NEL CCG Barking and Dagenham, Havering and Redbridge (BHR) Place Based Prescribing Incentive Scheme 2022-23

BHR 2022-23 QIPP Prescribing Incentive Scheme

Scheme overview

The scheme will run from 1st April 2022 to 31st March 2023 (see page 3 for specific completion dates) and will consist of practices' supporting key initiatives, delivering prescribing audits/review and improving prescribing indicators. A total of 100 points is available for all the areas within this scheme. Practices that undertake and achieve the targets set out in all the areas of this scheme, within the allotted time, will qualify for 100% of the payment.

Payments for satisfactory achievement of the targets will depend on:

- Practice list size - **a maximum payment of £1.00 per registered patient** is available for completing all the requirement within this scheme
- Uploading the relevant completed submission templates for audits by 31st January 2023 on to MedOptimise. NB any audit submitted late, after the specified date will still be eligible to receive 50% of the allocated points up until 31st March 2023
- The level of achievement against the prescribing targets will be assessed using Q3 2022-23 data (Oct 22 to Dec 22), with the exception of the antibiotic targets, which are assessed over the entire year (Apr 22 to March 23). Achieving or maintaining the target level for each indicator will ensure that the maximum available points are awarded to the practice
- Practices that show improvements against the prescribing indicators but have not achieved target levels will still be awarded some points. The number of points to be awarded will be judged using a sliding scale (see page 30). It should be noted that the sliding scale will NOT apply to the target set for decommissioning – payment will solely be based on achievement against target
- Achievement will be measured against baseline data where applicable as per the scheme (page 4)

Process for verification and payments

- The NHS NEL (BHR) medicines management team will monitor progress and verify achievement from the scheme using submitted audit templates, ePACT2 and ScriptSwitch data
- Practices will be notified of their achievement and payments by the CCG medicines management team

- **All payments under this scheme should go into practice funds and not to individuals. Payments must be used for the benefit of patients, and, for audit purposes, practices should keep written records of expenditure**
- Practice mergers and closures mid-scheme will be considered individually by the NHS NEL (BHR) medicines management team. Please notify the team as soon as possible of any changes
- Regarding the deadline for late submission of Prescribing Incentive Scheme audits: the process is to review all audits, and reasons for exceptionality are duly noted. However, discretion for allowing exception rests with the Medicines Management Team. Please note payment will remain at 50% for all late submissions.

Principles of the scheme

- Incentives should reward improvement in patient care and health outcomes
- It is therefore important that the prescribing incentive scheme does not simply reward low cost prescribing, but should include criteria relating to the quality of prescribing
- To ensure financial stability across NHS NEL, it is vital that the constituent practices maintain control of prescribing costs. However, a reduction of costs at the expense of patient health or healthcare is not acceptable
- The incentive scheme should encourage practices to consider both cost and quality, and hence cost-effectiveness of their prescribing, and reward practices appropriately
- Practices may need help or support to bring about prescribing change. Members of the NHS NEL(BHR) medicines management team are available to provide advice and support

