April 2017 (v1.4)

NHS
Gloucestershire
Clinical Commissioning Group

PIP (Prescribing Improvement Plan) 2017/18

The PIP is a vehicle to support practices to continue to work on optimising the clinical and cost effectiveness of their prescribing in 2017/18 in order to maximise the benefits obtained from limited NHS resources for the population of Gloucestershire. As the format of the PIP established over the last few years has proved successful, it is has been updated in a similar format for 2017/18.

Key features

The scheme requires each participating practice to commit to **aim** to achieve improvements in the below **five** areas of prescribing in 2017:

1) To maximise the prescribing cost effectiveness of;
    a) Pregabalin by prescribing as low cost brands
    b) Tiotropium inhalers by prescribing as the most cost effective inhaler devices
    c) Sip feeds by promoting the use of 'Food First'
    d) A range of smaller prescribing cost effectiveness changes eg. OptimiseRx
2) Prescribing within the recommendations of Gloucestershire Formulary and Local Prescribing Guidance eg. the Do Not Prescribe (DNP) List; pain management prescribing guidance.
3) Continue to implement approaches to support appropriate prescribing of antibiotics
4) Consideration of the results of quality and safety audits produced by the Eclipse Live system

Practice Support Pharmacists (**PSPs**) are available to help practices implement the prescribing and medicines management improvements involved in this PIP (as well as to progress additional medicines management improvements of particular relevance to individual practices). It is recommended that the **practice prescribing lead GP**, who will be assumed to be the practice PIP lead, discusses and agrees a practice action plan with their PSP, including who will be responsible for each of the relevant actions, associated timescales and the progress reporting process.

Further details on the scheme's requirements in the above four areas can be found in at the end of this document.

PIP Review Meetings

1) **Initial PIP discussion**: To share understanding and opinions, the scheme **requires** a discussion of its details to have taken place **between practices** at the beginning of the scheme, either at a dedicated prescribing meeting or, as a minimum, discussed as an agenda item at a locality or peer group meeting. Evidence that this locality/peer group discussion has taken place will be required (eg. attendees & meeting notes emailed to: sue.freeman7@nhs.net)

2) **End of year PIP review**: This scheme **requires** a concluding, **dedicated PIP review meeting** at the 2017/18 financial year end (eg. in Feb/March 2018). Each participating practice should send a GP representative to the end of year PIP review meeting who is able to provide a summary and discuss their practice's achievements, experiences and learning in the implementation of the PIP in their practice. Relevant epact prescribing data will be provided by the CCG Medicines Optimisation team. A member of the CCG Medicines Optimisation Team will attend the end of year PIP review meeting to provide additional input. Either a GP external to the peer review group or a CCG lay member may also attend to provide external input.

The PIP review meetings are also an opportunity for attendees to discuss and learn from different practices experiences in achieving medicines management/optimisation change and improvements in areas of prescribing beyond the five PIP priority areas.

It will be the responsibility of the locality/peer review group to circulate a time and date for each of the PIP review meeting (aiming for either last week in Feb or in March 2018) to all practice prescribing leads (& cc. practice managers) **preferably at least a month in advance of the meeting date.**

CCG Annual Practice Prescribing Visits

As an element of practices engagement in the CCGs medicines management improvement support programme 2017/18, practices will be expected to agree to a request for annual practice prescribing visit during 2017. This will be an opportunity for a detailed discussion on prescribing issues of relevance to the individual practice beyond the PIP. However, practices should **not delay** commencing their work on the PIP areas whilst awaiting an annual prescribing visit, as the dates of these visits will be spread out over the year and not all practices will be visited. The practice's prescribing support pharmacist should also be able to answer questions on the PIP.

Practice Payments

The PIP scheme is not intended to be a significant source of additional funding for practices as CCG resource constraints do not allow this to be an option. However, a small practice payment of 16p per patient (or £500 whichever is the greater) is available as recognition of the clinical engagement required and achievements involved (CCG total £100K). This total maximum practice payment (**16p per patient**) will be allocated on the following basis:

- **50%** if a practice GP attends the initial discussion and end of year PIP review meeting
- **40%** for the attending GP being able to provide informed comments at the PIP review meeting on the practice's efforts and experiences in implementing the PIP which **demonstrate to the PIP peer review group attendees** that the practice has adequately engaged with the PIP.
- **10%** based on the practice's actual achievements of the PIP scheme's targets, according to the measurements (eg. epact) and timescales outlined in the schemes details.

