Prescribing Incentive Scheme 2018 / 2019

Summary

Airedale, Wharfedale and Craven CCG offers a prescribing incentive scheme to all of its member GP practices as encouragement and reward to improve the quality, safety and cost effectiveness of prescribing. This is one of many elements to further enhance the quality and cost effectiveness of prescribing within the area and successful implementation will deliver benefits in 2018/19 and subsequent years. Payments of up to £1.00 per head of practice list size will be made to individual practices based on their achievement against a number of measures of prescribing; each weighted according to the level of practice participation required and potential gains.

Aim

The aims of this document are:

- to describe aims of the 2018/19 prescribing incentive scheme
- to define the content of the 2018/19 prescribing incentive scheme
- to ensure the CCG Executive, Council of Members and individual GP practices are aware of the scheme and its content.

Background

Prescribing incentive schemes can allow CCGs to encourage and reward GP practices to improve prescribing to further enhance its quality, safety and cost effectiveness. When they are used they should be one of many methods to manage prescribing during any period of time. 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 Board members in advance and to publish details of the scheme’s arrangements on the CCG website
- ensure payments to practices go into practice funds and not to individuals, for the benefit of patients and each practice should have auditable written records of expenditure
- 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

The CCG recognises that there is significant variation in prescribing between practices due to many different influencing factors. However, there are areas that the CCG as a whole should seek to address to ensure a prescribing incentive scheme offers greater value to prescribing in the CCG as
well as individual practices. Areas requiring attention should deliver benefits, not just as short term gains but that will deliver stability in prescribing and financial and clinical improvement in the medium to long-term. With this in mind, the scheme will include topics that will deliver cost savings and improved quality of prescribing and also include a reactive topic to reflect topics identified in year, including topics which support the CCGs Right Care and New models of care programmes. Final payment will be awarded based on achievement or progression or maintenance against individual markers. This will be assessed using ePACT prescribing data or participation reports via the medicines management team using the time period specified within each individual indicator.

The maximum (100%) incentive scheme payment for each practice for 2018/19 will be £1.00 per patient, calculated using each practice’s list size at September 2018 (mid-year). Practices will receive four quarterly instalments, each of approximately 15% of the total maximum potential payment for the year. Final adjustments (including any potential claw back) will be made when practices’ total awards have been calculated. A practice’s use of this resource must be in keeping with the DoH direction.

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.

Where possible we would like to integrate appropriate pathways and advice to align with the incentive scheme and to assist practice with evidence based guidance and pathways. The guidance pathways will be distributed for discussion and review as soon as they are available.

**Participation and Qualifying Criteria**

It is a requirement of the incentive scheme that all practices who participate in the scheme should attempt all indicators in order for the scheme to be successful in its aims.

All indicators have been specifically designed to be fully or partially achievable by all practices. Practices will only be rewarded if evidence of participation in all indicators is demonstrated by engagement with the medicines management team and/or prescribing lead periodically through the year.

A series of 3 medicines update meetings will be held during 2018/19. In order for the practice to qualify for any payment under this scheme, the prescribing lead, or a suitable deputy (must be employed directly by the practice and be a prescriber) is expected to attend at least 2 of these sessions. These sessions will be held on:

- Wednesday 11th July 2018 - 12:30 – 2:00pm Room 1 Millennium Business Park
- Tuesday 13th November 2018 - 12:30 – 2:00pm Room 1 Millennium Business Park
- Wednesday 13th March 2019 - 12:30 – 2:00pm Room 1 Millennium Business Park
CCG Selected Indicators

Chronic Pain Prescribing (60% weighting)

Over the past few years there has been a focus on reducing the increasing volumes and costs of treating non-cancer chronic pain with analgesics. The estimated costs of prescribing (excluding simple analgesics and NSAIDs) within AWC CCG for the next 12 months are:

<table>
<thead>
<tr>
<th>Analgesic Type</th>
<th>Estimated 12 months prescribing cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opioid analgesics</td>
<td>£760,000</td>
</tr>
<tr>
<td>Weak Opioids and Combination preparations</td>
<td>£235,000</td>
</tr>
<tr>
<td>Neuropathic pain (gabapentin, pregabalin &amp; lidocaine patches)</td>
<td>£345,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>£1,350,000</strong></td>
</tr>
</tbody>
</table>