BHR ICP 2022-23 QIPP GP Prescribing Incentive Scheme

NHS North East London Clinical Commissioning Group

AREA	SUMMMARY OF WORK STREAM	TARGET	COMPLETION DATE	SUBMISSION REQUIREMENTS	POINTS
ATTENDANCE AT PRESCRIBING FORUMS/MSGG	At least one GP member of the practice to join all CCG MMT organised virtual prescribing forums. There are no restrictions on other GP's or clinical teams to join.		Throughout 2022/23		10
	MSGG pharmacist attendance- atleast one PCN employed pharmacist to represent the PCN at the Medicines Safety and Govermance Group meeting and feedback to the practices.		Throughout 2022/23,verified by Attendance records from the meeting		5
WORKING WITH THE PRESCRIBING ADVISOR AND PRACTICE SUPPORT OFFICER	At least one clinical member (Prescribing Lead for the practice) of the practice to attend at least two meetings with a CCG MMT Prescribing Adviser (virtual or F2F). Work with the CCG medicines management team to deliver specific initiatives: This will involve practices working with their prescribing advisor and practice support officers and agreeing and implementing recommendations from practice prescribing action plans : 1. Practice to sign up to Medoptimise (if not done so) and implement its usage e.g. audits 2. Review of patients prescribed high quantities: review of quantities-adjusting where appropriate to doses being taken and amend Rx 3. Hospital Only Listed (HOL) medicines review and repatriation where clinically appropriate to secondary/tertiary care 4. Specials: review of specials prescribing and changing where clinically appropriate to recommended options as per the ICP specials guidance 5. CQC:review CQC requirement for drugs monitoring and prescribing and have appropriate actions plans in place 6. Work with the MMT PSO to ensure the correct version of the EOL MAAR is in place		Throughout 2022/23		15
	As part of the QI project formulate a plan for Patients requesting or being initiated on dependence forming medications where an alternative should be considered.Controlled Drugs: Review the prescribing of high dose-controlled drugs, morphine equivalent 120mg/day,with an aim of starting gradual dose-reduction programmes.To invite the PA as part of the PCN peer review meetings to help and assist the PCN in meeting the QI project requirements.		PCN meeting attendance and PA input for peer reviews.		5
To improve the safety of prescribing medicines, reducing patient harm and implementing national safety alerts	Safe Rx of Anti-epileptic drugs in pregnancy- Audit of Anti-epileptic drugs in pregnancy/ women of child bearing age.To implement the advice from the Antiepileptic drugs in pregnancy: updated advice following comprehensive safety review		Audits to be uploaded on to MedOptimise by 31st January 2023		5
				TOTAL	40
ECLIPSE ALERTS	Reviews of all Eclipse Live red alerts and evidence of monitoring amber alerts each month. / Weekly log-in to Eclipse to review 100% of higher risk (red) alerts	**ALL** red alerts received by March 31st 2023, reviewed and actioned	1st. June 2023 (NB sliding scale for Amber target- minimum of 25% for payment)	No submission required - achievement verified from Eclipse Live	10
		Minimum of 50% of amber alerts received by March 31st 2023, reviewed and deferred/actioned			10
MART Licensed Inhalers	Increasing use of ICS/LABA DPI inhalers that are licensed for MART therapy as a percentage of all ICS/LABA	>30% Rx for DPI MART Licensed inhalers	(Q3 Oct 22-Dec 22) (NB sliding scale for target- minimum target of 25% for payment)	No submission required – achievement verified from NHS BSA prescribing data	7.5
DECOMMISIONED PRESCRIBING	Practices are to stop prescribing certain products in line with recommendations agreed by the Spending Money Wisely guideline	<£150 per 1,000 patients average from Q3: October 22 to December 22 , or a 20% improvement from the baseline figure (average spend for the year 21-22).	Average spend/1000 patients achieved from Q3:October 22 to December 22 (NB no sliding scale for target)		5
DECOMMISIONED PRESCRIBING1	NHSE low clinical value (LCV) drugs: NHSE low clinical value drugs prescribing cost per ASTRO-PU should be less than £75 per 1,000 ASTROPUs or practice to demonstrate a 20% reduction in costs.	<£75 per 1,000 ASTRO-PU from Q3: October 22 to December 22, or a 20% improvement from the baseline figure (average spend for the year 21-22).			5
DECOMMISIONED PRESCRIBING2	NHSE over the counter (OTC) preparations: NHSE over the counter preparations cost per ASTRO-PU should be less than £350 per 1,000 ASTRO-PUs or practice to demonstrate a 5% reduction in costs.	<£350 per 1,000 ASTRO-PU from December 21 to March 22, or a 5% improvement from the baseline figure (average spend for the year 21-22).			5
Wound Dressing Prescribing	Reduction in FP10 Rx for complex wound dressings (ordering via Click)	<£250 per 1,000 patients from Q3:October 22 toDecember 22 or a 90% improvement from the baseline figure (average spend for the year 21-22).	(Oct 22–Dec 22) (NB no sliding scale for target)		5
ANTIBACTERIAL	Reducing total prescribing of antibiotics	<0.871 antibacterial items per STAR PU	(Apr 22–Mar 23) (NB no sliding scale for target)		5
ANTIBACTERIAL	Reducing prescribing of broad spectrum antibiotics	<8% of Total antibiotic Rx			5
OptimiseRx: installation and activitaion of optimiseRX	Utlise Feedback message button on the new OptimiseRx system. At least 1 response if not accepting a message.		From installation date to 1st Oct 2022	No submission required - achievement verified from OptimiseRx reports	2.5
				TOTAL	60

