Prescribing Local Improvement Scheme
Staffordshire Clinical Commissioning Groups

2019 – 2020

Approved by Staffordshire CCGs Governing Board in Common

30 May 2019

Introduction

Prescribing Local Improvement Scheme (PLIS) for 2019/20 has been designed to remunerate practices for participating in a range of medicines optimisation initiatives that will improve the quality and cost-effectiveness of prescribing. PLIS payments are linked to achieving the following objectives:

1. Containing *growth* in prescribing expenditure and there are practice specific financial targets to achieve in this respect.
2. Reducing expenditure on drugs that are prescribed for conditions that can be managed through self-care. There are practice specific targets based on current and relevant prescribing benchmarking data
3. In line with the new UK five year action plan for tackling antimicrobial resistance practices to continue prescribing antibiotics prudently. Once again current and relevant benchmarking data will be used to set practice specific targets for prescribing level of antibiotics.

In order to qualify for PLIS payments practices must meet requirements of each target area as described below and additionally demonstrate improvement in a variety of key performance indicators. Information on key performance indicators is given in Appendix 5.

Target 1: Managing growth in prescribing expenditure

Our estimate for growth in prescribing expenditure for 2019/20 is 4% on 2018/19 out-turn and therefore this will be the baseline growth that will be available to all practices. PLIS payments will apply to practices if they can achieve an efficiency saving in prescribing costs against this growth. In order to determine the level of payment and the level of efficiency savings required we have applied the following criteria:

1. The level of efficiency required will depend on practice's current prescribing expenditure per head of weighted population – locally we call this "fair shares patient unit" (FSPU). Those practices with high level of prescribing expenditure will be required to achieve a greater level of saving. In order to determine "prescribing expenditure per FSPU" we have used the NHS England fair shares formula for prescribing budgets and made further adjustments to take account of patients in residential care homes and in nursing homes and prevalence figures for cardiovascular diseases, diabetes, asthma and COPD (obtained from qualities and outcomes framework data 2017/18). Prescribing expenditure is based on forecast out-turn for 2018/19.

2. Following categories of drugs and items will be excluded from financial calculations:

    - Drugs subject to shared care arrangements
    - Oral anticoagulants (apixaban, edoxaban, dabigatran, rivorxaban, phenindione and warfarin)
    - Dressings
    - FreeStyle Libre
    - Pneumococcal and influenza vaccination

3. There will be two tiers of payments dependent on the level of savings achieved. If a practice achieves tier 1 efficiency saving then they will earn £0.70 per patient based on average practice list size for 2019/20. If a practice achieves tier 2 saving then they will earn £1.40 per patient based on average practice list size for 2019/20.

4. The following table sets the levels for efficiency savings required according to practices spend per head of weighted population. Note that a 4% uplift will be added to a practice's forecast out-turn for 2018/19 first and then the efficiency target will be applied to this figure.

Practice's prescribing expenditure: % variance compared to CCG average spend per FSPU (rounded to the nearest integer)	**Efficiency Target Tier 1** **(If efficiency is achieved, payment is £0.70 per patient)**	**Efficiency Target Tier 2** **(If efficiency is achieved, payment is £1.40 per patient)**
15% or above	3.5%	4.5%
14% to 10%	3%	4%
9% to 5%	2.5%	3.5%
4% to 0%	2%	3%
Below 0% to -4%	1.5%	2.5%
-5% to -9%	1%	2%
-10% to -14%	0.5%	1.5%
-15% or below	0%	1%

All practices have access to prescribing support activities from the medicines optimisation team. This is ongoing work and the medicines optimisation will work with practices throughout the year to implement cost-effectives changes in prescribing that the practices agree to.

See appendix 1 for calculation of FSPU.

See appendix 2 for practice specific efficiency targets.

Target 2: implementation of NHSE guidance on conditions for which over the counter items should not routinely be prescribed in primary care

In 2018, NHS England (NHSE) published guidance for conditions for which over the counter items should not routinely be prescribed in primary care https://www.england.nhs.uk/medicines/conditions-for-which-over-the-counter-items-should-not-routinely-be-prescribed/. It listed 35 conditions, plus probiotics and vitamins and minerals, as areas where self-care may be more appropriate. This supportive document gives clear guidance on purchasing over the counter (OTC) medicines in certain circumstances. Locally within Staffordshire an Over-the-Counter Prescribing Policy has been produced and ratified by the CCG boards.

As GPs need to spend more time treating patients with complex health problems and long term illnesses, it is important that people are encouraged and empowered to self-care for minor ailments and common conditions with, for example, OTC medications. By promoting the concept of self-care and increasing the awareness that there are alternatives to making GP appointments, patients will be more likely to explore self-care in the future and reduce the future demand for

unnecessary GP appointments. This should therefore help to change the culture of dependency on the NHS.

