Medicines Management Prescribing Incentive Scheme (PIS) 2021/2022

General principles

- The PIS will not be linked to practice budgets
- The PIS is a combination of the FIS (financial incentive scheme) and QIS (quality incentive scheme) seen in previous years.
- Performance/achievement will be assessed on data taken during the last week of March 2022 (Mon 28th Mar – Thur 31st Mar).
- All work undertaken by practices / prescribing changes / read code additions that are to be counted towards the PIS must be **completed by the date stated in the table**. Work done after this time will not count towards achievement.
- 10p/patient per target will be payable on achievement up to a maximum of **13** targets.
- All patient searches linked to the PIS can be found in the Medicines Management folder on the practice system (see Appendix 1). Achievement will be assessed against patient lists generated by these searches only.

2021/2022 Prescribing Incentive Scheme

	Title	**Description**	**Target**	**Data resource**	**Date work must be completed**
1	Sterimar deprescribing	Remove Sterimar from repeat template, stop or switch to self-care.	100% reduction	System reporting unit	27th March 2022
2	Seasonal hayfever	Remove Antihistamines in inclusion criteria from repeat template	80%	System reporting unit	27th March 2022
3	PPI deprescribing (dose reduction &/or stopping)	Reduce the prescribing of PPIs for those patients without a medication or condition that requires long term PPI prophylaxis	Reduce 5% from baseline	System reporting unit	27th March 2022
4	DOAC's and renal function (Serum creatinine and weight to be taken in the Mar 21 – Mar 22 year)	DOACs require the patients creatinine clearance to be calculated using the Cockroft-Gault calculation for correct dosage. Serum creatinine and weight are required for this calculation.	75%	System reporting unit	27th March 2022
5	DOAC's and renal function (use of criteria to calculate CrCl up to date in last 12 months)		75%	System reporting unit	27th March 2022
6	CCG preferred brand/product mop up	Ensure on-going compliance with CCG current preferred brands/products	95%	System reporting unit	27th March 2022
7	Specials Reduction / Alteration	Review and reduction of specials prescribing	See below	System reporting unit	27th March 2022
8	Co-codamol 8/500 / paracetamol capsules to tablets	Replacement of co-codamol 8/500 & paracetamol capsules with Tablets/Caplets.	90%	System reporting unit	27th March 2022
9	patients on repeat hypnotic / anxiolytic / z drug prescribing have BDZ management plan recorded	Use of Benzodiazepine management plan.	50%	System reporting unit	27th March 2022
10	Drugs of limited clinical value cohort	Reduce the prescribing of medicines that are of low priority	See below	System reporting unit	**31st Dec 2021**
11	Appropriate prescribing of ED medication	review and to de-prescribe low dose daily tadalafil	100% reduction	System reporting unit	27th March 2022
12	Antibiotic prescribing volume reduction (National indicator)	Reduction in antibiotic prescribing volume compared to national	<0.965	National Data (PHE Fingertips)	27th March 2022
13	Antibiotic broad spectrum usage (National Indicator)	Antibiotics Broad spectrum (cefalosporins, quinolones and co-amoxiclav)	<10%	National Data (PHE Fingertips)	27th March 2022

1) Sterimar Deprescribing

Indicator: Sterimar has limited benefit and can be purchased over-the-counter. TRFT ENT have produced a leaflet for patients who require isotonic self-care.

Assessment criteria: Remove 100% of Sterimar prescriptions from the repeat template. Switch isotonic sterimar to isotonic self-care if appropriate (see nasal douching leaflet).
Patients who are on long-term hypertonic sterimar will need to be reviewed with a view to stop prescription if they have been on this more than 4 to 6 weeks.