1.https://www.england.nhs.uk/medicines-2/items-which-should-not-be-routinely-prescribed/

2.https://www.england.nhs.uk/medicines-2/conditions-for-which-over-the-counter-items-should-not-routinely-be-prescribed/

NEL CCG BHR Placed Based

2022-23 QIPP Prescribing Incentive Scheme

Sign Up Form

By signing this form, the practice named below has agreed to participate in the BHR place based prescribing incentive scheme for 2022-23 and will adhere to the below conditions.

- The practice has agreed to work on the initiatives within this scheme and have noted the timescales and submissions requirements
- The practice will not be granted any extensions to submissions deadline but will note that late submissions of audit/reviews will still be eligible for 50% of the allocated points if received after the submission's deadline but before 31st March 2023.
- It is essential that all healthcare professionals in the practice and the practice manager are aware of all the areas within this scheme
- Achievement of targets will be monitored through analysis of prescribing data via ePACT2 by the BHR medicines management team

Other conditions as specified by Department of Health guidance on prescribing incentive schemes:

Any payments received under this scheme will go into practice funds and not to individuals

- Any payments received under this scheme will be used for the benefit of patients
- For audit purposes, the practice will keep written records of expenditure using payments received under this scheme

Borough				
Name of Practice				
Practice Code				
Please print name				
Practice role (please tick)	☐	GP	☐	Practice Manager
Signature				
Date				

Part A:

(1) Attendance at Prescribing Forum (10pts):

At least one GP member of the practice to join all CCG MMT organised virtual prescribing forums. There are no restrictions on other GP's or clinical teams to join.

(2) Attendance at Medicines Safety and Governance Group (MSGG) (5pts):

At least one PCN employed pharmacist to represent the PCN at the MSGG meeting and feedback to the practices.

(3) Action Plan for Prescribing: working with your prescribing team (PA and PSO) looking at practice baseline prescribing data (20pts):

At least one clinical member, usually the prescribing lead for the practice of the practice, to attend at least two meetings with a BHR MMT Prescribing Adviser (virtual or F2F). The practice will work with the BHR medicines management team to deliver specific initiatives. This will involve practices working with their prescribing adviser and Practice Support Officers (PSO) to agree a prescribing action plan. The practice will implement recommendations from practice prescribing action plans and work with PSO's for practice-based switches. Practices are to engage with their PA with regards to:

1. Signing up to and being trained in MedOptimise (if not done so) and implement its usage e.g. audits

2. Review of patients prescribed high quantities: review of quantities-adjusting where appropriate to doses being taken and amend Rx (search will be provided by the PA)

3. Reviewing Hospital Only Listed (HOL) medicines rand repatriation where clinically appropriate to secondary/tertiary care

4. Specials: review of specials prescribing and changing where clinically appropriate to recommended options as per the NEL CCG specials guidance

5. CQC: review CQC requirement for high risk drugs monitoring and prescribing and have appropriate actions plans in place

6. Work with the MMT PSO to ensure the correct version of the EOL MAAR is in place

As part of the QI project formulate a plan for patients requesting or being initiated on dependence forming medications where an alternative should be considered. Review the prescribing of high dose-controlled drugs (morphine equivalent 120mg/day), with the aim of

starting a gradual dose-reduction programme. The PCN will invite the PA as part of the PCN peer review meetings to help and assist the PCN in achieving the QI project requirements.

(4) Audit: Safety review of epilepsy medicines in pregnancy (5pts):

Women receiving treatment for epilepsy should discuss with a healthcare professional the right treatment for them if they anticipate becoming pregnant even if it is sometime in the future. A review of the risks of major congenital malformations and of adverse neurodevelopmental outcomes for antiepileptic drugs by the Commission on Human Medicines has confirmed that lamotrigine (Lamictal) and levetiracetam (Keppra) are the safer of the medicines reviewed during pregnancy. This review was initiated in the context of the known harms of valproate in pregnancy, which should only be prescribed to women of childbearing potential if there is a pregnancy prevention programme in place. Clinicians should use this information when discussing treatment options with women with epilepsy at initiation and at routine recommended annual reviews and with women who are planning to become pregnant.