Between June 2016 and May 2017 the CCG were supported by the CROP project with resources to assist practices to reduce their opioid prescribing for chronic pain, which led to a halting of the rise in opioid prescribing in these patients and a 6% decrease in opioid use for chronic pain. In January 2018 the ReThink project was launched, aimed at providing resources to practices to consider the ongoing prescribing of medicines for neuropathic pain. In addition, the recent publication of the NHS England paper “Items which should not be routinely prescribed in primary care” lists co-proxamol, immediate release fentanyl, lidocaine plasters, oxycodone with naloxone combination product and paracetamol with tramadol combination products amongst its list of medicines that should not be prescribed.

Following many years of steep rises in prescribing the trend is now starting to reverse and patients encouraged to manage their pain in non-pharmacological ways. Often patients are much improved from reducing or stopping medication, and new patients are not starting on the road to high dose opioid or gabapentinoid use. Some helpful resources are included in appendix 1.

In addition to reducing use of analgesics the CCG also encourage the use of a limited number of branded generic opioid products and these recommendations should be followed using the SystmOne and Optimise Rx formulary recommendations.

A cost reduction of 10% could provide a saving to the CCG of around £135k, and a 15% saving could save over £200k. To achieve payment practices will need to show:

- A NIC/ASTRoPU at least 10% below the national average or demonstrate a 10% reduction from their Q4 2017/18 baseline: 50% payment
- A NIC/ASTRoPU at least 15% below the national average or demonstrate a 15% reduction from their Q4 2017/18 baseline: 100% payment
- Measurement will be made January – March 2019
Safer Prescribing in the Elderly (20% weighting)

The population is ageing, with increasing incidence of people living with frailty and multi-morbidity who have complex needs. The 5 Year Forward View recognises the need for increasing support for the frail population, whilst recognising the need to deliver care more locally i.e. in primary care.

Medication review in frailty care is important as there are higher levels of avoidable harm amongst older people due to polypharmacy. The King’s Fund document ‘Polypharmacy and medicines optimisation: making it safe and sound’ (2013) details how patients experiencing polypharmacy are at higher risk from adverse drug events and more likely to be admitted to hospital. In recognition of this, from July 2017, new GMS contractual arrangements will require GPs to use an appropriate tool, e.g. electronic Frailty Index (eFI), to identify patients aged 65 and over who are living with moderate and severe frailty. Anticholinergics have long been linked to impaired cognition and falls risk, but (more recently) have also been linked to increased morbidity and mortality. Anticholinergics may also be a cause of constipation and urinary retention.

Further information to support this work can be found in appendix 2.

Action required:

Undertake a medication review in all patients over the age of 65 with an anticholinergic burden score of 6 or more. The numbers of patients vary between 2 and 31 patients per practice – see appendix 2 for details as of Oct 2017.

Practices will achieve payment for:

- A 50% reduction in the number of patients over the age of 65 with an anticholinergic burden greater than 6: 50% of payment
- A 75% reduction in the number of patients with an anticholinergic burden score of 6 or more: 100% of payment

Measurement will be taken at March 2019

Antibiotics – All Prescribing (10% weighting)

A national focus to reduce overall prescribing of antibiotics has been under way for many years now including the education of patients.

The main aim is the prevention of antibiotic resistance and antibiotic related infections such as MRSA and C. difficile.

Practices with prescribing rates as detailed below will achieve payment:

- Items per STAR-PU at or below 5% above the national average – 25% of payment
- Items per STAR-PU at or below national average – 50% of payment
- Items per STAR-PU 5% or more below national average – 100% of payment

Measurement will be made from April 2018 to March 2019.
Antibiotics – Nitrofurantoin / Trimethoprim (5% weighting)

In line with NHS England’s quality premium targets for primary care aimed at reducing the incidence of E.coli bacteraemia, this indicator would work to increase the appropriate use of nitrofurantoin as 1st line choice for the empirical management of UTI in primary care settings, and support a reduction in inappropriate prescribing of trimethoprim which is reported to have a significantly higher rate of non-susceptibility in ‘at risk’ groups; these are defined in the “PHE Management of Infection Guidelines”. There is a specific aim to reduce trimethoprim use in the over 70’s.

