WEST NORFOLK PRESCRIBING QUALITY SCHEME 2019/20

1.	INTRODUCTION
1.1	This scheme builds on previous years' schemes and aligns with the National, STP and CCGs' Quality, Innovation, Productivity and Prevention (QIPP) agenda. **Purpose of the scheme:** to encourage and reward cost-effective and high quality prescribing. Incentives are available to reward improvements in patient care and efficient use of resources. The scheme does not simply reward low cost prescribing, but includes criteria relating to the improvement in quality of prescribing. **Principles:** • To support financial stability and make best use of resources without compromising patient care. • To encourage practices to consider how patients can be supported to get the best from their medicines', and how they can benefit from cost effective quality prescribing.
1.2	**Payment** A maximum of payment of **80p per patient** (based on Q3 19-20 practice list size) may be achieved. Based on an average practice list size of 8,000, maximum achievement = £6400

1.3	The Quality Scheme will be run from April 2019 to December 2019 to facilitate early savings.
	Payment will be split 50% (*40p/pt.*) for savings and 50% (*40p/pt.)* for quality projects.
	Payment for savings projects will be weighted in favour of early completion.
	• 40p per patient if completed in Q1
	• 30p per patient if completed in Q2
	• 20p per patient if completed in Q3
	Quality projects will run throughout April and Dec 2019. Must include:
	• Participation in antimicrobial stewardship project (*10p* per patient)
	• Participation 2 quality medication review projects (*15p* per patient per project) to be selected from the following:
	  ○ Review of ICS in COPD (triple therapy reviews)
	  ○ Polypharmacy reviews in Type 2 Diabetes (focus on newer oral hypoglycaemics)
	  ○ Review of high dose opioid prescribing
	  ○ Review of DOAC prescribing and appropriate monitoring
	Payments will only be awarded if achievement has been maintained by the end of Q4.

1.4	• To qualify all practices must agree a **practice specific action plan** as part of the Prescribing Annual Visit by the Medicines Optimisation (MO) Team. • The agreed actions must include the **priority areas** for the individual practice; selected from the full range of medicine optimisation QIPP projects for WNCCG (see Appendix 1). • Consideration will be given to allocating payment for partial achievement. • The actions will be monitored each quarter based on performance against agreed prescribing KPIs and evidence of work completed. • The action plan to be signed by Practice Senior Partner and Manager and submitted to the MO Team by **31/3/2018**.

1.5	GP practices will be supported by AGEM CSU Medicines Optimisation (MO) Team in identifying savings targets and recommendations for audit / clinical reviews. The team will also provide ongoing monitoring and advice with respect to audit and resultant action plans and identification of relevant patients for review. **The practice will not receive payment through the PQS for work undertaken by the MO Team.**		
2	**PROPOSED SCHEME - measurements**		
	Required activity		
	Savings project	**Medication Reviews (see appendix 2)**	**Antimicrobial stewardship**
Apr- Dec	**40p per patient** if completed in Q1 and maintained at the end of Q4 **30p per patient** if completed in Q2 and maintained at the end of Q4 **20p per patient** if completed in Q3 and maintained at the end of Q4	**Select 2 specific clinical areas:** ○ Review of ICS in COPD (triple therapy reviews) ○ Polypharmacy reviews in Type 2 Diabetes (focus on newer oral hypoglycaemics) ○ Review of high dose opioid prescribing ○ Review of DOAC prescribing and appropriate monitoring Measured by completion of review, development of actions and prescribing indicators. **Payment: 15p per clinical area** **Total Payment: 30p per patient**	1. Completion of RCGP Target Antibiotic Toolkit Audit **AND** 2. Evidence of practice participation in TARGET Antibiotic Webinar Series and self-assessment evaluation Submission of audit action plan and learning points/action plan from webinar will be required for payment. **Total payment: 10p per patient**
Total payment = 80p per patient awarded based on work carried out and achievement			
3	**Additional payment will be made for:**		
	• Attendance at 2 Prescribing Leads and Medicine Management Champion (MMC) meetings: £200 for GP and MMC or £150 for GP only or £90 for Practice Pharmacist / Nurse Practitioner. (Payment can be claimed for each 'merged branch surgery'. However, Payment will only be made for attendance of the nominated GP Prescribing Lead based at that surgery or the 'merged branch surgery', unless prior agreement with the PMMT. If a representative attends then evidence of sharing of learning will be required. MM Champions can only claim a single payment for attendance.) • Attendance at quarterly MMC meetings and submission of action plan: £45 per meeting.		