A new study has suggested pregabalin may slightly increase the risk of major congenital malformations if used in pregnancy. Patients should continue to use effective contraception during treatment and avoid use in pregnancy unless clearly necessary.

For the purposes of this audit, the practice is requested to review prescribing, ensure relevant advice has been given and documented including the patient information leaflet, and that follow up review has been booked with the specialist.

The information leaflet can be downloaded from here:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1070488/Pregabalin-PSL-April_2022_V2.pdf

Part B:

Optimising usage of Eclipse (20pts):

To support the GP Practices in identifying patients that need urgent intervention, the Eclipse Live service has been implemented. Eclipse Live is an NHS Digital centrally assured and funded ‘Advice and Guidance’ clinical support tool. The service is an alert system based on the UKMI Primary Care Drug monitoring and NICE recommendations. This service has been associated with significant improvements in clinical outcomes and significant reductions in secondary care utilisation where this has been utilised in other practices.

The Eclipse Service runs the alert search on its database **every weekend** to identify patients at risk and in need of intervention. The resulting alerts are communicated to GP Practices to action accordingly.

- For the Prescribing Incentive Scheme 2022-23 **ALL Red alerts** are expected to be reviewed weekly
- To get the maximum benefit out of the Eclipse system, **50% of Amber alerts** should also be reviewed weekly/regularly as they eventually become Red. If the amber alert does not require immediate action it can be deferred on the Eclipse system for review at a later date
- If the alerts (red or amber) are well known and in the opinion of the clinician reviewing need no further action, they can be closed with a note added-Please be aware this is a clinical decision and duty of care is with the reviewing clinician

MART Licensed Inhalers and the Investment and Impact Fund (IIF): 2021/22 and 2022/23: Green Inhalers: (7.5pts)

Maintenance And Reliever Therapy (MART) is a form of combined ICS and LABA treatment in which a single inhaler, containing both ICS and a fast-acting LABA, is used for both daily maintenance therapy and the relief of symptoms as required. MART is only available for ICS and LABA combinations in which the LABA has a fast-acting component (for example, formoterol).

Adherence to regular treatment reduces the risk of significant asthma attacks in most people with asthma. The focus of asthma management in recent years has been on supporting people with asthma and their healthcare professional to devise a personalised treatment plan that is effective and relatively easy to implement. There was a clinically important benefit of MART versus ICS + LABA as maintenance and SABA as reliever in both adults and children in terms of severe exacerbations, and in adults there was an additional clinically important benefit in terms of hospitalisations. (NICE full guidelines NG80).

The new GP – Investment and Impact Fund (IIF): 2021/22 and 2022/23contract published includes a new incentive to encourage lower carbon inhalers. The Delivering a ‘Net Zero’ National Health Service report reinforced the Long-Term Plan commitment to reduce carbon emissions from Metered Dose Inhalers (MDIs) by 403kt CO2e and committed to an additional 374kT of reductions by 2040 through further uptake of low carbon inhalers. From October 2021, the IIF will reward increased prescribing of DPIs and SMIs where clinically appropriate. The aim is that, in line with best practice in other European countries, by 2023/24 only 25% of non-salbutamol inhalers prescribed will be MDIs.

In this part of the PIS practices are invited to review asthma patients who may not be optimally controlled to trial MART therapy. The aim is to review the patient as part of their annual asthma care and where there is enough inspiratory effort (please use an in-check device) to trial a MART licensed DPI. Patients with COPD (and ACOS) may also be considered, but only if assessed for suitability using an In-Check device. Often these patients will have poor inspiratory effort and DPI are not suitable. The aim is to achieve 30% of all ICS/LABA inhalers to be prescribed as MART DPI.

MART Licensed DPI inhaler prescribing Feb 21-Jan 22			
Borough	**Total Items (ICS/LABA)**	**MART DPI Items**	**% MART DPI item**
Barking & Dagenham	35994	7897	21.94%
Havering	45404	9189	20.24%
Redbridge	38202	9180	24.03%

Decommissioning / restricting selective areas of prescribing (15pts)

Following the Spending Money Wisely (SMW) public consultations, BHR CCGs' had decided to no longer fund prescribing of selected areas. These are prescribing areas that do not have a demonstrable health benefit and/or they cost the NHS more than they would if they were purchased over the counter (particularly when GP consultation time is also considered). Please note that there are exceptions where prescribing is permitted for patients – please refer to the relevant position statement on the Medicines Management section of the GP Intranet website for further details.