The Medicines Optimisation Teams have been working with local practices, community pharmacies and the Staffordshire Local Pharmaceutical Committee to raise awareness of the issue of self-care and to improve education across the health economy for a number of years. The NHSE published guidance now gives some national focus and guidance to healthcare professional on the conditions that patients should be seeking treatment with self-care preparations purchased from their pharmacy. Despite the national guidance and local policy, there remained a number of concerns from GPs that in not providing patients with treatments for self-limiting conditions, they would be in breach of their core GP contract. These concerns had been relayed by the CCG medicines optimisation team to NHS England and there is now a supporting letter to GP's, to specifically address those concerns – this was issued by the National Medical Director for NHS England in January 2019 and is available here:

https://www.england.nhs.uk/wp-content/uploads/2019/01/otc-gms-gp-practice-letter.pdf.

With this supporting letter from NHS England there is a renewed approach by the Medicines Optimisation team to implement the national guidance locally. Self-care project for 2019/20 will provide much more support for general practice:

- practices will be supported in de-prescribing drugs that should be purchased over the counter
- effective communication will be directed at the public so that it is clear that GPs will no longer be prescribing certain products
- effective systems in place at community pharmacies will ensure that appropriate advice and treatment is provided to the public who should now be seeking their service in larger numbers (also systems for ensuring that referrals to GP from community pharmacists are appropriate).
- developments afoot in community pharmacy will be publicised along with the message to see pharmacies for advice and treatment for minor ailments
- there will be a co-ordinated approach across the health economy including NHS 111, emergency departments, other commissioned services, voluntary sector and schools.

The table below shows prescribing expenditure on this group of drugs in STP areas that have had a major drive to tackle prescribing of drugs that fall in the OTC category. Prescribing expenditure is expressed as £ per 1000 patients per year. **Prescribing expenditure on this group of drugs in Staffordshire STP is £8968 per 1000 patients.**

STP	Expenditure per 1000 patients (OTC group of drugs) during January to December 2018
Cheshire and Merseyside	£8910
Derbyshire	£7997
Cambridge and Peterborough	£5733

For the purpose of this scheme we have set a benchmark of £8000 per 1000 patients. Practices will have targets based on distance from benchmark. **See appendix 3 for expenditure reduction targets for each practice.** The period of measurement will be April 2019 to March 2020.

Target 3: reducing prescribing of antibiotics

The government published the latest strategy document on combating antimicrobial resistance in January 2019 which is available here

This document presents UK's five year national action plan (2019 to 2024) for tackling antimicrobial resistance. With regard to primary care the emphasis on good prescribing practice such as reducing overall antibiotic use and minimising use of broad spectrum antibiotics continues. Between 2013 and 2017 prescribing level of antibiotics in the community nationally has decreased by 11% (measured as prescription items per 1000 population). The newly published action plan sets a target of 25% reduction in antibiotic use in the community from 2013 baseline. However, details of how this will be measured are unclear.

NHS England uses the indicator "items per STAR-PU" to benchmark practices and CCGs. Previously the target for overall antibiotic prescribing was 1.161 items per STAR-PU (or below). All 6 Staffordshire CCGs are now under this benchmark (i.e. achieving the target). In 2018, NHSE updated the target to 0.965 items per STAR-PU (or below). Data for January 2018 to December 2018 shows that all 6 Staffordshire CCGs are above this benchmark (not achieving target):

CCG	Antibiotic prescribing (Items per STARPU)
Cannock Chase	1.149
East Staffordshire	1.080
North Staffordshire	1.115
South East Staffordshire and Seisdon Peninsula	1.019
Stafford and Surrounds	1.059
Stoke-on-Trent	1.094

For the purpose of the scheme we have categorised practices as follows:

1. Practices with a high level of prescribing of antibacterial drugs (>1.196 items per STAR-PU): These practices will be required to achieve a 10% reduction in items for antibacterial drugs during October 2019 to December 2019 against a baseline of October 2018 to December 2018.

2. Practices with a moderate level of prescribing of antibacterial drugs (between 0.993 and 1.196 items per STAR-PU): These practices will be required to achieve a 5% reduction in items for antibacterial drugs during October 2019 to December 2019 against a baseline of October 2018 to December 2018.

3. Practices with a low level of prescribing of antibacterial drugs (<0.993 items per STAR-PU but above 0.965 items per STAR-PU): These practices should maintain current prescribing

level or lower. The period of measurement will be October 2019 to December 2019 against a baseline of October 2018 to December 2018.

