

PRESCRIBING INCENTIVE SCHEME – 2015/16

Summary

The CCG is continuing to offer a prescribing incentive scheme to all its member NHS GP practices as encouragement and reward to improve the quality, safety and cost effectiveness of prescribing. This is one of many elements to locally enhance the quality and cost effectiveness of prescribing within the area and successful implementation will deliver benefits in 2015/16 and subsequent years. Payments of up to £0.50 per head of practice list size will be made to individual practices based on their achievement against four prescribing measures, each contributing 20% to a potential maximum cumulative award of 100%. Practices will also be expected to implement monthly prescribing topics for the remaining 20%. Awards will be made to individual practices based on their achievement against stated prescribing measures.

Financial savings to the CCG prescribing budget are estimated at £130.4K per annum from the NSAIDs and opiate analgesia measures alone. This could be exceeded by greater and earlier achievement, therefore the assessment period for these two indicators runs from October 2015 to March 2016. The two antibiotic indicators match the definition of the national 'quality premium' indicators set for each CCG, which run from April 2015 to March 2016. Practices have been given advanced notice of the antibiotic indicators. The NSAIDs indicator matches the CCG's locally selected quality premium indicator.

If all practices achieved the thresholds to merit maximum awards the CCG's total pay-out would be £72K. It is possible that not all practices will achieve this and a total award of £40K is more realistic. However, if achievement is higher, then the additional payment will be exceeded by the reduced spend on prescribed medication.

Aims

The aims of this document are:

- to describe aims of the 2014/15 prescribing incentive scheme
- to define the content of the 2014/15 prescribing incentive scheme
- to ensure the CCG's Audit and Integrated Governance Committee (IAG), Senior Management Team, GP practices and the Local Medical Committee are aware of the scheme and its content.

Background

Prescribing measures were removed from the national Quality and Outcomes Framework for 2013/14. As an alternative, prescribing incentive schemes allow CCGs to encourage and reward GP practices to further enhance the quality, safety and cost effectiveness of prescribing. They are one of many enablers to manage prescribing and their content can be shaped to deliver general improvement in prescribing principles or to focus on specific areas of concern within a locality. The DoH 2010 document '*Strategies to achieve cost-effective prescribing*' discussed prescribing incentive schemes and identified the need to:

- inform GB members in advance and to publish details of the scheme's arrangements on the CCG website
- ensure incentives do not conflict with or duplicate other funding rules (e.g. QOF) and must not reward for blanket prescribing of particular named medicines without consideration of the individual circumstances of the patients.

Key considerations

A prescribing incentive scheme is a means of rewarding and incentivising practice activity. With no national mechanism to reward this then further schemes may be justified in future years. They can also be effective enablers to accessing other funding sources such as a quality premium and easing pressure in future years.

The CCG recognises that a prescribing incentive scheme can help address variation in prescribing between practices as well as areas that the CCG as a whole should seek to improve. Its content should therefore identify areas where change is possible and will deliver benefits, not simply short term gains but that deliver stability to prescribing and financial and clinical improvement in the medium to long-term. There may be various means through which to improve performance and practices are advised to liaise with CCG Medicines Management for advice. With this in mind, the scheme stated prescribing measures will be offered to all participating practices to address. Each topic will contribute to the maximum possible 100% and final payment will be awarded based on assessment against individual markers using ePACT data relating to practice prescribing for the relative period. Practices will receive prescribing data for the measures as soon as analysis allows and around the end of May 2016, when final results are available. The maximum incentive scheme payment for each practice for 2015/16 will be £0.50 per patient, calculated using each practice's list size at a date to be determined by the CCG.

Prescribing indicators may have to be reviewed and adjusted should clinical evidence require a change to current prescribing practice. This may be in the form of NICE or other national prescribing guidance.

Indicator definitions

1. **Antibiotics A:** reduce the number of antibiotics (BNF 5.1) prescribed (items per item based STAR-PU). Assessed using data from April 2015 to March 2016.

