

Agenda item: 12

Paper no: PCCCiC 25-19

Title of Report:	Surrey Downs CCG Level 1 Prescribing Scheme to Support Prescribing QIPP Delivery 2019/20	
Status:	TO AGREE	
Committee:	PCCCiC Part One	Date: 08/03/2019
Venue:	G&W CCG, Third Floor, Dominion House, Woodbridge Road, Guildford, GU1 4PU (Board Room)	

Presented by:	Nikki Mallinder - Associate Director of Primary Care Commissioning (SHP)	
Executive Lead sign off:	Colin Thompson, Managing Director, SDCCG	Date: 12/02/2019
Author(s):	Helen Marlow, Lead Pharmacist / Kevin Solomons, AD of Medicines Management, Surrey Downs CCG	

Governance:

Conflict of Interest: The Author considers:	CONFLICT(S) NOTED Any GPs working in member practices may be conflicted. It should be noted that Dr Andreas Pitsiaeli, Dr Richard Strickland and Dr Raj Sekhon as members of the SD MOG were involved in discussions regarding the recommendations for this scheme. GPs on PCOG or PCCC may have a similar conflict Mitigating Action(s): <ul style="list-style-type: none"> Chair to confirm arrangements for participation in discussion, but should not remain in meeting for the decision. 	✓
Previous Reporting: (relevant committees/ forums this paper has previously been presented to)	Committee: Agreed in principle at SDCCG Medicines Optimisation Group (MOG) Date: 21/02/2019. Minor changes virtually agreed by MOG on 04/3/19 for submission to SD PCOG / PCCC	
Freedom of Information: The Author considers:	Open – no exemption applies (to agreed final document)	✓

Executive Summary:

The Level 1 Prescribing Scheme has operated in Surrey Downs CCG to support delivery of local quality and cost-effective prescribing priorities for GP practices since 2014-15. The funding for the scheme for 2019/20 has already been agreed by finance and has been rolled forward as part of the CCG baseline funding for 2019/20. The investment for the LPS is top-sliced from the prescribing budget. The scheme is a key tool for engagement for the Medicines Management Team and provides a valuable platform to set out plans to review prescribing over the forthcoming year. In 2018/19 all GP practices signed up to the scheme.

The Level 1 scheme is used in conjunction with a Level 2 network prescribing scheme as a framework to provide engagement around local prescribing priorities with our member

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practices. The schemes have worked effectively to deliver quality improvements in medicines optimisation, as well as the agreed QIPP savings, during this time. The proposed scheme is intended to maintain strong engagement with member practices and to deliver the desired outcomes.

Implications:

What is the health impact/ outcome and is this in line with the CCG's strategic objectives ?	<ul style="list-style-type: none"> Objective 1: Achieving a sustainable system Objective 5: Safe, effective care providing the best possible health and care outcomes and patient experience
What is the financial/ resource required?	<ul style="list-style-type: none"> The investment for the LPS is top-sliced from the prescribing budget
What legislation, policy or other guidance is relevant?	N/A
Is an Equality Analysis required?	<ul style="list-style-type: none"> Not indicated
Any Patient and Public Engagement/ consultation required?	No
Potential risk(s) ? (including reputational)	Potential disengagement by GP practices to support the CCG in delivering practice prescribing initiatives and thus delivery of the QIPP target

Recommendation(s):

(1) To approve the Level 1 Prescribing Scheme for Surrey Downs CCG. The accompanying Level 1 PCS document provides details of the requirements of the scheme.

Next Steps:

(1) To offer the Level 1 Prescribing Scheme to all practices within Surrey Downs CCG and achieve sign up by 30th June 2019

Level 1 Prescribing Scheme 2019/20 – proposed scheme following discussion at MOG Feb 2019

PCP = primary care pharmacist, MMT = medicines management team

NOTE: provisional pending CCG / STP agreement on implementation of GMS contract changes in 19/20 that impact on prescribing.

A) QIPP (quality and productivity) 2019/20			
Requirement	Expectation of practice	Support available	Measurement of achievement
<p>Part 1 Practice agree with primary care pharmacist (PCP) a practice action plan to improve the cost-effectiveness, quality and safety of their prescribing.</p>	<ul style="list-style-type: none"> Practice, or prescribing lead to meet with their PCP to develop an agreed action plan by end Jun 2019. 	<ul style="list-style-type: none"> PCP will provide information and advice to practice on areas of prescribing to include in their action plan through prescribing meeting with the practice and working with practice prescribing lead 	<ul style="list-style-type: none"> Copy of agreed action plan submitted by end Jun 2019 Action plan to include total of four areas. Three topics must be in areas where significant savings are potentially achievable, however in practices spending less than the CCG average (£/APU), actions can be prescribing quality and safety improvements. Fourth topic to be improving or maintaining quality of antibiotic prescribing
<p>Part 2 Practice provides brief summary of actions taken / changes made as per action plan</p>	<ul style="list-style-type: none"> Practice implement prescribing changes in the practice QIPP action plan, and provides brief summary of actions taken / changes made. 	<ul style="list-style-type: none"> PCP can signpost practice to information, and tools to support the practice implement prescribing changes in the practice QIPP action plan. 	<ul style="list-style-type: none"> Summary of actions practice have implemented for each topic to be submitted by end April 2020.

