



Medicines Optimisation (Prescribing) NIS 2019/20

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The Prescribing NIS 2018/19...

2018/19 was the first year it was included in the Integrated Clinical, Monitoring and Commissioning Quality (ICMCQ) NIS.

And the first year the monitoring and management was carried out by the Tower Hamlets GP Care Group.

There were two sets of prescribing KPIs :

- Clinically focussed prescribing KPIs moved into ICMCQ NIS
- Cost effective prescribing KPIs remain in a separate prescribing NIS

There was emphasis for practices to apply a Quality Improvement Methodology (plan, do, study, act) in producing evidence for meeting targets (and so less formal prescriptive tools/templates for evidencing change).

Medicines Optimisation NIS 2019/20

- It is still included in the ICMCQ NIS and still about network achievement
- Simplified & reduced the number of indicators
 - ONE NIS – focusing on clinical areas (no cost effective element)
- 3 out of the 4 clinical indicators have been carried over
- Still a focus on QI methodology but have defined the outcomes
 - Still allows QI methodology but will be supporting templates available
- Still managed by GPCG but submissions should be available for audit purposes

- This year an **entry level criteria** has been included
 - Requires all practices to partake in in order to participate for payment
- The NIS consists of four clinical areas
 - All practices and networks will have to undertake work in all 4 areas

	Theme	Objective	Target /Submission	
Entry Criteria	A	Practice Visit with an adviser in Q1	-Engagement with MMT in year, agree priorities, respond and participate in MMT work streams including specials	Submission of agreed action plan of work areas
	B	Demonstrate use of ScriptSwitch	-Encourage use of ScriptSwitch in practices, including reviewing missed savings and RADAR; a new alert to identify those at risk of hospital admission	Submission of template to confirm use of ScriptSwitch and RADAR function
	C	Appoint a named administrator to be a PMC	-To have leads in practices to participate in an e-learning training package and be a champion for repeat prescribing in the practice.	Submission of lead names
Clinical Criteria	1	Opiates and Pain	-Undertake a high dose opiate review as requested by NHSE and reduce prescribing of high dose opioids to <12.59% of all opioids on the PrescQipp dashboard. -Undertake e-learning training package and review systems and incidents.	-Undertake baseline audit in Q1 -Reduce baseline by 6% or maintain if already at target level -Submission of template confirming training, and review of: systems, patients, incidents and next steps
	2	Waste, polypharmacy and de-prescribing	-Continue work on reducing medicines waste. Complete PCM training. Review repeat prescribing pathway to identify medicines waste including strategies to increase patient requesting repeat prescriptions online. -De-prescribe MOLV and OTC drugs (except for clinical exemptions) as per national guidance and submit clinical exception information to support levels of prescribing. -Clinical de-prescribe for STOMP and RADAR identified patients.	-Declaration of PCM training, repeat prescribing process map and action plan -Reduce baseline prescribing of MOLV & OTC medicines and submit information on numbers of patients relating to clinical exemptions -Declaration of clinical de-prescribing (STOMP/RADAR)
	3	Respiratory (Asthma)	- Increase Low/moderate dose ICS/LABA inhalers as a % of all ICS/LABA inhalers to ≥ 67% as per Amber target on Presqipp dashboard indicator.	-Meet target level of SABA as % all inhalers <55% - Meet low/moderate dose ICS >67%
	4	Antibiotics	-Meet NHSE QP Target	Meet target



Entry Level Criteria

3 Criteria!

- All to be completed in Q1/Q2
- Simple!



1) Have a prescribing visit

- Agree action plan of work areas (template to be provided)
- Book your visit now!

2) Confirm ScriptSwitch utilised

- RADAR functionality switched on

3) Submit 2 names of repeat and waste leads in the practice:

- Practice Medicines Co-ordinator (Admin)
- Clinical person to support PMC

Entry Level Criteria

Entry Criteria 1	A) Practice Visit with Prescribing Advisor and agree actions within Q1
Aim:	<ul style="list-style-type: none">• Engage with the Medicines Team (MMT) and• Identify areas for effective prescribing within Quarter 1
Objective:	<ul style="list-style-type: none">• To work collaboratively with the Prescribing Advisor (PA) and• Engage with the MMT during the year.
Measures:	Production of an action plan within one month of visit
Data:	Openprescribing & MMT to utilise Prescripp practice packs
Submission:	Agreed action plan by 31st July 2019.