Gateway (0%)	1200 items per STAR-PU
Maximum (20%)	1050 items per STAR-PU

(Estimated CCG reward from achieving related quality premium is £36.0K)
2. **Antibiotics B:** reduce the proportion of oral antibiotics (BNF 5.1.1; 5.1.2.1; 5.1.3; 5.1.5; 5.1.8; 5.1.11; 5.1.12; 5.1.13) prescribed as broad spectrum antibiotics, defined as co-amoxiclav (5.1.1.3); cephalosporins (5.1.2.1); and quinolones (5.1.12), expressed as a percentage. Assessed using data from April 2015 to March 2016.

Gateway (0%)	14.0%
Maximum (20%)	9.0%

(Estimated CCG reward from achieving related quality premium is £21.6K)
3. **Opioid analgesics:** reduce total spend (NIC) in BNF 4.7.2 in proportion to national NIC per 1000 STARPU (analgesia cost based). Measured using data from October 2015 to March 2016.

Gateway (0%)	10% above national cost/1000ASTRoPU for same period
Maximum (20%)	10% below national cost/1000ASTRoPU for same period

(Estimated CCG savings of £110.5K p.a. by a 10% reduction in costs in primary care prescribing in whole CCG)*

4. **NSAIDs:** improve proportion of NSAID items prescribed as generic, plain (not EC), tablets for naproxen (250/500mg) or ibuprofen (200/400/600mg) or ibuprofen 100mg/5mL oral SF suspension, expressed as a percentage of items from BNF 10.1.1. Measured using data from October 2015 to March 2016.

Gateway (0%) **69%**
Maximum (20%) **80%**

(Estimated CCG savings of £19.9K p.a. by a 100% reduction in CCG usage of naproxen EC)*

5. **Monthly topics:** Agreement to and active change in prescribing as a result of the circulation of monthly prescribing topics to GP practices.

Gateway (0%) no change in selected monthly topics
Maximum (20%) existing achievement or change in all selected monthly topics.

* Estimated savings for each marker are based on data from quarter 2, 2014/15.

Calculating achievement and incentive payment

Achievement and payment will be determined from the analysis of ePACT prescribing data of prescriptions submitted by NHS dispensing contractors for the time period specified for each measure. As this data is not immediately available, it will not be until 2016/17 that final data and payments can be calculated.

The scheme is structured in a way to reward practices for partial achievement provided the initial gateway target has been satisfied. This should reward practices for delivering appropriate levels of change, even if the full target has not been achieved.

Disputes

Solutions to any disputes should be agreed with the CCG Medicines Management Team and CCG Prescribing Lead before submission for approval by the CCG Quality, Finance and Performance Committee. Any disputes not resolved through this channel should be considered by the CCG's Senior Management Team. This will be escalated further to the CCG Governing Body if early resolution cannot be achieved.

Dr Mark Duggleby
CCG Prescribing Lead

Ken Latta
CS Medicines Management

26 May 2015

Last updated **26 May 2015**
Previously updated **no further updates**
 26 May 2015