<p>Part 3 Practice works with their PCP to improve the quality and cost-effectiveness of their prescribing through practice prescribing meetings</p>	<ul style="list-style-type: none"> Practice to make themselves available for a minimum of two practice prescribing meetings of at least 30 minutes, and ideally at least 50% of all prescribers (medical and non-medical) in the practice to attend. Additional practice prescribing meetings may be available if requested by practice depending on capacity of PCP. Practice GP Prescribing Lead (or their deputy) to attend a minimum of 2 out of 3 locality prescribing meetings, and feedback key messages to practice. 	<ul style="list-style-type: none"> PCP will regularly provide feedback and prescribing information on progress to the GP practice prescribing lead PCP will work with the GP practice prescribing lead to prepare and deliver two practice prescribing management meetings for the practice. PCP can signpost practice to information, and tools to support prescribing changes in the practice linked to key messages from locality prescribing meeting. 	<ul style="list-style-type: none"> Primary care pharmacist (PCP) to record content of meeting, agreed actions and note practice attendees. Evidence that practice prescribing lead (or their deputy) has attended 2 out of 3 locality prescribing meetings
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B) Prescribing safely – medicines incident reporting

Requirement	Expectation of practice	Support available	Measurement of achievement
<p>Practices to report medicines safety incidents using national patient safety reporting system (currently NRLS).</p>	<ul style="list-style-type: none"> Practices identify and report medicines incidents, to support information sharing and facilitate learning from medication errors in primary care Incidents to be reported using NRLS (practice identified, so activity can be recorded) 	<ul style="list-style-type: none"> PCP will provide advice to practice on how to use NRLS for reporting incidents PCPs will highlight issues identified during work with the practice that may merit reporting MMT will collate and summarise all practice medicines incidents reports and share learning across the CCG. 	<ul style="list-style-type: none"> A minimum of one medicines related incident for every 2000 patients on their register reported to NRLS (practice to be identifiable)

C) Safer Controlled Drug Prescribing Process – audit and education

Requirement	Expectation of practice	Support available	Measurement of achievement
<p>Practices to audit safety and best practice process for prescribing Controlled Drugs</p>	<ul style="list-style-type: none"> Practice to carry out audit, supported by PCP 	<ul style="list-style-type: none"> PCP will carry out small baseline audit for practice 	<ul style="list-style-type: none"> Practice to submit note of practice attendees, summary sheet of audit and action plan

	<ul style="list-style-type: none"> Practice prescribers to have participated in an educational session provided by the CCG medicines management team on safer prescribing processes of CDs 	<ul style="list-style-type: none"> PCP will deliver a 60 minute education session on safer prescribing of controlled drugs PCP will highlight patients requiring review 	for improvement from CCG provided audits, signed by the GP practice prescribing lead, by end March 2020.
D) Perform High Quality Medication Reviews in General Practice			
Requirement	Expectation of practice	Support available	Measurement of achievement
Part 1 To identify and prioritise patients for medication review	<ul style="list-style-type: none"> Practices to use their clinical systems to identify patients prescribed high risk medication for medication review using criteria and searches supplied by CCG. These will include previously identified patients (i.e. over 75 on ≥10 medicines including one high risk medicine), plus those on ≥2 antiplatelets plus anticoagulant, complex multiple pain medications, agreed with PCP. 	<ul style="list-style-type: none"> PCP will support practices to identify patients prescribed high risk medication or on multiple medicines who may benefit from medication review. 	<ul style="list-style-type: none"> List of number of patients reviewed and their risk category submitted by end of March 2020.
Part 2 To carry out high quality face to face* medication reviews for identified complex patients , using a structured approach in dedicated medication review consultations * Telephone consultation is acceptable where patients are unable to attend face to face reviews	<ul style="list-style-type: none"> Carry out face to face medication reviews, outcomes recorded using EMIS/SystemOne template provided by CCG MMT. Medication review to be carried out by GP in the practice, or practice employed clinical pharmacist independent prescriber (where these patients are included within their scope of practice). 	<ul style="list-style-type: none"> PCP will supply EMIS/SystemOne template to be used for medication reviews, and advise on use of the template. PCP can support additional peer review and learning meetings from medication reviews carried out in the practice if appropriate. 	<ul style="list-style-type: none"> CCG will collect data on medication reviews READ codes using the CCG EMIS/SystemOne template provided by end of March 2020
Part 3 To reflect on and learn from	<ul style="list-style-type: none"> Practice to discuss a small sample of medication reviews (up to 5 	<ul style="list-style-type: none"> PCP will provide medication review shared learning documentation 	<ul style="list-style-type: none"> Submit shared learning documentation by end of March

medication review case studies within the practice (Funding included within payment for Section A)	patients), as agreed with PCP, at a practice clinical education meeting highlighting intended outcomes, and reflected learning	template for practices to use at educational shared learning meeting <ul style="list-style-type: none"> • PCP can facilitate practice educational meeting discussing shared learning 	2020
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Payment:

Total funding for parts A, B, and C £0.65 per patient

£0.30 per patient for achieving Section A, and Section D part 3

£0.10 per patient for achieving Section B

£0.25 per patient for achieving Section C

Part D

£50.00 per patient for Level 3 medication review by GP (see Part D) using CCG medication review template

£40.00 per patient for Level 3 medication review by Practice employed Clinical Pharmacist Prescriber (see Part D) using CCG medication review template

List Size (patients) Quarter 1 2019/20	Minimum Number of Medication Reviews for Payment	Maximum Number of Medication Reviews Payable
< 3,000	5	25
3,000 – 6,000	7	35
>6,000 – 9,000	9	45
>9,000 – 12,000	11	55
>12,000 – 15,000	13	65
>15,000 – 18,000	15	75
>18,000 – 21,000	17	85
>21,000	19	95