Entry Level Criteria

Entry Criteria 2	B) ScriptSwitch: implementation of service and functionalities including missed savings
Aim:	Ensure all clinical staff within practice are aware, have access and utilise the programme
Objective:	<p>To ensure the practice has:</p> <ul style="list-style-type: none"> - embedded the use of ScriptSwitch as routine practice (inclusion in repeat prescribing policies). <p>Individuals must be signed up to ScriptSwitch AND</p> <ul style="list-style-type: none"> - enabled the new RADAR function (Clinical support for identifying patients at risk of hospital admission) & utilise function - review monthly missed savings and action to reduce & submit feedback & raise awareness / discuss practice - practice to report system issues to Optum & MMT as soon as possible if not resolved within one week of occurrence
Measures:	Usage levels of ScriptSwitch / RADAR & Reduction in missed savings
Data:	Optum (ScriptSwitch) monthly practice reports
Submission / Target:	<p>Submission of template to confirm use of ScriptSwitch and RADAR function is operational by 31st July 2019.</p> <p>Feedback where missed savings have not been reduced by end of Quarter 4.</p>

Entry Level Criteria



Entry Criteria 3	C) Appoint a Practice Medicine Co-ordinator (PMC) to complete an e-learning training package
Aim:	Medicines waste from repeat prescriptions is a national problem. Having a robust repeat prescription process can help to improve safety and quality as well as reduce risk of adverse effects and medicines waste.
Objective:	Appoint an administrator to become a Practice Medicines Co-ordinator (PMC) and undertake training and to share this learning with other staff. A clinical Lead should be appointed to support the PMC.
Measures:	Appointing the leads in order to complete the training by 31 st July 2019 and utilise this to review practice processes (as part of Clinical area 2).
Data:	Prescipp 'Practice medicines co-ordinators' e-learning package
Submission:	Names of the nominated PCM and Clinical Lead by 31st July 2019.



