NHS
Oxfordshire
Clinical Commissioning Group

Prescribing Incentive Scheme, 2018 – 2019

Key points

- The prescribing incentive scheme is designed to increase value for money by improving the quality and cost effectiveness of primary care prescribing. The use of incentive schemes has proved an effective way of incentivising practices to make efficiencies to realise benefits for patient care.
- The scheme offers maximum achievable payment of £0.80 per patient
- Localities are required to notify the CCG of their decision on element 1, at practice or locality level, by 29th June 2019.
- A national PrescQIPP budget setting model (appendix 1) provides greater confidence in realistic and achievable budgets.
- Potential savings areas are currently being finalised to offer priority options for practice work and aid budget achievement (element 1). These will be available in the OCCG Prescribing Data Report which will be discussed at practice meetings.

1.0 Background

1.1 Prescribing Incentive Schemes have been successfully implemented for many years in Oxfordshire. Their purpose is to encourage and reward medicines optimisation, cost-effective and high quality prescribing. Success of previous schemes has resulted in reliable savings for OCCG and underspend against individual practice and overall primary care prescribing budget. The scheme has also led to closer working relationships between OCCG and GP practices resulting in high levels of overall engagement. Achievement of the scheme provides practice funds to directly benefit patients.

2.0 Conditions of practice participation in the scheme

2.1 Inclusion is automatic for all Oxfordshire practices in the scheme

2.2 Table 1 Conditions required for participation.

Condition	Detail
Annual Prescribing Meeting with the CCG's Prescribing Advisors in the spring/summer 2018	Discuss the priorities and opportunities at the practice for the year and agree an approach to scheme achievement. It is expected that all practice clinical staff and, ideally, local Community Pharmacists will be invited to this meeting.
Use of ScriptSwitch for all prescribers	Demonstrate its use through switches being made. This is a useful tool for making cost savings in prescribing as well as informing prescribers about quality issues

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3.0 Content and detail of Scheme

3.1 The scheme will run from 1st April 2018 to 31st March 2019.
Practices are encouraged to work towards achievement of all four elements however payment will only be triggered if the practice achieves element 1 target at year end. If successful, payment will be made for all other element targets which are met (see tables 2 and 3).

Elements 1 to 3 are strictly defined, but the Quality Prescribing element 4 offers a number of options to meet the needs and capacity of individual practices.

3.2 All reviews/work are required to be completed within the year and submission of audit results must be made to the Medicines Optimisation Team by 30th April 2019. Where available, audit templates provided by the Medicines Optimisation Team must be used to ensure consistency of approach.

3.3 It is proposed that the budget achievement element is offered as an option at practice or locality level. This will share the risk amongst the practices and encourage engagement across the locality. Localities are required to notify the CCG of their decision by 29th June 2018. The use of the PrescQIPP budget setting model offers greater confidence in accurate and fair budget allocation at practice level and should therefore reassure at locality level.

Table 2 Cost/waste savings elements

	Elements – Cost-effectiveness	Target	Detail
1	Prescribing within budget allocation	2018-19 spend must fall within the allocated practice/locality notional budget	Use of national tool for budget setting (appendix 1) This element may be agreed at practice or locality level.
2	Repeat Prescribing. It is estimated that up to 10% of all prescribed medicines are not used properly and medicines worth 4% of the national drug budget are disposed of annually. For OCCG, this could equate to £3.4M.	Each practice to review their current repeat prescribing policy/standard operating procedure and update as needed. Submit an audit of a sample of patients (totaling 0.5% of the practice population) to check for good practice in handling repeat prescriptions. Two members of practice staff (including at least one member who processes repeat prescriptions) to attend a learning event run by the CCG. All admin staff involved in processing prescriptions to complete the on-line PrescQIPP e-learning (provided by the CCG).	Practices will be invited to take part in a project to review repeat prescribing processes, the aim of which would be to reduce unnecessary waste in prescribing both in terms of actual medicines prescribed as well as the time spent in managing repeat prescriptions. As a result, it is anticipated that; • patient care will be improved, by optimising medicines use, and • practice time will be saved, as a result of reviewing and improving processes. The Medicines Optimisation Team will support practices in reviewing their repeat prescribing policies and processes including improving repeat prescribing in care homes (in line with NICE Guidelines on managing medicines in care homes).