Appendix 1:

Suggested Medicine Optimisation QIPP plans for 19-20

Clinical Area	Aligned Topic	Area	Key Message	Resource
Respiratory	**1a. COPD**	**Inhaled Corticosteroid (ICS) /Long Acting Beta Agonist (LABA) + triple therapy combinations**	Cost effective choice of inhaler device. Ensure all generic combined ICS prescribed as brand	COPD Formulary
Respiratory	**1b.COPD**	**COPD management review - Triple therapy**	Review COPD TT patients and consider stepping off ICS and switching to LAMA / LABA combo (ensure not asthma patients). If to appropriate to remain on TT switch to cost effective option (Trimbow® or Trelegy®)	AGEM Searches and review tool. PCRS Triple Therapy step down tool. Local COPD guidance / pathway.
Respiratory	**1c.COPD**	**Long Acting Muscarinic Antagonists (LAMAs)**	Cost effective choice of LAMA. First choice: Braltus® 10mcg (tiotropium)	COPD Formulary
Respiratory	**1d. Asthma**	**Asthma management / β- agonist overuse**	Review and step high dose ICS where possible and β-agonist overuse patients. Identify and review LABA only treatment.	PrescQIPP NRAD search tool and audit on
Respiratory	**1e. COPD & Asthma**	**Inhaler technique**	Ensure all clinical and dispensary staff competent to demonstrate and check patients inhaler technique - consider setting up placebo inhaler box. Patients have inhaler technique checked at review.	UK inhaler group 'inhaler standards and competency document'.
Respiratory	**1f. COPD & Asthma**	**Targeted Medicine Usage Reviews (MUR)**	Work with local Community Pharmacy to set up targeted MURs and develop referral pathway	
CNS	**2a. MH**	**Quetiapine**	Prescribe plain generic quetiapine instead of slow release preparations	Key Message Bulletin 16: Quetiapine MR to IR
CNS	**2b. MH**	**Methylphenidate XL tablets**	Cost effective choice in agreement with NSFT	Shared Care Agreement: Stimulants for ADHD
CNS	**2c. MH**	**Hypnotics and anxiolytics**	Develop a practice policy and review prescribing	AGEM hypnotics review tool, patient letters, PrescQIPP bulletins
CNS	**2d. MH (DLCV)**	**High-cost / low clinical value antidepressants**	Review all dosulepin / trimipramine for possible switch (in an appropriate way) to safer /cost effective choices - if still required.	PrescQIPP bulletins

CNS	**3a. Pain**	**Buprenorphine patches**	Review long term patients and step off where possible, audit and change practice. No new patients unless swallowing difficulties.	Audit / medication review tool. Pain Formulary. Key message Bulletins 35, 14 & 15 Opioid treatment agreement Pain diary Patient info leaflet on reviewing opioids
CNS	**3b. Pain**	**Cost effective Buprenorphine patches**	Where appropriate, prescribe as cost effective choice; Butec®, Reletrans® or Sevodyne®.	
CNS	**3c. Pain**	**Fentanyl patches**	Review long term patients and step off where possible, audit and change practice.	
CNS	**3d. Pain**	**Cost effective Fentanyl patches**	Where appropriate, prescribe as cost effective - Matrifen®, Mezolar® Matrix or Fencino®	
CNS	**3e. Pain**	**Cost effective tramadol**	Prescribe generic plain no MR	
CNS	**3f. Pain**	**Oxycodone**	Reduction in use. Where appropriate use cost effective choice.	
CNS	**3g. Pain / DLCV**	**Neuropathic pain**	Review of lidocaine patch and co-prescribed drugs for neuropathic pain.	Neuropathic pain pathway
Infections	**4a. AMS**	**Broad spectrum Antibiotics: Cephs, Quins and co-amoxiclav**	Reduce prescribing of high-risk C diff antibiotics	Key Message Bulletin 34. AGEM Audit of broad spectrum antibiotic against formulary.
Infections	**4b. AMS**	**Clinical audits**	Appropriate antibiotic prescribing. Reduction in overall volume.	RCGP TARGET Antibiotic Tookit audits and resources.
Infections	**4c. AMS**	**Antibiotic Campaign**	Run a campaign in the practice	PHE Campaign resources.
Endocrine	**5a. Diabetes**	**Insulins**	Human NPH insulin first choice	Key Message Bulletin 17
Endocrine	**5b. Diabetes**	**BGTS**	Cost effective choice and appropriate use / volume	Key Message Bulletin 22. Cost comparison chart. Review tool.
Endocrine	**5c. Diabetes**	**Lancets and needles**	Cost effective choice	Key Message Bulletin 23 &24
Endocrine	**5d. Diabetes**	**Biosimilar insulin**	Use biosimilar insulin first line	T2DM insulin pathway