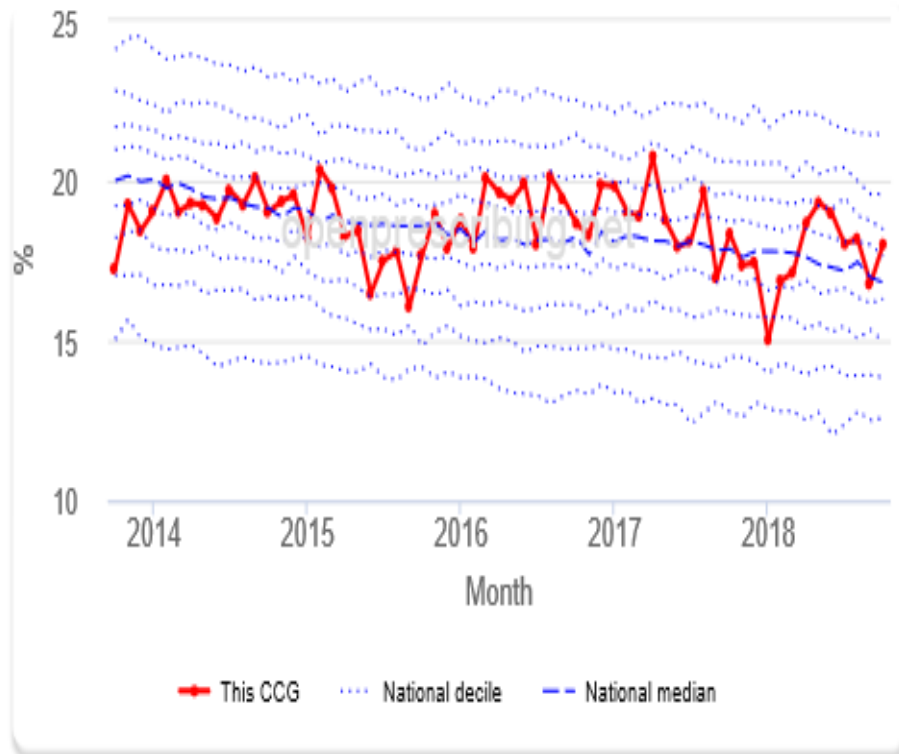
Clinical Criteria

1) Opioid and Pain Prescribing Pathway Review

- **Clinical Area:** Opioids - specifically high dose opioids (>120mg morphine or equivalent)
- **Why?** Prescribing of opioids has increased, mostly being used for the treatment for long-term pain; which may be ineffective.
- Public Health England with the Faculty of Pain Medicine have launched an “Opioids Aware Programme” to support clinicians.
<https://www.rcoa.ac.uk/faculty-of-pain-medicine/opioids-aware>
- **There is a national drive to reduce the prescribing of high dosed opioids (>120mg or equivalent of morphine).**
- **TH CCG Position:**
- TH CCG is prescribing slightly above the national mean (as seen from the openprescribing data <https://openprescribing.net/>).
- However at practice level there is variation in prescribing of high dose opioids which can have clinical consequences and unintended harms for patients.

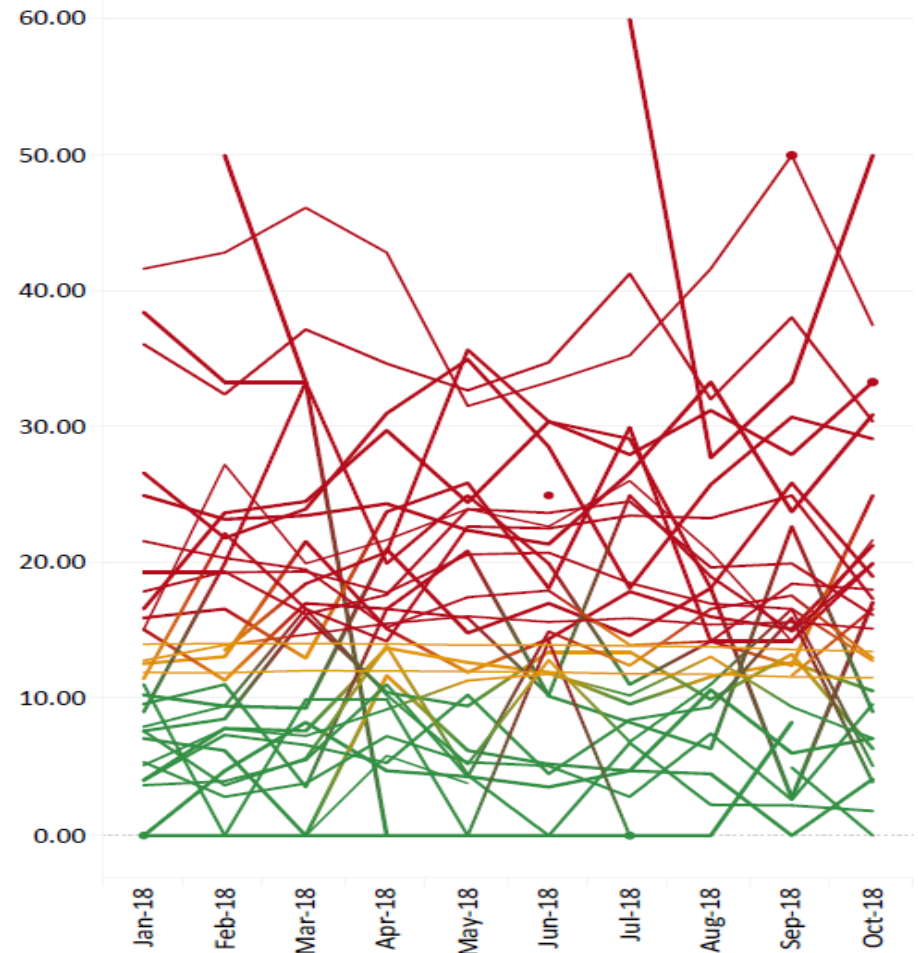
High dose opioids as percentage regular opioids

Opioids with likely daily dose of $\geq 120\text{mg}$ morphine equivalence compared with prescribing of all doses of these opioids



Select Indicator:
Quality - High dose opioids as a % of all included strong opioids

Achievement



What do you have to do?