Patients will need to be informed of this change and the letter below can be sent by practices if they choose to use this template. Please follow SOP when reviewing the patients


Sterimar SOP.docx


Sterimar Letter (Isotonic).docx


Sterimar letter (Hypertonic).docx


Nasal Douching Leaflet TRFT PIS Draft

2) Antihistamine Deprescribing for Hayfever patients

Indicator: To remove antihistamines for seasonal allergies from repeat template and Switch to self-care

Assessment criteria: Remove 80% of antihistamines from repeat prescription in patients with seasonal allergies. Patients will need to be informed of this change, see SOP below and template letter, which practices may choose to use. Please note target is high as this should include hayfever patients only, **all other indications (i.e. urticaria are excluded).**


Antihistamine PIS.docx


Hayfever letter.docx

3) Deprescribing of Proton Pump inhibitors (PPIs) for patients not requiring long-term treatment

Indicator: To reduce the prescribing of PPIs for those patients without a medication or condition that requires long term PPI prophylaxis

Assessment criteria: Reduction of 5% from the baseline GP computer search. Or if this is not achieved then an audit of 10% of the baseline patients can be submitted showing a review and discussion around the reduction and/or stopping of the PPI.

The Rotherham CCG deprescribing guidelines can be found here:

http://www.rotherhamccg.nhs.uk/Guidance%20to%20review%20Proton%20Pump%20Inhibitors%20May%202019.pdf

The computer search is based on all repeat prescriptions for PPIs in adults **excluding** the following criteria (based on current read codes):

Indications where the benefits of long term PPI use outweigh the risks:

- Barrett's Oesophagus
- Oesophageal stricture dilation
- Severe oesophagitis complicated by past strictures, ulcers or haemorrhage
- Previous GI bleeding, perforation or haemorrhage
- Zollinger-Ellison Syndrome

Medication requiring Gastro-protection:

- NSAID (see also NSAID risk reduction strategy for more detailed risk)
- Anti-platelets
- Anticoagulants
- Oral corticosteroids
- Antidepressants (SSRIs, venlafaxine or duloxetine)

Audit criteria can be found in this document:

Ideal PPI audit template.docx

4 & 5) Assurance of DOAC dosage with use of Creatinine Clearance

Background: Unlike many other medications, for correct dosing, DOACs require the patients Creatinine Clearance to be calculated using the Cockroft-Gault calculation.

Indicator 4: Patients on DOACS have a new entry of weight and Serum Creatinine entered onto the clinical system within the period of 1st March 2021 and 31st March 2022,

Indicator 5: Patients on DOACS have a new entry of Creatinine Clearance entered onto the clinical system within the period of 1st March 2021 and 31st March 2022.

Assessment criteria:

Indicator 4: 75% of patients on a DOAC to have weight (ideally taken in the clinical setting) **and** Serum Creatinine entered onto the clinical system within the period of 1st March 2021 and 31st March 2022.

Indicator 5: 75% of patients on a DOAC to have a new entry of Creatinine Clearance entered onto the clinical system within the period of 1st March 2021 and 31st March 2022. Dose of DOAC reviewed as appropriate.

There is a Cockcroft-Gault calculator on the clinical systems.
SystmOne: Clinical tools ➔ Renal disease calculator.
Emis Web: when in a consultation, Add ➔ Data using template ➔ search "Gault"

Note for EMIS users: Please be aware that when using the Cockcroft-Gault calculator on the clinical systems, the date the calculation is performed (and saved in the consultation) will overwrite the last date that the patients weight was taken.

CCG guidance on Anticoagulation for Stroke Prevention in Non-Valvular Atrial Fibrillation can be found here: http://www.rotherhamccg.nhs.uk/Anticoag%20for%20SPAF%20CCG%20and%20TRFT%202020%20.pdf

6) Branded generic mop-up

Indicator: Prescribing compliance with CCG current preferred medication brands/formulations (repeat mop-up). CCG preferred medication brands can be found in the clinical system searches on SystmOne and EMIS (see appendix A)

Assessment criteria: A total of 95% of all repeat prescribing of the medication listed in the search to be of the CCG preferred brands/formulation (where a preferred version exists).

Prescribing support solution suggests CCG preferred brands/formulation as an aid in this category

CCG preferred prescribing brands v3

7) Specials Reduction and Alteration

Indicator: Specials are a category of unlicensed medicines that should only be prescribed when a patient has a particular clinical need that can not be met by using a licensed medication of established safety, quality and efficacy. This indicator is to ensure Specials are prescribed only when clinically indicated.