Table 3 Quality elements

	Elements - Quality	Target		Detail
3	Antibacterial Prescribing. Two parts for which payment is achieved separately.	Antimicrobial items per STAR PU to be below 0.52 (the OCCG average for Q3 and Q4 2016/17) PLUS high risk antimicrobial items (cephalosporins, quinolones and co-amoxiclav) as a % of all antimicrobial items to be < 10% (in line with the national target). This target will be measured using total figures for Q3 and Q4 (i.e. Oct 2018-Mar 2019). Antimicrobial prescribing in UTI (In line with the Quality Premium 2018/19): Trimethoprim items prescribed to patients aged 70 or over: target a 30% (or greater) reduction compared with practice baseline Jan-Dec 16. This target will be measured using figures for 2018-19		In line with national policy and the Quality Premium, we are continuing to promote good antimicrobial stewardship and, therefore, include this element in the incentive scheme again. The aim will be to: • improve the quality of antimicrobial prescribing through the promotion of self-care and management of minor infections, the use of back up prescriptions or no prescribing strategies, and education for both patients and clinicians • reduce the incidence of Health Care Associated Infections (HCAIs) e.g. *C.difficile* by decreasing the prescribing of "high risk", broad spectrum antibiotics e.g. cephalosporins, quinolones and co-amoxiclav • reduce the incidence of *E.Coli* bacteraemia by reducing the prescribing of trimethoprim for urinary tract infections in patients over 70.
4	Quality Prescribing. Choice of one topic for audit as agreed at Annual Prescribing Meeting (alternative options available in annual Prescribing Data Report)	Audit (guide 0.5% of practice population but to be agreed with Prescribing Adviser at annual meeting)	Opioid prescribing. Audit prescribing in non-end of life patients (excluding patients with active cancer) currently taking any strong opioid (eg. oxycodone, morphine, diamorphine or fentanyl)	Review opioid prescribing in non-end of life care to support safer prescribing and reduce costs. Resources will be available on the scheme webpage
			Polypharmacy. ePACT2 dashboards indicate particular scope for improvement in meds likely to cause AKI (DAMN drug combinations) particularly over 65s.	Audit of patients on 8+ meds using the Prescribing Rationalisation Clinical Tool. PrescQIPP polypharmacy e-learning courses and bulletin available.
			Heart failure. RightCare shows lower levels of ACE/ARB + BB prescribing v peer CCGs. NICE suggest readmission cost of £1.7k to £3.7k per patient	Audit patients with heart failure and ensure dosage titration and medication choice are optimised. Updated local guidance due soon.
			Respiratory: COPD or asthma inhaler reviews. This supports development of OCCG IRT project.	Review respiratory patients to optimise inhaler use, device and technique. In line with COPD / asthma guidance

4.0 Enablers

4.1 There are a number of resources and sources of support for practices.
The CCG will provide all practices with a Prescribing Data Report of prescribing information and data, identifying any areas where there may be potential savings or quality improvements.
There will continue to be a dedicated scheme webpage providing resources; relevant protocols and audit templates, system searches, patient leaflets etc.
The Prescribing Dashboard will be aligned to monitor 2018-19 scheme elements where appropriate, providing useful progress and benchmarking information.
The CCG's Prescribing Advisers and wider Medicines Optimisation Team will support practice-based work on prescribing throughout the year.
OCCG.medicines@nhs.net offers immediate access to Medicines Optimisation Team advice.

5.0 Funding

5.1 The scheme will be funded through a top slice from the prescribing budget.

6.0 Payment

6.1 The Medicines Optimisation Programme Board will consider, at year end, representations for exceptionality (evidence required), or other significant factors, from practices for achievement adjustments and will have the power to adjust payments due.

6.2 The maximum payment available will be £0.80 per patient (using practice population at January 2019).

Table 4

Element 1: Prescribing within budget allocation	£0.20 (25%) per registered patient
Element 2: Repeat prescribing	£0.20 (25%) per registered patient
Element 3a: Antibacterial items per STAR PU PLUS % high risk antimicrobials	£0.10(12.5%) per registered patient
Element 3b: Prescribing in UTI	£0.10 (12.5%) per registered patient
Element 4: Quality prescribing audit	£0.20 (25%) per registered patient
Total	**£0.80 per registered patient**

7.0 Practice use of scheme payment

7.1 All payments received from the scheme must go into practice funds, and not to individuals, for the benefit of patients of the practice. Proposed use of payment must be approved by the OCCG Medicines Optimisation Team.

Approved OPCCC, 6th March 2018

Appendix 1: PrescQIPP Prescribing Budget Setting Tool 2018-19

The OCCG Medicines Optimisation Team considered options for methodology for 2018-2019. PrescQIPP is a Community Interest Company (a type of social enterprise), which operates on a not for profit basis for the benefit of NHS patients, commissioners and organisations. Its aim is to help NHS organisations to improve medicines-related care to patients, through the provision of robust, accessible and evidence-based resources. PrescQIPP collaborate with NHS England, NHS Improvement and NHC Clinical Commissioners.

PrescQIPP has created a tool that pulls together a range of datasets that may be used to help plan for 2018-2019. The report supports planning at practice level. The Medicines Optimisation Team agree that the tool provides greater confidence in fair, realistic and achievable practice budgets.

This tool considers

- Historic spend
- Populations
- Cost based ASTRO-PU
- Care home patients
- Deprivation
- Prescribing needs allocation