

## Thurrock CCG Prescribing Quality Incentive Scheme 2019/2020

Area of prescribing	Target/requirement	Points
<b>Financial target</b>	Practice to achieve <b>2</b> out of the following: <ol style="list-style-type: none"> <li>a) Stay within prescribing budget</li> <li>b) Demonstrate a cost per ASTRO-PU equal to or below the CCG average</li> <li>c) Demonstrate a growth in costs equal to or below the CCG average</li> </ol>	<b>4 points</b>
<b>Bimonthly prescribing actions</b>	Prescribing Lead (or deputy) to implement <b>six</b> bimonthly prescribing actions within their practice. Information and requirements relating to the bimonthly action will be emailed to practices, along with deadlines, throughout the year. Six actions to be implemented during the year as follows: <ol style="list-style-type: none"> <li>1) Pregabalin and gabapentin</li> <li>2) Doxazosin modified release</li> <li>3) Tadalafil (Cialis)</li> <li>4) TBC</li> <li>5) TBC</li> <li>6) TBC</li> </ol>	<b>6 points</b>
<b>Eclipse Live-red alerts and amber alerts</b>	Practice to demonstrate that they are undertaking reviews of Eclipse Live red alerts and amber alerts each month.	<b>6 points</b>
<b>Antibiotics</b>	Practice to undertake strategies to appropriately reduce the volume of antibiotic prescribing, and demonstrate a reduction in the volume of antibiotic prescribing compared to the previous year.	<b>4 points</b>
<b>ScriptSwitch</b>	Practice to achieve a <b>40%</b> consistent combined ScriptSwitch acceptance rate.	<b>4 points</b>
<b>Respiratory (training)</b>	Practice Nurse to attend 1 day respiratory training update organised via the CCG (or other suitable training course, as agreed with the CCG).	<b>4 points</b>
<b>Respiratory (audit)</b>	Review of inhaled triple therapy in COPD. Identify appropriate patients to withdraw and stop their steroid inhaler as per national guidelines. Identify patients that require continued triple therapy and change to a triple therapy combination inhaler (e.g. Trimbow or Trelegy).	<b>4 points</b>
<b>Diabetes</b>	Undertake a diabetes medicines related audit, including one of the following: -Audit of GLP1 agonists in line with NICE guidelines (NG28), to identify suboptimal prescribing, rationalise therapy and improve quality. <b>OR</b> -Audit of SGLT2 therapy in respect to adverse effects and MHRA Drug Safety Updates.	<b>4 points</b>

Area of Prescribing	Target/requirement	Points
<b>Controlled Drugs</b>	Review the prescribing of high dose/high volume Controlled Drugs. Information will be sent to practices once per year detailing specific recommendations for review.	<b>4 points</b>
<b>Over the counter (OTC) preparations / grey-list prescribing</b>	Over the counter preparations / grey-list prescribing cost per ASTRO-PU should be less than <b>£75</b> per 1,000 ASTRO-PU's or practice to demonstrate a <b>20%</b> reduction in costs.	<b>4 points</b>
<b>Practice specific target</b>	Practice to agree and implement <b>two</b> practice specific targets with the CCG Medicines Management Team. These should be fully implemented by <b>31st December 2019</b> .  Targets to be discussed/agreed at practice prescribing meeting with CCG prescribing advisor.	<b>6 points</b>  <i>3 points for each target</i>
<b>Total points available</b>		<b>50 points</b>

### Prescribing Quality Incentive Scheme Conditions

Practice based support from the Medicines Management Team may be available and will include provision of resources e.g. guidance and audit templates to support practices to meet the targets. For audits undertaken by the Medicines Management Team, the expectation is that any suggestions must be implemented within 28 days.

No payment will be made under the Prescribing Quality Incentive Scheme unless clear changes in prescribing have been demonstrated on ePACT2. Any audit work or supporting information can be submitted to [prescribing.mailbox@nhs.net](mailto:prescribing.mailbox@nhs.net).