

Operational Executive – 28 April 2021

Strategic Clinical Executive (SCE) – 28 April 2021 and 5 May 2021

Local Medical Committee (LMC) Officers - TBC

Clinical Commissioning Group Governing Body - TBC

Primary Care Committee – 12 May 2021

Audit Quality and Assurance (AQuA) – 6 July 2021

## 2021/22 NHS Rotherham Prescribing Incentive Scheme

Lead Executive:	Wendy Allott, Chief Finance Officer
Lead Officer:	Stuart Lakin, Head of Medicines Management
Lead GP:	Dr Sophie Holden, SCE Lead for Medicines Management

### Purpose:

To explore the case for a 2021/22 prescribing incentive scheme (PIS)

### Background:

NHS Rotherham CCG has operated two prescribing incentive schemes for at least the last 10 years.

The financial prescribing incentive scheme (FIS) was originally introduced to get practices to take ownership of their practice prescribing budgets. There is no direct incentive for a practice to contain its prescribing costs, and across the country, costs vary considerably between CCGs that are demographically similar. NHS Rotherham CCG has made considerable efforts in establishing a methodology to ensure that practice prescribing budgets are capitation based and are realistic considering the demographics of the practice. Many CCGs base practice budgets on historic expenditure and this can perversely reward non-cost effective prescribing. As an incentive the (FIS) rewards practices for remaining within their allocated practice prescribing budgets or for achieving up to four cost effective prescribing measures.

The quality incentive scheme (QIS) rewards practices for their achievement against a range of prescribing quality measures. These are reviewed annually and are supported by a robust evidence base, and are often linked to national medicine safety alerts.

### Analysis of key issues and of risks

NHS Rotherham CCG as at month 11 2020/21 a prescribing cost growth of 3.31% this below that for England 4.22% and the Yorks & Humber average 4.16%, and an item growth of -1.73% this was also below that for England -1.64% and the Yorks & Humber average -1.45%

Both cost and item growth are the lowest in the South Yorkshire & Bassetlaw ICS and compare very favourably against CCGs that Rotherham is matched to.

2021/22 is already providing a number of challenges with an increasing number of product shortages being reported.

CCG's carry all the risk for practice prescribing expenditure and have few tools available to manage that risk. The prescribing incentive schemes are one of the few tools that directly influence prescribers to accept ownership of the costs associated with their prescribing.

Neighbouring CCGs Barnsley, Sheffield and Wakefield all operate a prescribing incentive schemes. The schemes in Barnsley and Wakefield form part of their GP Local Enhanced Service. The Sheffield scheme is very similar to the Rotherham model.

The proposed 2021/22 PIS schedule is attached although these criteria may be amended as agreed by the CCGs Medicines Management Committee depending on the latest prescribing analysis. No criteria are replicated in the CCGs quality contract or National GP contract or QoF.

In 2020/21 due to the unusual situation there was no requirement to set practice prescribing budgets. In response to this the FIS and QIS were combined into one scheme and performance was not dependant on the practice remaining within its allocated budget. As practice budgets are again not being set at the start of this financial year it is proposed that the 2021/22 PIS follows the same format as the 2020/21 scheme.

= 0.10p per patient / every criteria achieved, total of 13 criteria = maximum £1.30p/patient. Money for a 2021/22 has already been allocated in principle.

Despite having to launch the PIS six months into the financial year 2020/21 practice performance has been strong. To date 270 (72%) of the 377 potential performance indicators have been achieved. This compares very favourably with attainment in previous years.

Going forward the MMT has identified very few cost efficiencies that can be obtained from switching to alternative products. The advice to the CCG was to release prescribing efficacies by redesigning therapeutic pathways concentrating on diabetes and chronic pain initially. Due to the nature of these schemes and that the CCG will cease to exist after April 2022, it is very unlikely that prescribing efficiencies can be realised in this financial year.

#### **Patient, Public and Stakeholder Involvement:**

None, the proposed schemes have been in existence for in excess of ten years, the criteria are reviewed annually.

#### **Equality Impact:**

None

**Financial Implications:**

NHS Rotherham practice population 1<sup>st</sup> April 2021 = 264,644 (Open Prescribing)

PIS = £1.30p/patient = maximum cost with 100% achievement = £344,037

A typical performance level of between 60-75% is recorded each year therefore estimated cost = £206,422 -£258.028

It should be noted that the budgets allocated to both the FIS and QIS (PIS) have not be uplifted for several years.

**Human Resource Implications:**

No additional resources required

**Procurement Advice:**

None

**Data Protection Impact Assessment:**

None

**Approval history:**

Paper to be received by the following committees / meetings:-

1. SCE - For information
2. AQUA - For information
3. Primary Care Committee – For information
4. LMC officers – For information / discussion
5. Governing body – For final sign off. Please note that the funding for the scheme has already been approved in the 2021/22 financial plan

**Recommendations:**

Primary Care Committee to note that the CCG continues to fund the prescribing FIS & QIS for 2021/22.

**Paper is for information / noting**