In order to maximise practice participation, it was agreed by the CCG Drug & Therapeutics Committee that this 2017/18 PIP scheme should not include any additional qualifying payment criteria based on a practice's total prescribing spend vs budget. However, it is hoped that beyond this scheme, practices will continue to focus on maximising their overall prescribing cost effectiveness and attempt to contain their total prescribing spend within budget.

Practice payments achieved under this scheme will be paid as practice income in May 2018.

The PIP is the priority work programme for the CCG's Practice Prescribing Support Pharmacists (PSPs).

Based on the previous high numbers of practices choosing to engage with the PIP, it **will be assumed that all practices will participate** in the PIP 2017/18 **UNLESS** the practice emails: sue.freeman7@nhs.net in the CCG Medicines Optimisation Team before 30st June 2017.

PIP 2017/18 – Prescribing Improvement Aims

1) Key prescribing cost effectiveness measures:

a) **Pregabalin** – The lower cost brands of either **Axalid or Alzain** (or any other additional equally low cost brands) to account for **at least 90%** of the prescribing of total pregabalin **before 1st Aug 2017** (measured in packs dispensed) and maintained until pregabalin becomes a Category M generic in the Drug Tariff (date currently unclear).

b) **Spiriva (Tiotropium) handihalers** – **at least 80**% of Q3 16/17 inhalers to be prescribed as one of the Gloucestershire formulary first choices (ie. Incruse Ellipta or Spiriva Respimat) or Braltus Zonda **before 1st Aug 2017**. The choice of which of these three inhalers to use should be based on assessment of the best device for the patient.

c) **SIP feeds** – total practice prescribing costs to have **reduced by at least 50% before 1st Nov 2017** as a result of increased patient adoption of a 'food first' approach to meet their nutritional needs. (Measurement period prescribing in Aug-Oct 2016 vs Aug-Oct 2017)

2) Consideration of the implementation of a range of smaller prescribing cost effectiveness changes from an updated **local list of smaller potential prescribing savings**, including prescribing savings recommendations made by the **OptimiseRx** information system.

3) Gloucestershire Formulary (available here**) & Prescribing Guidelines** (G-care):

a) **Do Not Prescribe (DNP) list:** To stop, or at least minimise the prescribing of drugs and products listed on the **Gloucestershire DNP list.** An individual patient summary of the reasons for the continued prescribing of any DNP items should be provided by the practice at the end of year PIP review meeting.

b) Patient reviews – pain management: To demonstrate that prescribing is within the local pathway and guidelines for pain management by a review of targeted patients being prescribed specific analgesics or regimes. The patients involved will be defined by the Pain Pathway Development Group but will not exceed more than **0.3% of the practice's list size** in number. A practice rep will need to be prepared to present a summary and discuss the outcome of the reviews at their PIP peer review group.

4) Antibiotic Prescribing (based on CCG Quality Premium 2017/18 measures):

Increasing the use of nitrofurantoin as 1st choice for the empirical management of UTIs:

a) To aim for a **10% reduction** (or greater) from the baseline data (June15 to May16) of the ratio of Trimethoprim : Nitrofurantoin prescriptions issued.

b) To aim for a **10% reduction** (or greater) from the baseline data (June15 to May16) in the number of trimethoprim prescriptions issued to patients of 70 years old or greater.

Sustained reduction of inappropriate prescribing of antibiotics:

c) To aim for prescription items per STARPU to be equal to or below the England 2013/14 mean performance value of **1.161 per STARPU**.

5) Consider the results of at least five different **quality and safety audits** produced by the **Eclipse Live** system. The specific areas of Eclipse audits will be defined later in 2017.

Monthly updated practice prescribing information on a number of the above areas can be found in the **Practice Prescribing Dashboard** available here (NB: the dashboard's source data - epact only becomes available in the dashboard 3 months after the actual prescribing involved has taken place.)