- Complete an audit of high dose opioid prescribing (>120mg morphine or equivalent)
 - NHS England Controlled Drugs Accountable Officer (CDAO) requests practices to carry out an audit of high dose opioid prescribing in primary care for chronic pain by **31st July 2019**. Hence this has been included in the NIS and will be the baseline.
- Meet a target to reduce high dose opioid prescribing
 - 6% reduction from baseline or maintain level



In the journey we would like you to:

- Undertake some e-learning training (Opioids Aware & Prescqiip)
- Share learning from above and consider the practice systems of how these patients are managed / reviewed and what improvements could be made. Devise an action plan.
- Review patients and de-prescribe / make changes where appropriate
- Share any near misses as learning opportunities

Medication review – don't forget...

Safe prescribing indicators:

- Brand prescribing for products that require it (90% prescribed by brand)
- Formulary choice prescribing – prescribe formulary choices of both patches and oral preparations. Data will be supplied to practices as monitoring indicators
- Utilisation of ScriptSwitch , e-BNF, local pain guidelines



General review:

- Practices should think about how these patients are identified?
- Are they regularly reviewed and assessed for effectiveness of drugs?
- Has patient expectations been managed? Are available resources being utilised?
- Have other non-pharmacological needs been considered?
- Have they been referred to appropriate services (e.g. social prescribing)?
- If prescribing initiated by pain clinic - these patients still require review of efficacy – is further engagement with the pain team required?

Opioids - submissions

Submission:

Submission of evidence template of:

- Audit submission (as requested by NHSE) by 31st July 2019
- Undertaken key learning from RCA 'Opioids Aware' & Prescqiipp 'Reducing opioid prescribing in chronic pain' resources and how this has been shared with all staff
- Indicate how the learning has been utilised to reduce high dose opioid prescribing. This should include a system review and an action plan on what systems / behaviours require change (following the training) to manage/review these patients and how it will be accomplished?
- Summary of learning themes that have occurred at a patient level from the patient reviews including outcomes as a result of changes/review. Where patients were initiated by secondary care/ pain clinic and unable to make any change, provide evidence of review in primary care and engagement with other services e.g. pain clinic where required
- Medicines safety: learning from review of safety incidents/ near misses involving opioids



2) De-prescribing, Polypharmacy and Medicines Waste

2) De-prescribing, Polypharmacy and Medicines Waste

- **Clinical Area:** 2 main areas:
 - Repeat Prescribing systems
 - Clinical De-prescribing
- **Why?** Medicines waste from repeat prescriptions is an ongoing concern. This area builds on the work already undertaken in 2018/19.
- Having a robust repeat prescription process can help to improve safety as well as reduce risk of adverse effects and medicines waste.
- De-prescribing in specific areas to support national agendas
- **Process:**
 - Includes review of repeat prescribing systems, training of Practice Co-ordinators, increase use of patient led ordering of repeat medications, increase use of technology (e-RD, on-line ordering) and medication review

What do you have to do?



- Appoint a Waste and Repeat Prescribing Lead (clinical) and a Practice Medicines Co-ordinator [PMC] (administrative staff involved in repeat prescribing).
- The PMC is to complete an e-learning Prescqiipp training package on 'Practice medicines co-ordinators' (login to be supplied by MMT).
- Share learning with other practice staff members. Offers opportunity to link with GP Care Group administrator programme to share support at network level.
- Utilise training to review repeat prescribing pathway. Identify and implement actions/findings from the process and work undertaken in 2018/19. Include patients in the process where appropriate.
- Engage in qualitative activities (e.g. QI Life, audit/review, focused work with PPG etc.) to reduce patient over ordering of medicines such as medication review of targeted groups, use of posters and leaflets etc.
- Identify and implement strategies that would lead to increased patient led ordering and on-line ordering of repeat prescriptions.

Current levels (Jan –March 2018) NHSE Medicines Dashboard data shows THCCG is at 9.82%. England mean is 14.5%. CCGs have a target of attaining 15% of prescriptions to be ordered on-line by 2020. This is being monitored by Edenbridge.
- Identify any near misses/incidents relating to repeat prescriptions and analyse causative effects. Identify solutions that could be implemented to improve system processes.



