


BHR ICP 2022-23 QIPP GP Prescribing Incentive Scheme					
AREA	SUMMARY 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 Governance 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 to doses being taken and amend Rx 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
DECOMMISSIONED 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
DECOMMISSIONED 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
DECOMMISSIONED 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-PU 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 activation of optimiseRX	Utilise 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/					