of the form. This relied on the form being clear and completed correctly which may not have always been the case.”

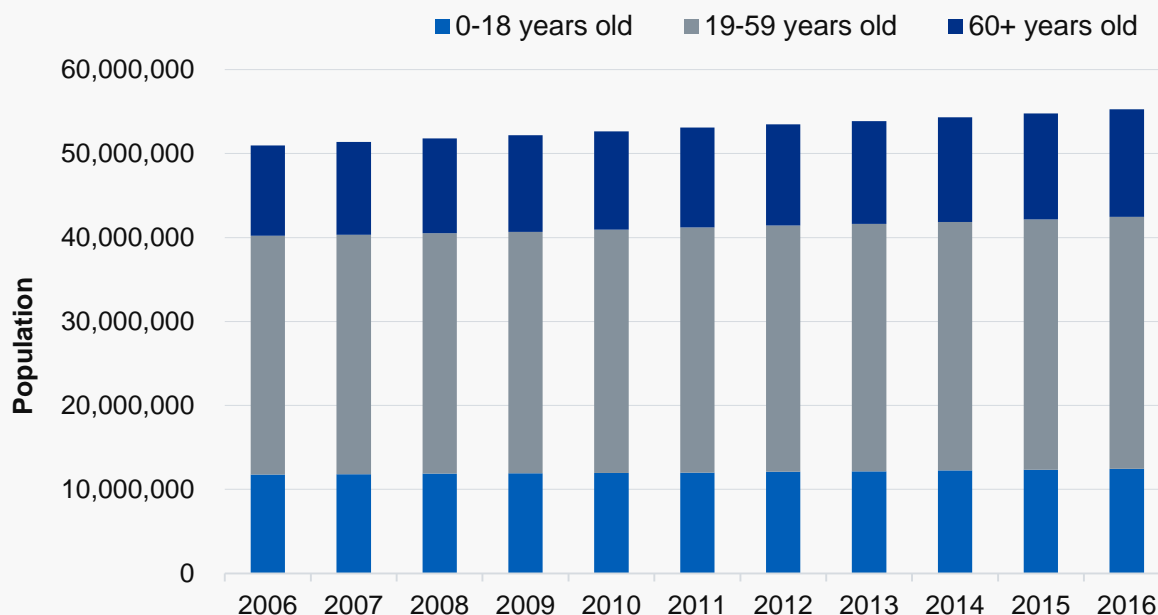
Exempt prescription items represent 89.4 per cent of all prescriptions dispensed and give some indication of the proportion of items dispensed for each age group. Note that a patient can be exempt from the prescription charge for more than one reason, although age is likely to be the first exemption to be recorded. Note also that patients aged 16, 17 and 18 are exempt only if they are in full-time education. All patients aged 60 and over (60+) are exempt from prescription charges.

Figure 17 below shows the England population divided into the groups applied in the exemption categories, for each year from 2006; 0 to 18 years old (young), aged 60 and over (60+) and 19 to 59 years by default. Note that the two exemption categories for the young have been combined and that the England population will include all 16 -18 year-olds.

The overall population in England has risen, from 51.0 million in 2006 to 55.3 million in 2016, an increase of 4.3 million (8.4 per cent). Each of the three age groups has seen a rise in population; the young by 0.7m, the 19-59 age-group, by 1.6m, and those aged 60 and over by 2.1m.

Both the young and 19-59 age-group make up a smaller part of the total population in 2016 than they did in 2006: the former now make up 22.5 per cent and the latter 54.3 per cent. The 60+ proportion has increased from 21.1 per cent in 2006 to 23.2 per cent in 2016.

Figure 17 Population of England, by age, from 2006 to 2016



Source: NHS Digital

Note: Annual Mid-year Population Estimates:
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates>