Proposal for clinical de-prescribing:

- Identify all patients for review and de-prescribe where appropriate:
- OTC & MOLV – review data and all patients and de-prescribe in line with national guidance, reporting any clinical exceptions. Practices can review position in openprescribing. <https://openprescribing.net/>
- STOMP – review all patients through utilisation of Community Disability Learning Service (CDLS) resources as it is a NHSE Mental Health Priority.
- Risk of admissions (RADAR): a Scriptswitch online tool – review of red alerts of patients identified at risk of hospital admission.

Submission

Repeat Prescribing Process:

- Submit template summarising reducing medicines waste initiative to include:
- PCM e-learning training & sharing of learning & how its been utilised. Identifying areas for change and implementing learning
- Summary of qualitative work to reduce medicines waste e.g...system review: and findings for change +/- implementing
- How encouraged patient own ordering



Clinical de-prescribing:

- MOLV – review patients and de-prescribe all patients except where there are clinical exceptions and submit the exceptions (numbers of patients and clinical reasons)
- OTC – Implement OTC NHS England guidance and record prescribing of exemptions (including those who may have been managed under the MAS scheme)
- Self-declaration of clinical de-prescribing areas of STOMP & RADAR indicating numbers of patients reviewed and peer learning



3) Respiratory Prescribing

3) Respiratory Prescribing

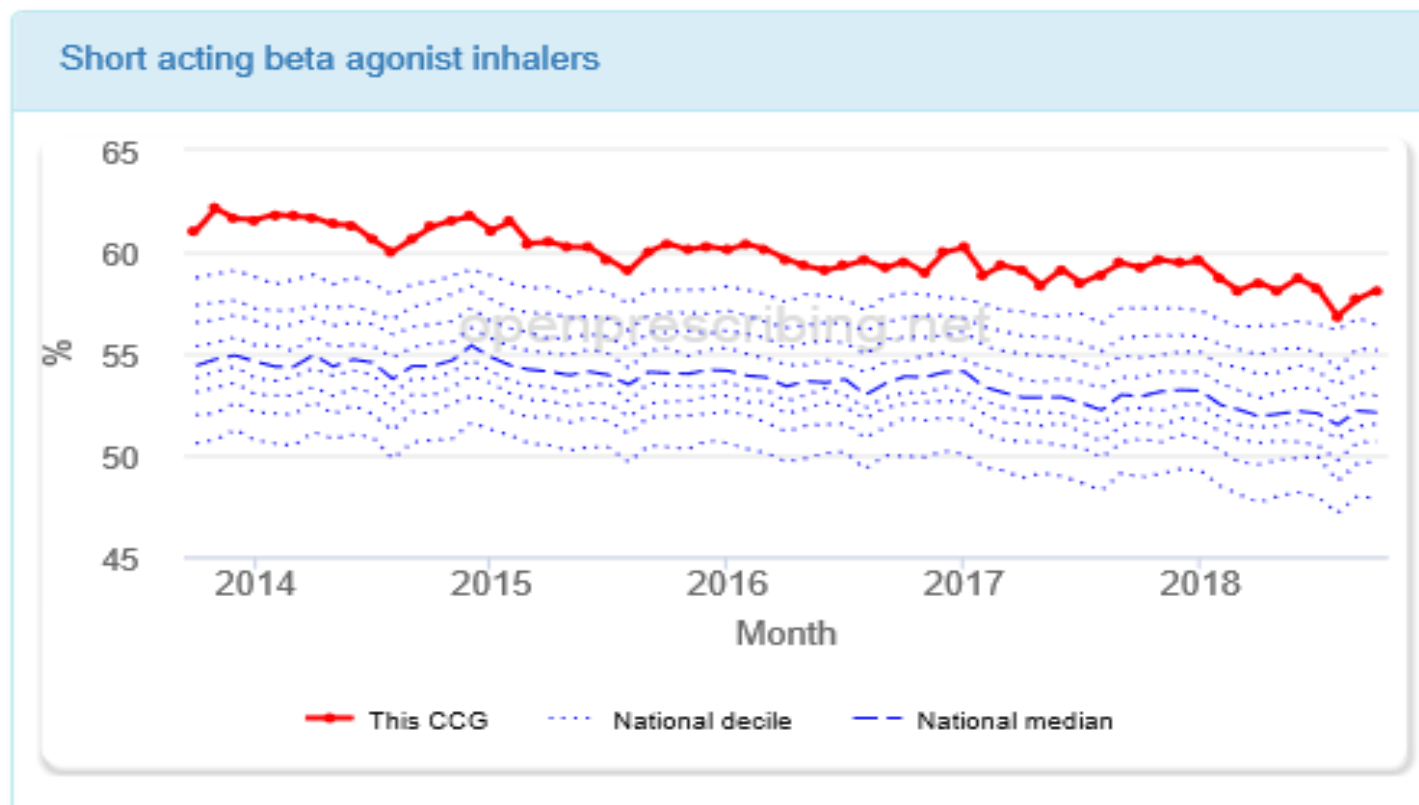
- **Clinical Area:** Respiratory prescribing in all ages
- **Why?** Respiratory prescribing data shows room for improvement

