



North and East London  
Commissioning Support Unit

## **Incentive Scheme 2015/16 – Norwich CCG -**

There are two sections in this incentive scheme, quality audit and financial savings. Total achievement equates to 80p per patient list size as per 1<sup>st</sup> Jan 2015

GP practices will be supported by a yearly visit from CSU prescribing adviser who will provide prescribing monitoring and suggested action plan. Practice Based Pharmacist assistance may also be provided.

### **1) COPD audit**

Carried out using Grasp COPD toolkit

20p per patient

### **2) Heart Failure audit**

Carried out using Grasp COPD toolkit

20p per patient

Both these two audits represent areas of Norwich CCG priorities

### **3) Use of cost effective products**

Two out of four of the targets below must be reached

- a) Less than 8% of specified hypnotics to be temazepam, based on % of temazepam, zopiclone & Zolpidem

Norwich CCG level is currently 15% - savings = £61,000

Average prescription price: Temazepam 10mg = £17.97/28

20mg = £17.46/28

Zolpidem = £1.30/28

Zopiclone = £0.97/28

NB. If temazepam use is already low and can be proved, exception is possible.

- b) 80% of Quetiapine XL to be lower cost branded product
- c) 97% or above for amitriptyline/nortriptyline usage

Amitriptyline 25mg = £1.09/28  
 Nortriptyline 25mg = £116.70/28

- d) Review of fibrates - reduce use of ciprofibrate  
 Ciprofibrate 100mg = £104.56/28

v Bezafibrate 200mg = £5.48/100  
 Bezafibrate 400mg MR = £7.63/30

- e) Reduce use of lactulose

Monthly monitoring figures will be available.

### 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.