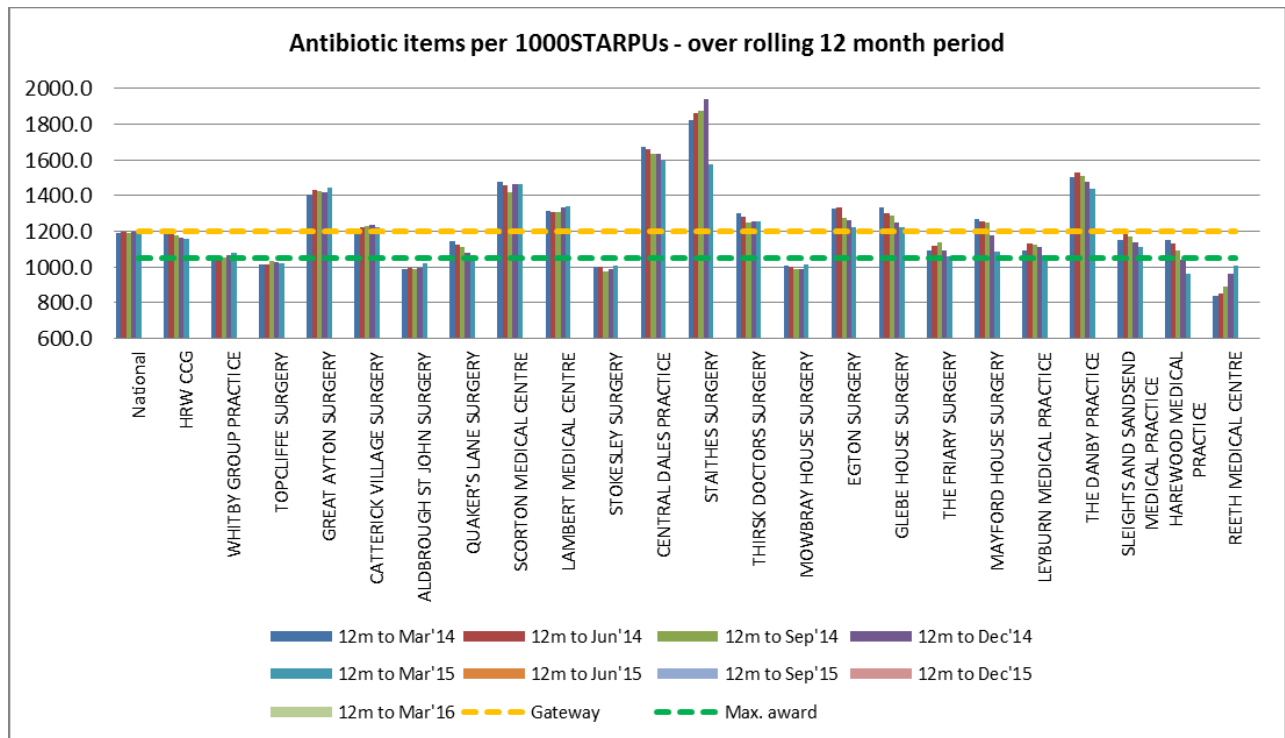
See appendix 1 for baseline prescribing data

Approved by:

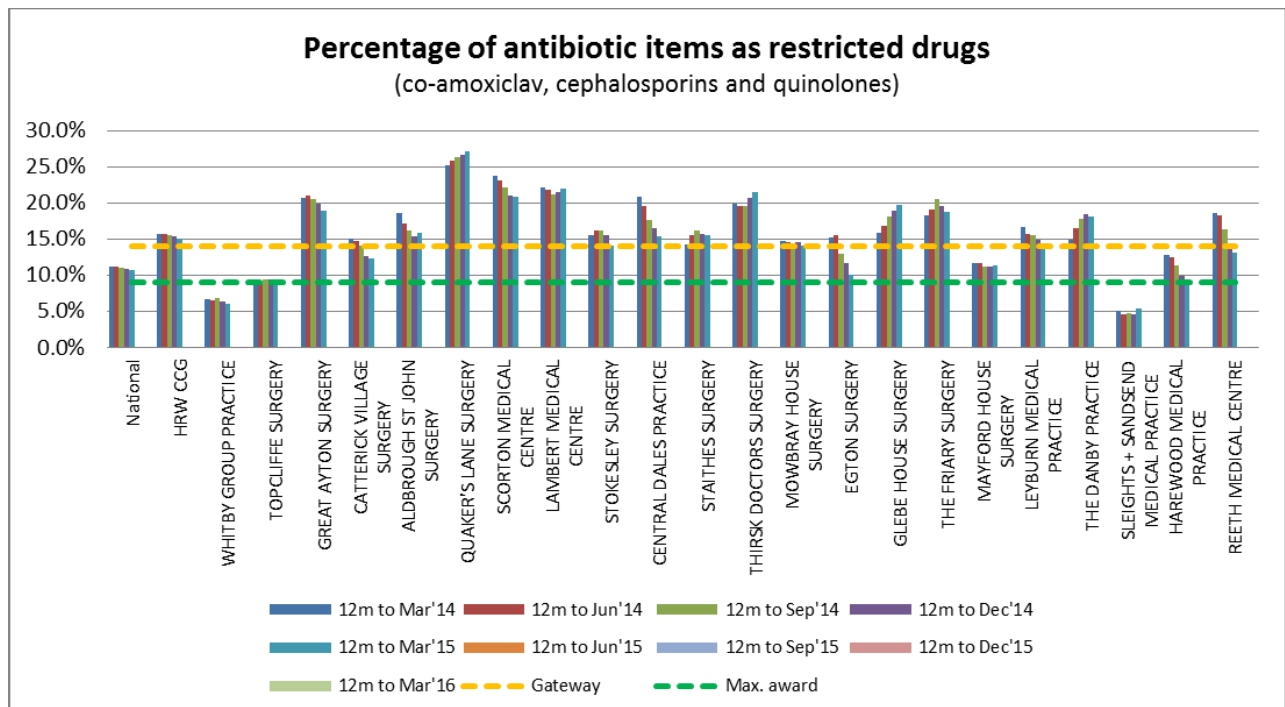
- | | |
|---|-------------------------|
| - CCG Senior Management Team | - 26 May 2015 |
| - Audit & Integrated Governance Committee | - <i>to be approved</i> |