Endocrine	**5e. Diabetes**	**Insulin Quantities**	Ensure all insulin quantities on repeat prescriptions are appropriate for dose to reduce stockpiling and waste. Audit tool, quantities table and calculator available.	AGEM review tool and calculator
Endocrine	**5f. Diabetes**	**High-risk Hypo reviews**	Review patients at risk of hypoglycaemia to reduce admissions	Dr Clare Hambling *Choosing Wisely* hypo guidance
Endocrine	**5g. Diabetes**	**GLP -1 mimetics**	Review use and effectiveness of GLP-1s.	AGEM Review tool
Endocrine	**5h. Diabetes**	**DPP4-inhiptors (Gliptins)**	Review use and effectiveness of DPP4- inhibitors. Consider alogliptin first line for new patients.	AGEM Review tool
Endocrine	**5i. Diabetes**	**SGLT2 s**	Review use and effectiveness of SGLT2s	AGEM Review tool
Endocrine	**5j. Diabetes**	**Management of Freestyle Libre**	Specialist use in line with national commissioning pathways	
DLCV	**6. Various**	**As per NHSE**	Review of 17 products not routinely to be prescribed in primary care	PrescQIPP bulletins NHSE guidance
Self Care	**7. Self-Care**	**Vitamins & Minerals**	Target quick wins such as Vitamin B. low dose vitamin D, multi-vitamins, ascorbic acid etc.	NHSE & CCG Self-care guidance
Self-Care	**7. Self-Care**	**Self-Care Campaign**	Run a campaign in the practice	Self-care forum and PrescQIPP resources
Self-Care	**6. Self-Care**	**Self-Care liaison with local pharmacy**	Work with local pharmacy to ensure self-care treatment pathways are workable	Self-care referral pads
Poly-pharmacy reviews	**8. Medication Review**	**Medication review within specific clinical area or high risk patient groups**	Thorough clinical medication review. Making savings and preventing admissions.	Medication review template. Deprescribing algorithms - bisphosphonates, PPIs, statins, anticholinergics - OABs, Dr CH hypo guidance, Hypoglycaemics - GLP-1s, SGLT2s, DDP4s. STOPPFrail tool
CVS	**9a. Anti-coagulants**	**Cost Effective choice of DOACS**	Prescribe Edoxaban first-line to maximise CCG rebate. Switch rivaroxaban / apixaban / dabigatran to edoxaban where dose reduction required.	Local guidance. Review tool.

CVS	**9b. Nitrates**	**Cost effective nitrates**	Switch all expensive branded and generic XL 60mg to cost effective brand; Monomil® XL, Tardisc® XL or Chemydur® XL. Switch plain all strengths / preparation to cost effective XL 60mg brand	
Eyes	**10a. Dry eye**	**Tear Def and eye preps**	Prescribe cost effective choice - review against formulary/dry eye pathway. Encourage self-care.	Dry eye pathway and formulary. Key Message Bulletin in development
Eyes	**10b. Glaucoma**	**Glaucoma - branded to generic**	Prescribe PDEis and betablockers generically	
NSAID	**11a. Pain**	**Low risk NSAID**	Review all high risk NSAID patients for switch to ibuprofen or naproxen	AGEM Audit tool
NSAID	**11b. Pain**	**Cost Effect NSAID**	Review and switch all expensive NSAID to cost effective options	
Nutrition	**12a.**	**Oral Nutritional Supplements**	Review patients - use appropriate product shakes vs sip. Switch to Altraplen compact where sip feed indicated. Appropriate prescribing in care homes. Audit tool available. Malnutrition risk assessment template available. *Joint working with dietitians to be developed re. Care home training.*	Formulary and ONS pathway. Fortified feast booklet. Care Home Best Practice Bulletin Malnutrition for carer's document. Audit tool.
Nutrition	**12b.**	**Baby Milks**	Use cost effective product and review length of treatment / dietician involvement	Key Message Bulletins 26.27, 28,&36
Nutrition	**12c.**	**PKU Foods**	Prescribe in line with guidance re. quantities	Local guidance
Nutrition	**12d.**	**Gluten free**	Stop prescribing gluten free foods	
Skin	**13a.**	**Emollients**	Cost effective choice and appropriate use / amounts. Stop bath and shower products.	Formulary and quick guide emollient pathway
Skin	**13b.**	**Emollients**	Stop prescribing in care homes and for anyone with no diagnosed skin indication	Care Home Best Practice Bulletin
Skin	**13c.**	**Barrier creams**	Appropriate use and cost effective choice	Red bottom pathway - *in development*
Skin	**13d.**	**Lymphoedema and Venous Ulcer garments**		Formulary - *in development*