4. Practices that are at target i.e. prescribing level of antibacterial drugs at or below 0.965 items per STAR-PU: These practices will be required to maintain prescribing level of antibacterial drugs within 3% of current level. The period of measurement will be October 2019 to December 2019 against a baseline of October 2018 to December 2018.

See appendix 4 for practice specific information.

Some practices offer walk in service and therefore would be expected to prescribe a higher level of antibiotics than the average. As an alternative to the target of reducing antibacterial prescribing, these practices may opt to carry out clinical audits on prescribing of antibacterial drugs. See appendix 4 for further details.

Joining the Scheme

Practices may join the scheme by completing and returning the sign-up form in appendix 6 by 14th July 2019.

Reporting

Prescribing data covering performance against the three main targets (financial, OTC and antibiotics) and also the key performance indicators will be published monthly starting in July 2019. Practices' final achievement will be determined from final 2019/20 prescribing data which will be available in June 2020.

Payments

Payments will be calculated once full 2019/20 prescribing expenditure figures are available in June 2020.

Adjustments to payments will be made taking into account prescribing windfalls, changes in list sizes and any unforeseen circumstances. For example, a practice which has incurred windfall savings due to a significant reduction in list size, may have its targets and associated payments readjusted accordingly. Similarly, practices which have significantly increased their list size, with a corresponding increase in expenditure, will have their financial targets revised.

The CCG also reserves the right to withhold any payments (part or whole) if the cost reduction targets were achieved in a manner not in line with CCG principles.

Payments will be made via the prevailing methodology of the CCGs. Practices will be notified accordingly.

Appeals Process

Any practice that has not achieved an award under the PLIS can appeal the decision. Practices are required to lodge an appeal in writing, citing the reasons of the appeal to the Medicines Optimisation Team (medopsqueries@stoke.nhs.uk) by the date requested in the letter that notifies the practice of the outcome of the PLIS.

A CCG Appeals Panel shall then be convened to review the submitted evidence by the practice and make a decision based on the final performance data, and the date for that hearing will be communicated to the practice. All supporting evidence/documents relating to your appeal must be received by the relevant date as explained above. **Any documents received after this date will not be considered.**

The Appeals Panel will be a Staffordshire wide panel consisting of:

- Executive Director
- Non-executive Director
- Finance Representative

A Medicines Optimisation representative will support the panel with provision of performance data and its interpretation.

The panel's decision will be final and will be communicated in writing within 10 working days of the decision.

Contact Details

For any queries or concerns contact Fiona.Porter@northstaffs.nhs.uk

See Appendix 7 for a summary of the PLIS sign up and appeals process.

Appendix 1: Deriving weighted population

The basic equation that the Department of Health and Social Care uses for deriving prescribing related weighted population is as follows:

1. Weighted population = (ASTROPU based index) x (needs based index) x practice list size
2. ASTROPU based index = ASTROPU weighted practice population ÷ actual practice list size
3. ASTROPU weighted practice population = ((total ASTROPU for practice) ÷ (total ASTROPU all practices)) x total list size all practices
4. Needs based index is published: https://www.england.nhs.uk/2016/04/allocations-tech-guide-16-17/

In deriving total ASTROPU for the practice, following steps are taken:

1. Weight each patient according age-sex profile of the practice population:

Male age range	weighing	Female age range	Weighting
m0-4	1.0	**f04**	0.9
m5-14	0.9	**f5-14**	0.7
m15-24	1.2	**f15-24**	1.4
m25-34	1.3	**f25-34**	1.8
m35-44	1.8	**f35-44**	2.6
m45-54	3.1	**f45-54**	3.7
m55-64	5.3	**f55-64**	5.4
m65-74	8.7	**f65-74**	7.6
m75+	11.3	**f75+**	9.9

2. Adjust ASTROPU population of the practice by the number of care home patients registered in the practice. On average each *residential care* home patient is equivalent to 7.5 ASTROPU and each nursing home patients is equivalent to 11.25 ASTROPU
3. Adjust ASTROPU population based on QOF registers for atrial fibrillation, coronary heart disease, heart failure, peripheral arterial disease and stroke/TIA. On average each patient on these registers is equivalent to 8 ASTROPU
4. Adjust ASTROPU population based on QOF register for asthma and COPD. On average each patient on these registers is equivalent to 7 ASTROPU
5. Adjust ASTROPU population based on QOF register for diabetes. On average each diabetic patient is equivalent to 11 ASTROPU

Appendix 2: Practice specific cost-efficiency targets and indicative PLIS payments