General Exceptions:

There are however, certain scenarios where patients should continue to have their treatments prescribed and these are outlined below (please refer to position statements for further details of prescribing restriction and agreed exemptions):

- Patients prescribed an OTC treatment for a long-term condition (e.g. regular pain relief for chronic pain)
- For the treatment of more complex forms of minor illnesses
- For those patients that have symptoms that suggest the condition is not minor

- Patients on prescription only treatments
- Patients prescribed OTC products to treat an adverse effect or symptom of a more complex illness and/or prescription only medications should continue to have these products prescribed on the NHS
- Circumstances where the product licence doesn't allow the product to be sold over the counter to certain groups of patients. This may vary by medicine, but could include babies, children and/or women who are pregnant or breast-feeding. Community Pharmacists will be aware of what these are and can advise accordingly
- Patients with a minor condition suitable for self-care that has not responded sufficiently to treatment with an OTC product
- Patients where the clinician considers that the presenting symptom is due to a condition that would not be considered a minor condition

In addition to the locally agreed SMW, there are restrictions/decommissioning from NHSE. These can be found here:

1. https://www.england.nhs.uk/medicines-2/items-which-should-not-be-routinely-prescribed/

2. https://www.england.nhs.uk/medicines-2/conditions-for-which-over-the-counter-items-should-not-routinely-be-prescribed/

These items have been included in the target. Please contact your prescribing adviser for up to date reports.

Position statements for prescribing areas agreed to be stopped:
Barking & Dagenham

http://gp.barkingdagenhamccg.nhs.uk/medicinesmanagement/decommissioning.htm

Havering

http://gp.haveringccg.nhs.uk/medicines-management/decommissioning.htm

Redbridge

http://gp.redbridgeccg.nhs.uk/medicinesmanagement/decommissioning.htm

Wound Dressing Prescribing: Optimising the use of "Click" from Accelerate: (5pts)

Using Click, which has been created by wound care and compression experts Accelerate, saves your GP practice up to 20% on your annual dressing and compression spend compared to ordering via prescription FP10 alone.

All dressings should be ordered via Click. This applies for district nurses and GP practices. If a member of staff is not registered on Click, they can register and use the site very quickly. Accelerate require the full name, email address and place of work and they can register them to begin placing orders immediately. Support is available from:

Click support email: support@click.acceleratecic.com

For demonstration please see:

https://www.youtube.com/watch?v=mtdwrE4aC-s

Your prescribing advisor can help you get set up and also advise on how to order items that may not be on the locally agreed formulary for dressings and wound care products. Please remember to use Click, and only use an FP10 if there is no other viable option.

Antimicrobial prescribing (10pts)

Modern medical practice relies on the widespread availability of effective antimicrobials to prevent and treat infections in humans and animals. Resistance to all antimicrobials, including antivirals and antifungals, is increasing, but of greatest concern is the rapid development of bacterial resistance to antibiotics. If the number of hard-to-treat infections continues to grow, then it will become increasingly difficult to control infection in a range of routine medical care settings. In addition to this, the development pipeline for new antibiotics is at an all-time low.

Antimicrobial resistance (AMR) is a growing reality and evidence suggests that antibiotic resistance is driven by over-using antibiotics and prescribing them inappropriately. Keeping levels of antibacterial prescribing low, by only prescribing antibiotics when appropriate, will help reduce the spread of antimicrobial resistance that can be a serious threat to patients who have infections that do not respond to antimicrobial drugs.
Broad spectrum antibiotics, such as co-amoxiclav, cephalosporins and quinolones, need to be reserved to treat resistant disease and should generally be used only when standard antibiotics are ineffective. Prescribers are encouraged to make use of the locally agreed antimicrobial formulary as a guide to support appropriate prescribing choice for antimicrobial.