Stoma	**14**	**Cost effective choices / reduce over ordering**	Review patients with Stoma nurse to ensure best practice / targeted switches	Key Message Bulletins 19, 20 & 21 - accessory switch list, patient letters.
Urology	**15a. Continence**	**Bladder Stability Drugs**	Prescribe plain oxybutynin / tolterodine first line. Review effectiveness of treatment and stop.	Bladder stability pathway Review tool and patient letters
Urology	**15b. Continence**	**Continence Appliances**	All Prescribing to be in line with continence formulary for new patients. Consider; Quantities on script, need for catheter, catheter switch, cost effective bags and anaesthetic gel switch.	Formulary and guidance. Key Message Bulletin 42
Urology	**15c. Appliance DROP list**	**Anal irrigation**	Prescribe in line with agreed pathways	
Switches	**16**	**List of housekeeping switches**	Switch to more cost effective option (Incl. generic savings)	Monthly Eclipse reports

Appendix 2 – Medication Reviews

This project will build on the previous years' work involving use of the medication review template to ensure medicine optimisation ideally for the highest-risk patients with the aim to improve patient care and reduce hospital admissions.

Practices need to agree with the Medicines Optimisation Team a patient group to focus on and what the expected outcomes of the reviews will be including how it will be monitored.

Medication Reviews can be carried out by GP / Practice-Employed Pharmacist / Nurse Practitioner in a dedicated appointment slot of at least 20mins. Ideally the review should be face to face with the patient or at the very least a telephone conversation.

A thorough medication review should incorporate all elements listed in the table below:

Standards for medication review	**Rationale / explanation**
Check that all medicines are appropriate and linked to a current indication	If no current indication review diagnosis /documentation or if for symptomatic relief review need with patient
Check that all medicines are clinically effective	E.g. BP if on anti-hypertensives, HbA1c on insulin / hypoglycaemics, TFTs on levothyroxine, Hb and ferritin if on iron etc.
Check for drug side effects	Document any adverse effects
Check therapeutic drug monitoring is up to date	E.g. U&Es &EGFR for ACEI/ARBs/diuretics. Monitoring requirements for high risk drugs – lithium, amiodarone, digoxin etc.
Review medication and ensure any changes are documented	E.g. Dose increases / decreases, medication stopped / started, alternative therapy undertaken etc.
Ensure any doses are optimised	E.g. use highest strength formulation, simplify regime
Ensure directions are appropriate	Do directions reflect what patient is taking? Clarify 'ASD'.
Synchronise repeat quantities	Ensure all prescribing in line with 28 or 56 day prescribing. Consider patient suitability for eRD.
Check if patient taking any hospital only medication	Document if receiving medication from secondary care
Check if patient is purchasing any additional medication	This can include vitamins, dietary supplements, herbal, homeopathic products etc. There may be potential interactions with prescribed medication.
Check if patient has any problems with compliance	E.g. dexterity, memory, check frequency of prescription issue (including acutes) for over / under ordering.
Medication review done	Use to record extra notes or pre-set text
Measure – No. of patients identified as **'Eligible for Polypharmacy Medication Review'(Xaccv) (9NgzK)** with a completed medication review, read coded **'Medication review with patient'(XaJCO) (8B3x)** AND **'Medication review by Doctor' (XaJHq) (8BIH) OR *use Arden's Medication Review Templates***	

Suggestions for groups of highest-risk patients for medication reviews:

1. Polypharmacy Patients
2. Older age
3. Admission Avoidance register
4. Frailty
5. Right-Care or clinical group of patients i.e. respiratory, CVS, diabetes, dementia etc.