Explanation of column headings in the attached document

List: actual practice list size as at January 2019

FSPU: weighted list size taking into account needs index, age-sex distribution of practice population, care home residents, prevalence of cardiovascular diseases, asthma, COPD and diabetes

Net FO 2018/19: Forecast out-turn for 2018/19 excluding expenditure on drugs subject to shared care arrangements, dressings and oral anticoagulant drugs

£/FSPU: Annual expenditure on drugs per head of *weighted* population (excludes expenditure on drugs and dressings as explained above)

VAR: practice's £/FSPU compared to CCG average of £142.51 per head of population

2019/20 Ind Rx Exp: This is an indicative prescribing expenditure on drugs during 2019/20 assuming that the practice increased spending by 4% from 2018/19 (excludes expenditure on drugs and dressings as explained above)

Tier 1 target: Minimum efficiency saving required in order to achieve tier 1 payment. Note that this is a % figure. The actual saving in £ appears in "Tier 1 Sav" column. The level of potential PLIS payment is indicated in "Tier 1 Paym" column.

Tier 2 target: efficiency target for achieving maximum PLIS payment. Note that this is a % figure. The actual saving in £ appears in "Tier 2 Sav" column. The level of potential PLIS payment is indicated in "Tier 2 Paym " column

Ratio: this is the ratio of tier 2 savings versus tier 2 payment (maximum payment). Note on average practices earn £1 for every £3 that is saved as cost-efficiency

Growth Target.xlsx

Appendix 3: practice specific targets for prescribing of drugs that are considered suitable for over the counter purchase but not for routine prescribing in primary care

The attached table shows

- *Total Prescribing expenditure* on drugs that could have potentially been purchased over the counter for the period January to December 2018.
- Prescribing expenditure per 1000 patients to enable comparison between practices and to determine the distance between a practice's current spend and the target benchmark of £8000 per 1000 patients.
- Target saving in terms of % of annual spend and what this equates to in pounds (this will be measured for the period April 2019 to March 2020). Note that practices that are within 8% of benchmark of £8000 per 1000 patients are required not to increase their annual expenditure by more than 5%.

OTC Target.xlsx

Appendix 4: practice specific targets for prescribing of antibacterial drugs

The attached document provides practice specific targets for reduction in prescription items during quarter 3 of 2019/20 against a baseline of prescription numbers during Q3 of 2018/19. Adjustments will be made for practice population changes as reported in December 2019.


Abx Target.xlsx

Practices that provide walk-in services or extended access services may naturally have higher prescribing rates for antibacterial drugs. As an alternative to having a target for reduction in antibacterial prescribing, these practices may opt to conduct clinical audits based on treatment of following conditions:

1. Acute sore throat
2. Urinary tract infections (excludes prophylactic treatment for urinary tract infections)

The tools for conducting the above audits are available on Target website:

https://www.rcgp.org.uk/TARGETantibiotics

Following process will apply to both of the above areas:

1. Practice team will conduct an initial audit for the period October to December 2018. This audit should be completed in July 2019.
2. Practice team will meet with a representative of the CCG medicines Optimisation team in August 2019 to discuss the results of the audit and agree an action plan.
3. Practice team will implement the action plan as agreed in 2 above
4. Practice team will conduct second audit in January 2020 for the period October to December 2019
5. Practice team will meet with a representative of the CCG medicines Optimisation team in February 2020 to assess the effectiveness of the action plan. A further action plan may be drawn up if necessary.

Appendix 5: Key performance indicators (prescribing)

The following key performance indicators will be used to monitor progress with practice based prescribing interventions:

1. Expenditure on low priority drugs – aim will be to show reduction
2. Cost saving potential from generic prescribing – aim will be to show reduction in cost saving potential on a group of drugs that are currently prescribed as brands
3. Cost saving potential from brand prescribing – aim will be to show reduction in cost saving potential on a group of drugs that are currently prescribed generically or as expensive brands but should be prescribed as cost-effective branded drugs
4. Expenditure on specials – aim will be to show reduction
5. Expenditure on vitamin D – aim will be to show reduction

Appendix 6: Sign-Up Form

Prescribing Local Improvement Scheme 2019/20

Practice Details:

I agree to participate in the Prescribing Local Improvement Scheme 2019/20

With regard to antibacterial prescribing target (tick the line that is applicable):

- ☐ I agree to the percentage reduction target as explained in appendix 4
- ☐ As our practice offers walk in service/extended access, I opt for conducting clinical audits for antibacterial prescribing as explained in appendix 4

Signed

……

(On behalf of the practice).

Return to Fiona.Porter@northstaffs.nhs.uk **by 14th July 2019**

Appendix 7: PLIS Sign-up and Appeals Process