Antimicrobials should be prescribed where indicated and clinically appropriate, in line with the local antibiotic guidance, NICE recommendations and other up-to-date information.
The guidelines have been developed in collaboration with:
- Barking, Havering and Redbridge University NHS Trust (BHRuT) Microbiology teams
- Barts Health NHS Trust Microbiology teams
- Homerton University Hospital NHS Foundation Trust Microbiology team (HUHFT)

The guideline review group has involved a range of healthcare professionals including GPs, Microbiologists/Infectious disease consultants, Primary Care Pharmacists/Prescribing Advisers, and Antimicrobial Pharmacists. Advice has also been sought from local dermatologists, obstetricians and gastroenterologists where appropriate.

Local NEL prescribing guidance can be found here:

Barking and Dagenham:
http://gp.barkingdagenhamccg.nhs.uk/medicinesmanagement/AntibioticAntimicrobial.htm

Havering:
http://gp.haveringccg.nhs.uk/medicines-management/antibioticantimicrobial.htm

Redbridge:
http://gp.redbridgeccg.nhs.uk/medicinesmanagement/antibioticantimicrobial.htm

Practices are set a prescribing target for both total prescribing and the number broad spectrum antibiotics. These targets are in line the 2021-22 NHS SOF AMR metric target at or below 0.871 and to maintain the locally agreed target for broad spectrum antibiotics of 8% or less.

Installation and activation of OptimiseRx: (2.5pts)

OptimiseRx combines national guidance and the best available evidence with locally authored formularies and policies. GPs benefit from more targeted and expertly authored medicines information that supports their clinical decisions. Optimise Rx will replace ScriptSwitch throughout the year.

For the purpose of the PIS, practices are requested to activate and utilise the tool, this requires actioning of 2 parts:

1) Activation- practices to install OptimiseRx as their prescribing decision support tool (this will also involve deactivation of ScriptSwitch, the current tool)
2) After activation- When rejecting an OptimiseRx message offer, to complete the feedback message box and give the reason(s) why

Sliding scale for achievement: Eclipse Alerts and MART Licensed DPI

Practices need to improve from their baseline position to the set target for prescribing indicators included in this year's scheme. Practices that achieve or maintain the target level set for an indicator will receive the maximum points allocated to that indicator. For practices that make improvements from their baseline position, but do not achieve the target, will still be eligible to receive some points. In this case the difference between the minimum target for achievement and the target will be used to judge achievement based on a sliding scale.

- Eclipse Amber Alerts:

The minimum target for a payment is 25% of all alerts reviewed and actioned. N.B. there is no sliding scale for red alerts.

- MART Licensed DPI:

The minimum target for a payment is 25% of all Rx for ICS/LABA to be MART DPI

This calculation is shown in the table below:

Achievement	% of points available
Achieving target	100%
Improvement from baseline towards target	% of improvement towards baseline
An average of improvement: (current position MINUS baseline position) DIVIDED by (Target MINUS baselines position) X 100 and the final achievement (%achieved / % Target) x total points to be awarded	
No improvement or negative change from target	0%

NB: Practices will only be eligible to receive 50% of the points allocated for any late uploads onto MedOptimise of audit templates, up until 31st March 2022.

Audit Template for Antiepileptic drugs in Pregnancy:

PCN:	Practice: F Code:	Audit By:	NHS North East London Clinical Commissioning Group

Antiepileptic drugs in pregnancy: Audit of the review recommendations from MHRA

Pt NHS No.	Date of review	D.O.B	Gender	Has the pt. had an annual review with the specialist within last 12 months	Date of review by specialist	Has the pt. received a follow up date	Has the pt. received the safety information leaflet	If no safety leaflet has been given- AccuRx a copy- or make arrangements to be sent	Is the pt. planning to become pregnant	If taking valproate- is the pt. part of a pregnancy prevention programme	If the pt. is planning a pregnancy have they been referred for specialist advice	If planning to become pregnant/are pregnant, are they Rx folic acid 5mg

FOR FURTHER INFORMATION VISIT: https://www.gov.uk/drug-safety-update/antiepileptic-drugs-in-pregnancy-updated-advice-following-comprehensive-safety-review#contents

Patient safety information leaflets can be downloaded directly using this link:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/950069/Epilepsy-medicines-in-pregnancy-leaflet.pdf