The CCGs Quality Premium targets for antibiotic use for 2018/19 are:

- A 10% reduction (or greater) in the Trimethoprim: Nitrofurantoin prescribing ratio on baseline data (June 15 – May 16)
- A 10% reduction (or greater) in the number of trimethoprim items prescribed to patients aged 70 years or greater on baseline data (June 15-May 16) for 2018/19.*

Practices will achieve payment if they achieve:

- A trimethoprim: nitrofurantoin prescribing ratio equal to or less than 1.2 : 1*
- Measurement will be made April 2018 – March 2019.

*Quality premium indicators have not yet been set by NHSE. These indicators will be updated prior to the final version being sent to practices, in line with the NHSE Quality Premium Guidance

Specials Prescribing (5% weighting)

In the 8 months to December 2017 over £200k was saved by optimising the use of unlicensed specials. This indicator would reflect the active participation of the practice to engage with the medicines management team and review the practice prescribed specials on a monthly basis to ensure prescribing is optimised. Measurement will be for participation as reported by the medicines management team member.

To achieve payment:

- The practice must document a review of specials (in conjunction with the MM team) at least once every 2 months to qualify for payment.

Scheme Benefits & Costs

The prescribing incentive scheme represents a significant investment of CCG funds and must demonstrate that as well as clinical benefits for patients achieved by the clinical targets set, that it also shows value for money for the CCG in the savings to the medicines budget.
The following table demonstrates the potential costs and savings:

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Achievement level</th>
<th>Cost to CCG</th>
<th>Potential Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic Pain prescribing</td>
<td>A 15% reduction in overall costs</td>
<td>£95,280</td>
<td>£200,000</td>
</tr>
<tr>
<td>Anticholinergic burden</td>
<td>A 75% reduction in patients with an overall anticholinergic burden score.</td>
<td>£31,760</td>
<td>Reduction in hospital admissions for falls and consultations for adverse effects</td>
</tr>
<tr>
<td>All Antibiotics</td>
<td>Prescribing below the national average</td>
<td>£15,880</td>
<td>Reduction in bacteraemia incidence</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Estimated £15,000 savings plus achievement of Quality Premium payment</td>
</tr>
<tr>
<td>Trimethoprim/Nitrofurantoin</td>
<td>Prescribing at or below national average</td>
<td>£7,940</td>
<td>Estimated £100,000</td>
</tr>
<tr>
<td>Specials</td>
<td>100% uptake could offer savings between £30k and £200k (based on last 2 years activity).</td>
<td>£7,940</td>
<td>Estimated £100,000</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>£158,800</td>
<td>£315,000</td>
</tr>
<tr>
<td>Total (including QP achievement)</td>
<td></td>
<td>£158,000</td>
<td>£386,000</td>
</tr>
</tbody>
</table>

**Monitoring**

The medicines management team will monitor practice performance against indicators on a monthly basis, which will be shared with practices and the CCG performance team. Detailed monitoring of the impact of the scheme will be reviewed twice a year by the Clinical Executive Group.

**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 specified time period. All the indicators are measured during the time period that is solely or partly inclusive of January to March 2019, and as this data is not immediately available, it will not be until later in 2019/20 that final data and payments can be calculated.

**Disputes**

Disputes that cannot be resolved by the CCG Prescribing Lead will be escalated to the CCG Executive. This will be escalated further to the CCG Governing body if early resolution cannot be achieved.
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North Yorkshire & AWC Medicines Management Team

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Acting Head of Medicines Management  
North Yorkshire & AWC Medicines Management Team
Appendix 1

Chronic pain online resources:

[http://livewellwithpain.co.uk/resources-for-your-patients/information-and-worksheets/](http://livewellwithpain.co.uk/resources-for-your-patients/information-and-worksheets/)

Tasmania Department of Health & Human Services Persistent Pain booklet:

PersistentPainBooklet copy (1).pdf

NHSE guidance – Items which should not be routinely prescribed in primary care:

Items which should not be routinely prescribed in primary care.pdf

Appendix 2

Anticholinergic burden resources


Appendix 3

Antibiotic Quality Premium