Assessment criteria: Specials prescribed over the previous 12 months have been identified on ePACT2 and information will be provided by the Medicines Management Team. Practices will need to review this prescribing and either provide an audit for its justification or change the special to a licensed medication. These items should then not be issued again in the 21/22 period for any patient. (Baseline data is taken from the Dec, Jan, Feb 2020/2021 period).

8) Co-codamol 8/500 & paracetamol capsules to tablets

Indicator: Co-coadamol 8/500 and Paracetamol capsules are high cost items compared to their tablet counterparts.

Assessment criteria: A total of 90% of all co-codamol 8/500 & paracetamol capsules to be switched to the tablet or caplet formulation. Baseline search will be repeat issues end of Mar 2021, and the end of year criteria will be repeat issues end of Mar 2022

9) Repeat benzo/z-drug prescribing: benzo clinical management plan recorded in last year

This indicator supports practices working towards " *Network Contract Directed Enhanced Service (DES) 8.2 Structured Medication Review and Medicines Optimisation 8.2.1.v* "

8.2. Structured Medication Review and Medicines Optimisation

8.2.1. A PCN is required to:

a. use appropriate tools to identify and prioritise the PCN's Patients who would benefit from a structured medication review (referred to in this Network Contract DES Specification as a "**SMR**"), which must include patients:

i. in care homes[52];

ii. with complex and problematic polypharmacy, specifically those on 10 or more medications;

iii. on medicines commonly associated with medication errors[53];

iv. with severe frailty[54], who are particularly isolated or housebound patients, or who have had recent hospital admissions and/or falls; and

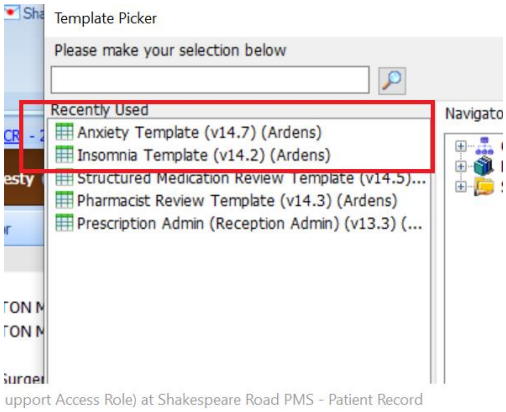
v. using one or more potentially addictive medications from the following groups: opioids, gabapentinoids, benzodiazepines and z-drugs;

Ensure at least 50% of all patients repeat prescribed benzo/z-drug have a benzo clinical management plan recorded (*ensuring snomed code below recorded in pt record*) in the last 1 year and where clinically appropriate aid/support patients to come-off/reduce their benzo/z-drug.

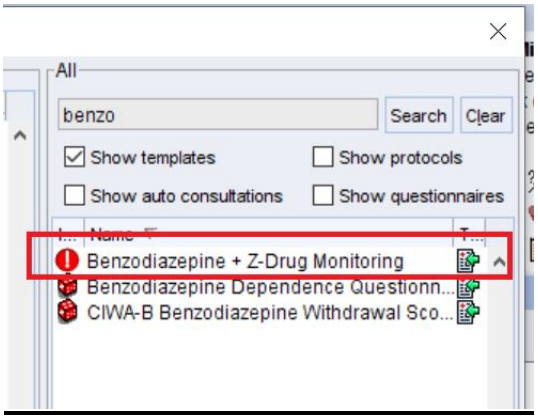
Benzodiazepine Clinical Management Plan, Snomed code: 1064271000000109

Ardens templates are available in both EmisWeb (*Anxiety or Insomnia templates*) and SystmOne (*Benzo + Z-drug monitoring template*) to support these consultations.

EMIS



SystmOne



Assesment criteria: At least 50% of ALL patients prescribed repeat benzo/z-drug to have a benzo clinical management plan recorded (using snomed code) in the last 1 year.