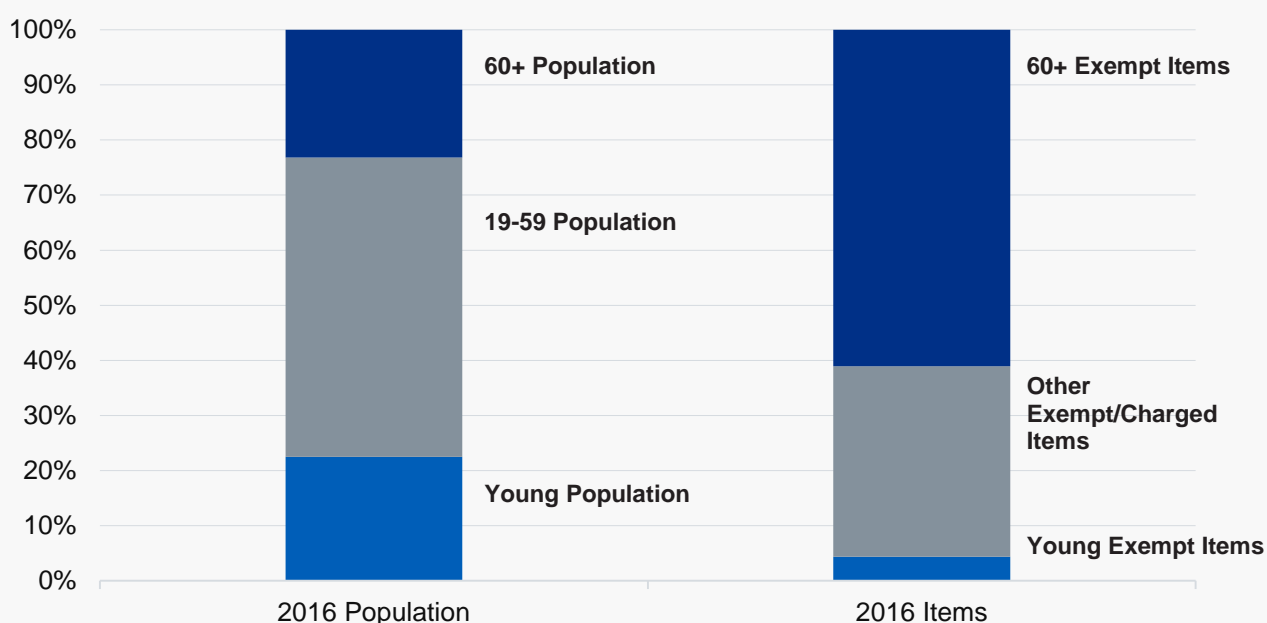
The importance of the size of the 60+ age group, in terms of influencing the volume of prescriptions, can be illustrated by the use of information available on exempt prescription items. Figure 18 below shows, for 2016, the percentage of the population for England, in each exemption

age-group alongside the percentage of all dispensed prescriptions by exemption age-group (as described above).

The first column shows that the 60+ and young age groups combined make up 45.7 per cent of the population. The second column shows the percentage of items dispensed to the same age groups. This illustrates that those claiming exemption from the charge due to being aged 60 or over (which make up 23.2 per cent of the population), accounted for 61.0 per cent of all the items dispensed in 2016. Those in the young age group (22.5 per cent of the population) received 4.4 per cent of the items dispensed. The remaining part of the 2016 Items column is made up of prescriptions exempt on other grounds, those that were charged, and those which were personally administered.

Table 11 and Table 12 give the actual percentage figures illustrated in the chart for 2016 and 2006 to show the trends. For both the population and the number of items the trend is the same; an increase in the proportion for the 60 + age group and a reduction in the other two groups.

Figure 18 Percentage of England population by exemption age groups and percentage of items dispensed by exemption age grouped in 2016



Source: NHS Digital

Table 11 Percentage of England population by age group 2006 and 2016

Year	Young Population	19-59 Population	60 + Population
2006	23.1%	55.8%	21.1%
2016	22.5%	54.3%	23.2%

Table 12 Percentage of items dispensed by age group, 2006 and 2016

Year	Young Exempt Items	Other Exempt/Charged Items	60 + Exempt
2006	5.7%	35.7%	58.6%
2016	4.4%	34.6%	61.0%

Equivalent statistical publications in other UK Countries

The statistics used in this publication are based on Figures published annually in the “Prescription Cost Analysis”, National Statistic for England.

NHS Digital does not collect or supply similar figures for the other UK countries; Northern Ireland, Scotland and Wales. PCA Figures for these countries are published by the responsible body in each country.

Below are links to publications equivalent to this National Statistic and the annual PCA publications, by country, which existed at the time of this publication.

Queries should be addressed to the appropriate responsible organisation.

Data for Wales: published by ‘Welsh Government’

<http://wales.gov.uk/statistics-and-research/prescriptions-dispensed-community/?lang=en>

Data for Northern Ireland (NI) - published by ‘Business Services Organisation’

<http://www.hscbusiness.hscni.net/services/1806.htm>

Data for Scotland: - published by ‘ISD Scotland’

<http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Community-Dispensing/Prescription-Cost-Analysis/>

Sources and Definitions

All prescription statistics in this bulletin are based on information systems at NHS Prescription Services, part of the NHS Business Services Authority. The system used is the Prescription Cost Analysis (PCA), which was introduced in January 1991. This system is based on an analysis of all prescriptions dispensed in the community, i.e. by community pharmacists and appliance contractors, dispensing doctors and prescriptions submitted by doctors for items personally administered.

The analyses are based on all prescriptions dispensed in the community in England. The vast majority are written by General Medical Practitioners in England; however, prescriptions written by nurses, dentists, other non-medical prescribers and hospital doctors are also included, provided they were dispensed in the community. Also included are prescriptions written in Wales, Scotland, Northern Ireland and the Isle of Man, provided they were dispensed in England. The analyses do not include prescriptions dispensed in hospitals, private prescriptions or prescriptions written in England but dispensed outside England.

Not all the information included on the prescription form is collected by Prescription Services as it is not relevant to the task of reimbursing the dispenser. The charge status of the prescription is recorded, indicating whether or not the item was charged for or exempt from the charge. There is no information recorded on the reason why the prescription was written, such as the diagnosis or condition of the patient, and no information on the patient receiving the prescription.

Statistics in this bulletin are for calendar years.

NHS Prescription Services have stated that due to the complex and manual processes involved there may be inaccuracies in capturing prescription information which are then reflected in the data. Internal quality assurance processes exist and currently the prescription processing activity is internally audited to 98.5 per cent accuracy (i.e. at least 98.5 per cent of prescriptions are recorded accurately).

Information within this bulletin is based on the number and net ingredient cost of prescription items dispensed in the community in England. Within the text commentary the terms 'prescribing' and 'dispensing', and 'prescribed' and 'dispensed' are interchangeable, meaning 'the number of items' dispensed. However, in some circumstances there is a distinct difference between these terms, as in the Generic Prescribing chapter, where 'prescribed' refers to how the prescription was written, and 'dispensed' refers to whether a branded or generic product was dispensed.

The term 'use' or 'volume' within the commentary also refers to 'the number of items dispensed'. The term 'cost' refers to 'net ingredient cost'. Figures for cost and items are given in millions in the

commentary. All figures for cost and items in the tables are now shown to the nearest whole number. Percentages are rounded to one decimal place.

Figures may not sum exactly due to rounding.

Other Prescribing Information available from NHS Digital

The Prescribing by Dentists report is no longer published separately. The report was previously published annually in April, however the data is already included in the PCA publication and analysis is included this year in this report.

A bulletin focusing on prescribing costs in hospitals and the community in England, at both national and Area Team level, is published annually in November.

In addition to the National Statistics from the annual PCA publication, NHS Digital also releases other prescribing information. This information is also derived from the system for reimbursing contractors, run by the NHS BSA. However, the specific source for this additional information is the ePACT system, which includes only prescriptions written in England and excludes prescriptions written by dentists and hospitals. The prescribing information within ePACT differs from the published PCA data as it is based on the prescriber listed within England rather than the dispenser. PCA data is related to dispensers listed in England. The system also allows the information to be made available at a sub-national level.

The NHS Digital releases information from ePACT in two separate formats:

- Prescribing information at BNF Section level, for Clinical Commissioning Groups (since April 2013) or Primary Care Trusts (prior to April 2013) in England, by quarter.
- Prescribing information at BNF presentation level, for general practices in England, by month.

All these reports and data releases along with other prescribing information are available on the following link:

<http://content.digital.nhs.uk/prescribing>

The ePACT system. This is an alternative system for analysing prescription data, provided by NHS Prescription Services. It includes only prescriptions written in England and excludes dentists and hospital prescriptions.

Special Order products. Within the ePACT system there is a “Special order products” tag, or grouping, containing all special order products that have been assigned a drug code. Prior to August 2008, prescribing data for specials was recorded under the BNF Chapter (Other Drugs and Preparations) as ‘individually Formulated Preps – Bought in’. After August 2008 coding of individual liquid specials began and a ‘liquid specials’ tag was provided within ePACT. In June 2009 this tag was

expanded to include other specials including ointments, capsules and tablets, and the tag was renamed 'Special order products'.

The tag is not a definitive list of all specials and work is on-going to add other presentations to the tag definition where there is sufficient information to populate the drug database. The tag is updated in each month. Any specials which are not added to the tag are recorded under the "Unspec Drug Code" and "Unspec Drug Code (Discount Not Deducted)" drug descriptions. However these sections will also contain preparations that are not specials.

NHS Prescription Services publish a variety of datasets on prescribing alongside those published by NHS Digital. These include PCA data on a monthly basis although the final month before the end of the calendar year is withheld until the NHS Digital PCA National Statistic is published in April.

<https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/information-services-prescription-cost-analysis-pca-data>

The resident population, estimated by the Office for National Statistics (ONS), has been used to determine the average number of prescriptions and the average net ingredient cost per head of population. This bulletin uses mid-year resident population estimates based on the 2011 Census. Where figures have been revised by ONS some figures for prescription items per head may differ from those published in previous years.

Prescribers write prescriptions on a prescription form. Each single item written on the form is counted as a prescription item.

All prescription items attract a professional fee for the dispensing contractor. There are minor differences between the number of fees paid and the number of items because some prescription items attract more than one fee.

The net ingredient cost (NIC) refers to the cost (which forms the basis on which the dispenser is reimbursed) of the drug before discounts and does not include any dispensing costs or fees. It does not include any adjustment for income obtained where a prescription charge is paid at the time the prescription is dispensed or where the patient has purchased a pre-payment certificate.

Figures quoted for net ingredient cost for all years are unadjusted for inflation. Standard adjustments for inflation are not considered appropriate as drug prices are subject to controls under the Pharmaceutical Price Regulation Scheme (PPRS) and to other central controls.

Pharmaceutical Price Regulation Scheme (PPRS)

The Pharmaceutical Price Regulation Scheme (PPRS) is a voluntary agreement to control the prices of branded drugs sold to the NHS. It is negotiated between the Department of Health, acting on behalf of the

UK government and Northern Ireland, and the branded pharmaceutical industry, represented by the ABPI. There was a new agreement reached in 2014 covering almost all branded medicines for the NHS.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/282523/Pharmaceutical_Price_Regulation.pdf

British National Formulary (BNF)

The BNF is a joint publication of the British Medical Association and the Royal Pharmaceutical Society which aims to provide prescribers, pharmacists and other healthcare professionals with information on the use of medicines. It includes information on how to select, prescribe, dispense and administer medicines.

Medicines are listed within the BNF by therapeutic groupings. The PCA uses the therapeutic classifications defined in the British National Formulary (September 2014, edition 68, in this bulletin). NHS Prescription Services have created additional pseudo BNF chapters, which do not appear in the BNF, for items not included in BNF chapters 1 to 15. The majority of such items are dressings and appliances, which have been classified into four pseudo BNF chapters (20 to 23). NHS Prescription Services have produced a booklet on BNF classifications and the pseudo classifications used. This is available on the internet at:

https://www.nhsbsa.nhs.uk/sites/default/files/2017-04/BNF_Classification_Booklet-2017_0.pdf

The classification of drugs and appliances used by NHS Prescription Services for PCA does not always equate exactly with the BNF. For example, NHS Prescription Services does not include stoma appliances in BNF section 1.8 but classifies them under a pseudo BNF chapter 23.

Note that some medicines may have indications in addition to those under their BNF classification.

Generic Prescribing

A generically written prescription is one that has been written using the recommended International Non-proprietary Name, the British Approved Name, or the scientific name of the active ingredient rather than the brand name. Recommended International Non-proprietary Names are used for most ingredient names since systematic chemical names or other scientific names are too complex or inconvenient for general use.

For the purpose of these statistics, generic dispensing is defined as occurring where a drug is prescribed and available generically and the dispenser is reimbursed at the Drug Tariff price or the price of the generic. The Drug Tariff (Part VIII) shows the amount that will be reimbursed by the Department for most generic drugs dispensed against a prescription written generically.

Category M

The category M scheme is an arrangement where the net ingredient cost for selected generic formulations is controlled by the Department of Health, with the aim of reducing costs overall. Medicines subject to these arrangements are classified as category M in Part VIII of the Drug Tariff (see The Drug Tariff). The majority of these formulations have fallen in price, although some formulations have increased in price. These price adjustments, made on a quarterly basis, have contributed to shifts in the relative positions of BNF chapters and sections in the tables of this bulletin and affect overall cost per item.

The Drug Tariff

The Drug Tariff is a monthly publication providing details on payments to be made to community pharmacies for providing NHS Services. These payments include reimbursement of dispensed medicines and appliances, the payment of professional fees for services provided, and allowances. Reimbursement prices for the majority of medicines are listed in Part VIII of the tariff.

<https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff>

Free prescriptions

From 2008 to 2011, where the patient holds a valid prescription pre-payment certificate purchased in advance from the NHS BSA and no further charge is paid at the point of dispensing. Prior to 2008 and from 2012 onwards, prescriptions issued using a pre-payment certificate is recorded as charged.

