

April 2017 ♦ Produced by the Prescribing Team

Supplement

Primary Care Prescribing Initiative

Background

The Prescribing Management Group (Primary Care), which represents HSCPs, annually approves the prescribing initiatives used to promote clinical and cost effective prescribing.

The prescribing initiative allows practices to receive some financial support in recognition of the additional work undertaken by their staff in pursuit of efficient prescribing. The implementation is undertaken through facilitation with medical practices with the support of HSCP prescribing teams.

All practices are expected to support the work of prescribing support teams in implementing general prescribing efficiency programmes directed by local and national indicators and measures. This work is directed by the HSCP Lead Clinical Pharmacists (Prescribing) who receive all relevant information on the prescribing activity of their practices. Individual HSCP prescribing teams communicate with practices in different ways to ensure collaborative discussion.

Prescribing Initiative

The proposed initiative for 2017-18 has been agreed by the Prescribing Management Group for Primary Care (PMG-PC) in March 2017 with the intention of implementation from April 2017.

Formal communication with the Local Medical Committee, Primary Care clinicians, and acute and mental health services has now commenced.

A letter will be sent to each GP practice during April detailing the initiative and reflecting their latest individual practice prescribing.

a. Prescribing Initiative Components

There are four core components of the 2017-18 financial year prescribing initiative as detailed below.

The baseline will use data from the quarter October to December 2016. These four parts are funded separately and independently by the efficiencies that have been realised from the work undertaken. The total payment available for achievement of all targets is £1,000 per 1,000 treated patients on the practice list to reflect the work required for each initiative.

- **Respiratory:** Switch patients from tiotropium Handihaler® to Braltus® inhalation powder capsules with Zonda® inhaler with aid of prescribing support teams.
- **Type 2 diabetes:** Polypharmacy review of all patients on gliptins with switch to alogliptin unless inappropriate. Use of combination metformin products rather than constituents unless inappropriate. Continued increasing compliance with blood glucose monitoring strip preferred list. Aided by prescribing support teams
- **Antimicrobial Management:** Prescribers to participate in ScRAP UTI quality improvement discussions. Identify and implement improvement activities related to UTI management and submit summary by 31st March 2018.
- **Oral nutrition:** perform “Clean sweep” of patients prescribed long term oral nutritional supplements supported by prescribing support dietitians. The preferred method for this change to prescribing is screening of patient records and face-to-face review of patient by practice (e.g. Practice Nurse) /prescribing support team

Activity	Target by Jan – Mar 18	Payment
Respiratory <ul style="list-style-type: none"> • Switch patients from tiotropium Handihaler® to Braltus® inhalation powder capsules with Zonda inhaler. 	<ul style="list-style-type: none"> • 80% of tiotropium items to be for Braltus® inhalation powder capsules with Zonda® inhaler 	<ul style="list-style-type: none"> • £300 / 1000 treated patients
Oral nutrition <ul style="list-style-type: none"> • “Clean sweep” of patients prescribed long term oral nutritional supplements supported by prescribing support dietitians 	<ul style="list-style-type: none"> • At least 5% reduction in quantity of prescribed oral nutritional supplements • At least 80% compliance with new ONS Preferred List with at least 25% compliance with first line powder product. 	<ul style="list-style-type: none"> • £200 / 1000 treated patients
Type 2 diabetes <ul style="list-style-type: none"> • Polypharmacy review patients of all patients on gliptins; switch to alogliptin unless inappropriate. • Use of combination metformin products rather than constituents unless inappropriate • Compliance with blood glucose monitoring strips preferred list 	<ul style="list-style-type: none"> • 30% of all gliptins items to be alogliptin • Maintain or increase blood glucose monitoring strips preferred list compliance to at least 50% 	<ul style="list-style-type: none"> • £300 / 1000 treated patients
Antimicrobial Management <ul style="list-style-type: none"> • Participate in ScRAP UTI quality improvement discussions <ul style="list-style-type: none"> ○ Uncomplicated UTI ○ Complicated UTI (older people, catheter associated, men) ○ Recurrent UTI 	<ul style="list-style-type: none"> • Prescribers in the practice to participate in the ScRAP UTI QI discussions by 31st December 2017 • All participants complete the national e-survey to record the participation date and provide session feedback • Practice to identify and implement improvement activities related to UTI management, and submit summary by 31st March 2018. 	<ul style="list-style-type: none"> • £200 / 1000 treated patients
Potential payments if all practices participate Expected NHS GGC Prescribing Efficiency		<ul style="list-style-type: none"> • £1 m • £2 m

b. Payment for Work Undertaken

For the Prescribing Initiative, a contribution is made to the practice to support the additional work undertaken by practice staff to achieve the change in prescribing practice. All payments are based on an overall doubling of return on investment with similar total funding to GPs as the previous Polypharmacy LES with receipt of payment to GPs only on achievement.

For the financial year 2017-18 remuneration is on the basis of total number of treated patients* as this reflects the practice workload.

c. Achievement

The 2017-18 Prescribing Initiative final performance will be determined based on the prescribing for the quarter January to March 2018. This information is expected to be available in June 2018.

*Treated patients refers to the number of patients on the practice list who have had at least one prescription dispensed during the quarter Jan – Mar 2018