Appendix 1 – baseline prescribing data

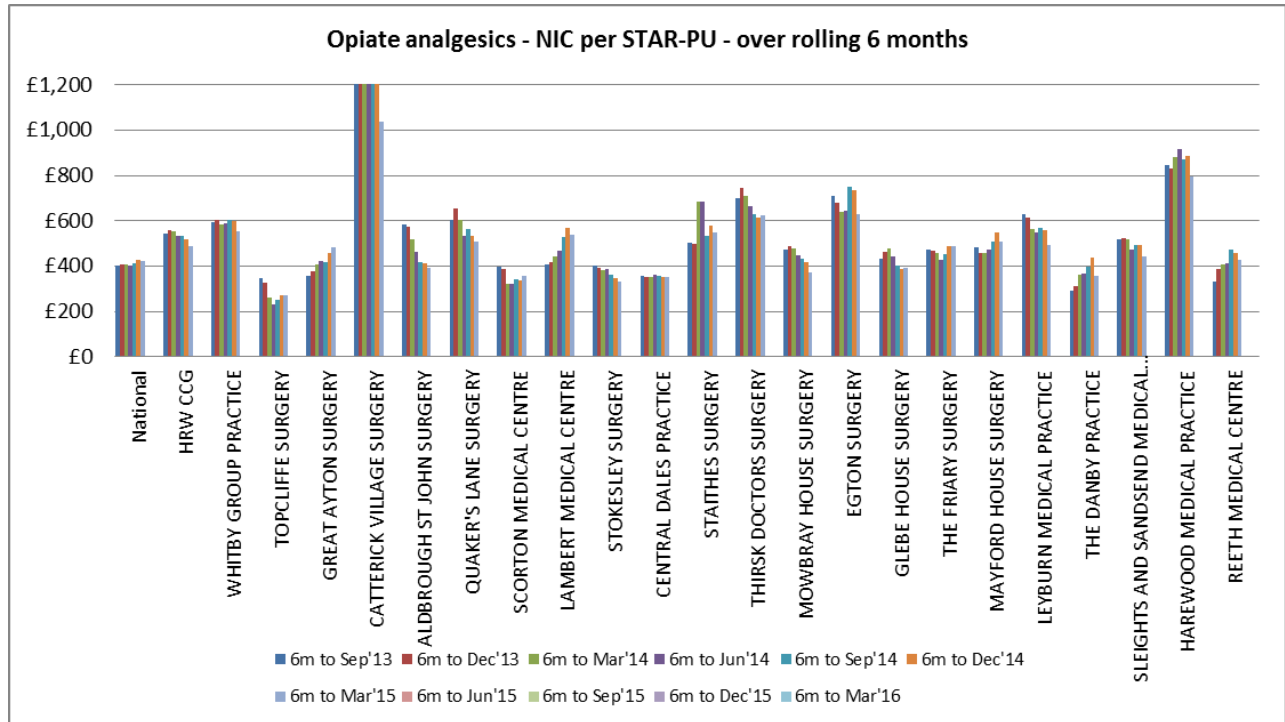
Antibiotics A:



Antibiotics B:



Opiate analgesics:



NSAIDs:

