NEL Commissioning Support Unit

NHS
West Norfolk Clinical Commissioning Group

WEST NORFOLK PRESCRIBING QUALITY SCHEME 2014/15

Approved by WN CCG Executive Team

1.	**INTRODUCTION**	
1.1	• West CCG budget for 14-15 is being set at outturn plus 1% uplift. • Practice budgets will be allocated using AstroPUs weighted for prevalence and deprivation, as agreed by the West Norfolk CCG as in 13-14 • Continuity with 2013/2014 and building on existing good work	
1.2	Practices can obtain a maximum of 80p per patient on their list at 1st January 2015. The payments will be made on a points system. A maximum of 60 points are available, each point is worth 1.3p per patient. Based on an average practice list size of 8,000, each point = £107.	
1.3	Practices will be required to submit a plan of how the money is to be spent including, how patients will benefit, in order to receive their Incentive Scheme payment. The Practice Patient Participation Group should be involved in developing this plan. For full details of approved uses see Appendix 2.	
2	**PROPOSED SCHEME - All measurements will be on the average Q4 data for 2014/15**	
	Value in points	**Required activity**
2.2	10 points for top project 5 points each for two others **Total 20** (dependant on achievement / work carried out)	Achieve Key Performance Indicators for your **top prescribing medicines optimisation QIPP project** and **two others from the top 5** as identified and agreed by the prescribing team. See Table 1
2.3	**2** points	Attend the joint **Prescribing Leads / Medicine Management Champion 6 month follow-up meeting** – November 2014
2.4	**2** points	Sign up to and use the new **WNCCG version of Script Switch**. Script switch reports will be analysed in Quarter 4 for uptake.
2.5	**4** points (1 per meeting)	**Practice Champion to attend 4 meetings** throughout 2014/2015 arranged by the Medicines Management and Prescribing Team. One point per meeting. A representative can attend in the absence of a Practice Champion.
2.6	**6** points Bonus of **10** points available for early achievement – July 14	**Eclipse live (EL)** - web-based software system which ensures patients on high-risk medicines are being monitored appropriately, thus potentially avoiding hospital admission. EL is also fundamental to WNCCG's ground breaking triage project aiming to avoid care home hospital admissions: practices need to develop efficient processes for using EL and provide evidence of at least weekly usage. **Evidence**: Submit a copy of your Eclipse Live SOP which will include; process for data extraction, name of 'nominated person', process for GP action, process for recording intervention / outcome in the clinical record, which should include a nominated read code to allow for audit (please see appendix 3 for suggestions).
2.7	**8** points	Undertake **quality improvement audit** and re-audit within 2014/2015 See table 1 for choice of 3 audits. The Medicines Management and Prescribing team will provide audits, resources & tools required and will be available to support where necessary.
2.8	**8** points	Engage in a **quality project** form Table 1 below. The Medicines Management and Prescribing team will provide audits, resources & tools required and will be available to support where necessary.
	Total = 60	

Table 1

Medicines Optimisation of : -	**Recommended Change**	**Rationale for change**
QIPP projects		
Pain - Neuropathic pain management - 1	Prescribe gabapentin before pregabalin as per neuropathic pain pathway / local guidelines.	Gabapentin more cost effective
Pain - Neuropathic pain management - 2	Ensure highest strength pregabalin is prescribed BD.	All pregabalin strengths are flat priced and licensed BD as well as TDS
Pain - Neuropathic pain management - 3	Review pregabalin and gabapentin and consider either stop or switch from pregabalin to gabapentin.	
Respiratory	Ensure step down of ICS in asthma.	National Guidelines
Respiratory	Ensure appropriate inhaler technique.	National Guidelines
Respiratory Cost Effective Device	Seretide 250 Evo to 500 Accuhaler (COPD)	More cost effective
Respiratory Cost Effective Device	Seretide 125 Evo to Flutiform 125 MDI	More cost effective
Respiratory Cost Effective Device	Seretide 250 Evo to Flutiform 250 MDI (Asthma)	More cost effective
Housekeeping Drugs	various	More cost effective
Bladder stability drugs	Please prescribe generic plain oxybutynin then tolterodine first line	More cost effective
Diabetes BGTS	prescribe BGTS with a cost per 50 strips for £10 or less first-line	More cost effective
Diabetes BGTS	Review patients in line with local guidance. Audit DMT2 patients.	Only use if appropriate
Diabetes - Cost effective Insulins	Start new patient on most cost effective product in class. Use NPH first line in patients with Type 2 diabetes being started on insulin	As per NICE guidance.
Diabetes Needles and lancets	Ensure the most cost effective and appropriate size needles and lancets are prescribed.	
DROP list - Drugs of Low Priority	Reduce prescribing of DROP List drugs.	Drugs of Low priority - not first-choice / no or limited evidence
Long Acting Muscarinic Antagonists	Review need and appropriate preparation. Low-cost first-choice.	New products non-inferior / cheaper
Audits		
Diabetes – GLP 1	Prescribe in line with local guidance. Audit current patients.	Optimisation of GLP 1
COPD	Ensure patients are managed as per NICE / local guidance. Audit current COPD patients.	Medicine optimisation of COPD
Analgesics	Ensure local guidance is being followed, including the pain ladder. Ensure specifically buprenorphine and oxycodone prescribed appropriately.	As per national guidance.
Quality		
Medication review	Set up a template on the clinical system use for all medication reviews.	To ensure consistency for all reviews.
Care home medicine optimisation process	Undertake care home medication reviews as a MDT meeting involving GP, community matron, community nurse, pharmacist and senior carer.	To ensure holistic and efficient approach to patient review.
Medicine optimisation in frail elderly	Identify specific therapeutic areas for targeting review of frail elderly; ref 'Optimising safe and appropriate medicine use' – PRESCQIPP.	To ensure appropriate prescribing in frail elderly.

Appendix 1 – Additional Information

Windfall Saving – a savings made purely as a result of a change in the Drug Tariff reimbursement without any change in prescribing behaviour by the practice or if prescribing of certain drugs move out of primary care such as shared care drugs moving to specialist commissioning.

Payment – will be made once March 2015 epact data is available.

Appendix 2 - PRIMARY CARE TRUSTS INCENTIVE SCHEME PAYMENTS

Approved Uses

1. The purchase of material or equipment which is to be used for the treatment of patients or members of the practice, including diagnostic equipment, ECG machines, blood testing equipment, sterilisers, nebulisers, foetal heart detectors, cryothermic probes, defibrillators and related consumables. (Where practice staff have made significant savings in the cost of dressings and wound management, we would encourage the purchase of items for use by nursing staff, e.g. vascular Doppler equipment).

2. Payments to dieticians or counsellors providing advice on diet, lifestyle, alcohol consumption or smoking.

3. The purchase of material or equipment which will enhance the comfort or convenience of patients or members of the practice including furniture, furnishings, security features, vending machines or heating/air conditioning for the practice.

4. The purchase of computers including hardware and software.

5. Non-recurring staff costs.

6. Initiatives to improve prescribing.

7. The purchase of material or equipment relating to health education including television, videos, leaflets and posters and payment for advice on how best to disseminate health education advice to patients.

8. Investment in existing practice premises where the improvement or development proposals are consistent with the Primary Care Investment Plan.

Purposes for which Practice Incentive Surplus Payments may *not* be spent

1. The purchase of services or equipment which are unconnected with healthcare.

2. To reduce a practice's contribution to the employment costs of existing practice staff.

3. The purchase of land or premises.

4. To pay off existing loans or mortgages taken out by the members of the practice or third-party landlords.

5. The purchase of drugs, medicines or appliances.

6. The purchase of hospital services.

7. Practice premises investment where the development proposals are not consistent with the Primary Care Investment Plan.

Appendix 3 – Suggested read codes for Eclipse Live

Description	SystmnOne	Emis Web
General		
Eclipse Live intervention / outcome	XaPx3 – High Risk Drug Monitoring NOS	66Pz – High Risk Drug Monitoring Review