Guideline for prescribing BDZ & Z

10) Deprescribing of nationally identified medicines of low clinical value/priority for NHS funding

Indicator: To reduce the prescribing of medicines that are of low priority / low clinical value and either switch to a safer or more cost-effective alternative or advise self-care (if supplements)

Assessment criteria: Reduction of 25% of patients from baseline GP computer system search. Baseline search will be **all issues (acute and repeat) in the period of Jan-Mar 2021**, and the end of year criteria will be issues in the period of Jan-Mar 2022. Therefore, be aware this indicator needs to be reviewed by the end of December 2021 and all prescribers aware not to issue acute prescriptions.

This indicator supports practices working towards " *Network Contract Directed Enhanced Service (DES) 7.2 Structured Medication Review and Medicines Optimisation 7.2.1.f.iv* "

f. actively work with its CCG in order to optimise the quality of local prescribing of:

i. antimicrobial medicines;

ii. medicines which can cause dependency;

iii. metered dose inhalers, where a lower carbon device may be appropriate; and

iv. nationally identified medicines of low priority;[48]

g. work with community pharmacies to connect patients appropriately

Nationally identified medicines of low priority
Aliskiren
Co-Proxamol
Dosulepin
Dronedarone
Glucosamine and Chondroitin
Herbal Medicines
Immediate Release Fentanyl
Lidocaine Plasters
Liothyronine
Lutein and Antioxidants
Minocycline for acne
Omega-3 Fatty Acid Compounds
Oxycodone and Naloxone Combination Product
Paracetamol and Tramadol Combination Product
Perindopril Arginine
Silk garments

The national criteria is available here:

https://www.england.nhs.uk/wp-content/uploads/2019/08/items-which-should-not-routinely-be-prescribed-in-primary-care-v2.1.pdf

However, for Rotherham we have only included the drugs with the greatest potential savings, while excluding areas that have already been maximised recently or are being monitored separately. (i.e. rubefacients, bath & Shower products and once daily tadalafil). Ensure information is taken from the searches provided.

11) De-prescribing of daily tadalafil for treatment of erectile dysfunction (ED)

Indicator: To review and to de-prescribe low dose daily tadalafil (2.5mg and 5mg tablets) **for use in management of erectile dysfunction (ED) only**, to ensure current practice across Rotherham follows the national NHS guidance. Supporting evidence can be found in the section 5.23 of the NHS guidelines available here: https://www.england.nhs.uk/wp-content/uploads/2019/08/items-which-should-not-routinely-be-prescribed-in-primary-care-v2.1.pdf

Assessment criteria: Demonstrated by 100% reduction from the baseline data in prescribing of 2.5mg and 5mg tadalafil tablets

Example of de-prescribing letter (attached). This may be adapted accordingly to communicate the treatment change to patients.

Daily tadalafil deRxing letter.docx

Pre-built search to identify the potential patients for review can be found in the clinical system (see appendix 1).

12) Antibiotic prescribing volume reduction (national indicator)

Indicator: Antibiotics Items/STAR-PU volume reduction to ≤ 0.965.
National indicator linked to Public Health England drive to reduce antimicrobial resistance rates.

Assessment criteria: This data is obtained from the Antimicrobial Stewardship Dashboard on EPACT2 and will be provided by the Medicines Management Team

13) Antibiotic broad spectrum usage (National Indicator)

Indicator: Reduce the prescribing of cefalosporins, quinolones and co-amoxiclav to ≤ 10.0% of the total quantity of antibiotics prescribed.