The following categories qualify for free prescriptions:

- **Elderly** - men and women aged 60 and over
- **Young** - children under age 16, young people aged 16, 17 and 18 in full time education

If a patient is exempt (age 60 and over, or under age 16) and their date of birth is printed on the prescription form, they do not need to sign the declaration; the form will be recorded in the age exempt category. A “qualifying young person” is a young person aged 16 to 19 who meets the criteria for a child benefit award, this may continue to their 20th birthday.

- **Maternity/Medical** - Maternity/Medical exemption certificate holders, these are:
 - Pregnant women
 - Women who have given birth in the previous 12 months
 - People with specified medical conditions

These certificates are issued by the NHS BSA; prior to 1 October 2002, Health Authorities issued them.

- **NHS LIS** (NHS Low Income Scheme) in respect of means tested entitlement
 - People and their partners receiving Income Support (including any qualifying young person included in the award)
 - People and their partners receiving Income Based Jobseeker's Allowance (including any qualifying young person included in the award)
 - People and their partners receiving Income Related Employment and Support Allowance (from October 2008)
 - Partners aged under 60 of recipients of Pension Credit Guarantee Credit
 - People and their partners (including any qualifying young person included in the tax credit award) with annual income for tax credit purposes below the qualifying level who qualify for:
 - Working tax credit with child tax credit
 - Working tax credit which includes a disability or severe disability element
 - Child tax credit and not eligible for Working Tax Credit
 - People and their partners who are named on a valid NHS Low Income Scheme charges certificate HC2 for full help.

- **No Charge Contraceptives** - prescribed contraceptives are free and do not attract a prescription charge.

- **Personally administered** - Personally administered items. These are free of charge. Dispensing doctors submit claims for all items dispensed unlike prescribing doctors who only submit claims to the NHS BSA in respect of personally administered items. It is, therefore, not known whether or not a dispensing doctor has personally administered an item. Items personally administered by dispensing doctors are, therefore defined as all items for products that are indicated on the NHS BSA drug database as products that can be personally administered.

- **Other**

- War pensioners, but only in respect of prescriptions for their accepted disablement and an exemption certificate is held. These certificates are issued by Veterans UK, (prior to April 2014, the Service Personnel & Veterans Agency).
- No declaration / declaration not specific: If a patient is entitled to free prescriptions, they must tick the appropriate box on the back of the prescription form to say why they do not have to pay and sign the declaration on the prescription form.
- Unknown

If it is not clear what category applies, the group is shown as no declaration. Where the patient has claimed two or more categories, they are classified as declaration not specific.

Medicines and Healthcare products Regulatory Agency (MHRA)

The Medicines and Healthcare products Regulatory Agency (MHRA) regulates medicines, medical devices and blood components for transfusion in the UK and is responsible for ensuring their safety, quality and effectiveness.

<https://www.gov.uk/government/organisations/medicines-and-healthcare-products-regulatory-agency>

Advisory Committee on Borderline Substances (ACBS)

This committee advises on the prescribing of certain foodstuffs and toiletries that are specially formulated for use by people with certain medical conditions. Recommended products are listed in the Drug Tariff and the British National Formulary.

<https://www.gov.uk/government/groups/advisory-committee-on-borderline-substances>

National Institute for Health and Care Excellence (NICE)

The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care. NICE clinical guidelines are systematically-developed recommendations on how healthcare and other professionals should care for people with specific conditions, based on the best available evidence.

<http://www.nice.org.uk/GuidanceMenu/Conditions-and-diseases>

Users and Uses of this Report

This publication is used by many stakeholders as the main nationally comparable and complete source of information about prescriptions dispensed in the community in England, over the last 10 years. Known users of this publication include academics, central government, charities, clinical groups, commercial organisations, commissioners, health and social care providers, media, and members of the public. The information is used to support decision making, inform policy, for analysing medicine use, providing advice to ministers, answering a wide range of Parliamentary Questions, for national and local press articles and for international comparison.

Feedback on this publication can be provided via our website:

<http://content.digital.nhs.uk/haveyoursay>

(‘Have your say - give us your comments on this publication’).

Alternatively, feedback can be provided to NHS Digital via enquiries@nhsdigital.nhs.uk or 0300 303 5678.

NHS Digital welcomes all feedback relating to any aspect of this publication. In particular we would welcome feedback on the usefulness of the information to different users, the ways in which the information is used and what further information would be useful. Any additional information you can provide us with about your use of prescribing data will help us to improve the information we publish about known users and uses of the data.

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