The National Report on Asthma Deaths (NRAD) highlighted the importance of managing asthma at all stages.

Asthma is no longer included in the local QOF and so remains a priority in both adults and children.

Aim: The aim of this indicator is to optimise prescribing and outcomes for patients prescribed high use of SABAs and high dose Inhaled Corticosteroids.

- High use of SABA in the absence of inhaled corticosteroids signals poor asthma management. Data from openprescribing <https://openprescribing.net/> shows TH CCG prescribes higher than the national median.



What do you have to do?

Meet Prescripp targets to decrease high use of SABAs and increase use of low/ moderate dose inhaler devices.

- Reduce number of reliever inhalers (SABA) as a % all Inhaled corticosteroids and reliever inhalers (SABA) to the national mean of 53%.
- Increase Low/moderate dose ICS/LABA inhalers as a % of all ICS/LABA inhalers to $\geq 62\%$ as per Amber target on Prescripp dashboard indicator.

Along the journey:

- Deliver targeted enhanced asthma reviews to patients:
 - assessing patient knowledge;
 - inhaler technique and self-management; implement local prescribing guidelines;
 - tailor treatment (appropriate dosing and devices);
 - reviewing concordance;
- Prescribe formulary choices of inhalers including inhaled corticosteroids (ICS) inhalers.





4) Antimicrobial Stewardship

4) Antimicrobial Prescribing

- **Clinical Area:** Reduce inappropriate prescribing of antibiotics in line with national priorities
- **Target based indicator:** Practices need to meet individual / network targets

NHS England Quality Premium scheme in 2019-20

Indicators yet to be released but likely to include a focus on:

- Reducing antibacterial items/STAR-PU (volume)
- One other... (possibly: reducing inappropriate antibiotic use in children)
- Retired: appropriate management of UTI in people aged 70+ years

NB: Resources: Review prescribing in line with updated guidance, utilise TARGET tools

Submissions & Payments



- Some areas require submissions and others are target based
- Submissions are staggered with some in Q1, Q2, Q4
- Attainment of targets will be measured at a network level and practices are encouraged to work together to enable this.
- The clinical areas aimed to run for two years but payment will be made for the attainment and submission of the specific in year targets. (E.g. the targets listed in this document are for year one. Year two targets will be released in due course for year two.)
- Payment will be paid at network level, although each practice will be expected to undertake individual activities.

Overall – General Points

- Baselines have been calculated on Quarter 2 2019/20 prescribing data from NHSBSA (epact) data.
- Attainments of targets will be measured on Quarter 4 data 2019/2020.
- All individual practices should undertake activities to meet targets and contribute to the network attainment of the targets.
- **Where practices / networks can't attain targets based on clinical grounds, practices/networks should submit evidence that clinical review and learning/ changes to practice has occurred or why patients could not be managed differently. An action plan to how the target will be achieved should also be included as part of the submission. An appeal process will be made available.**
- Submission of work unless specifically indicated is 31st March 2020.

Questions?