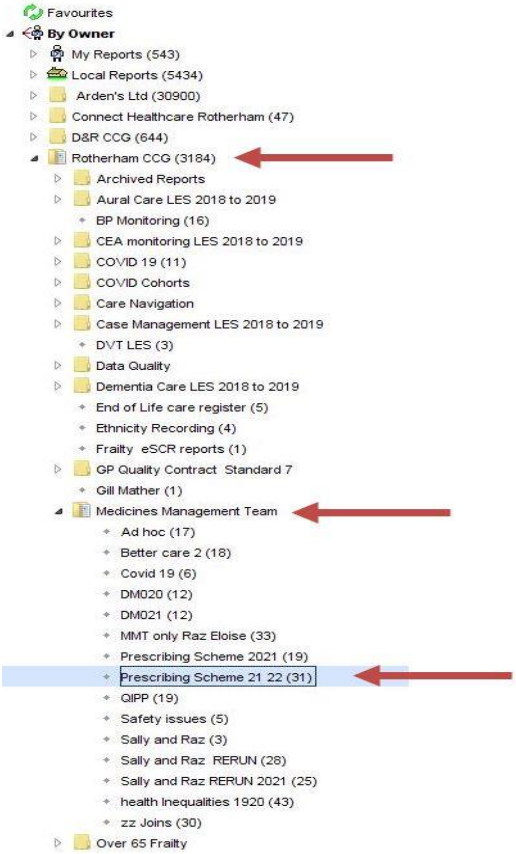
Assessment criteria: This data is obtained from the Antimicrobial Stewardship Dashboard on EPACT2 and will be provided by the Medicines Management Team

Appendix 1

Location of PIS searches

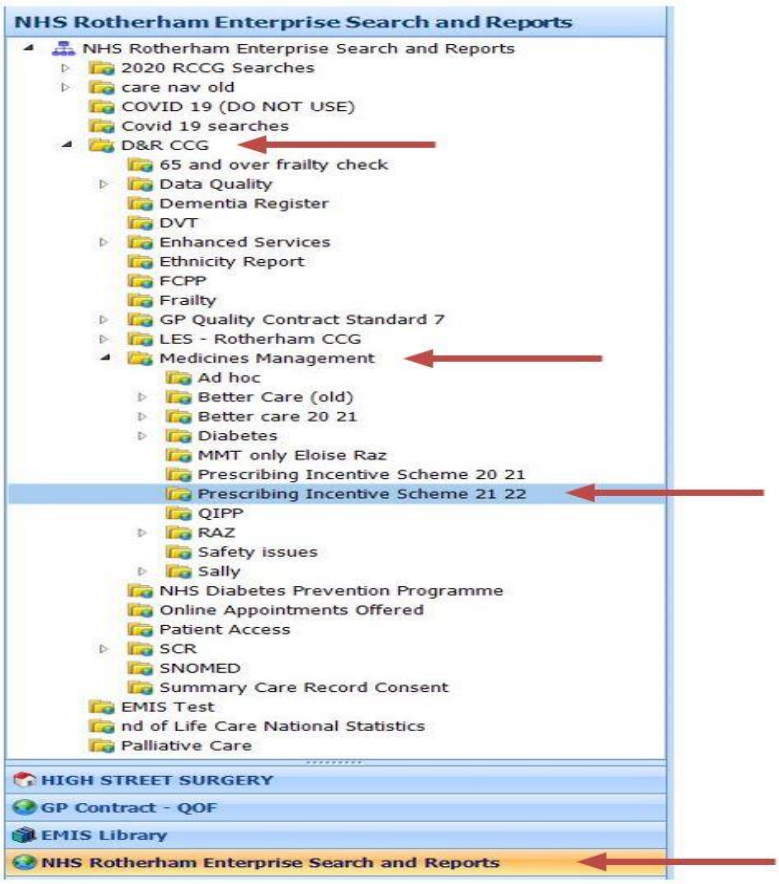
SystmOne:

Rotherham CCG ➔Medicines Management ➔Prescribing Scheme 21 22



EMIS Web

NHS Rotherham Enterprise Searches ➔D&R CCG ➔Medicines Management ➔Prescribing Incentive Scheme 21 22



Appendix 2

Practice
Audit Form

Practice name:	**Practice code:**
Project title:	
Project completed by:	
Reason for choice of audit:	
Criterion / criteria chosen:	
Standards set:	
Preparation and planning:	
Data collection (1):	
Change(s) to be evaluated:	
Data collection (2):	
Conclusions:	