

# Prescribing Local Improvement Scheme North Staffordshire and Stoke-on-Trent Clinical Commissioning Groups

## 2020 – 2021 Extension

**Approved: June 2021**

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## Introduction

Prescribing Local Improvement Scheme (PLIS) for 2020/2021 was a simple scheme in that it was designed to generate enough cost savings in prescribing to cover PLIS payment for practices. The final results for the year show that:

- 29 practices have achieved the full efficiency savings and will be eligible for maximum PLIS payment as per the rules of the scheme
- 4 practices have achieved a partial level of efficiency savings these practices will be eligible for partial PLIS payment as per the rules of the scheme
- 39 practices have not achieved the required efficiency savings and would therefore not qualify for any PLIS payment based on the original criteria

It is generally acknowledged that the majority of practices have not had the time or sufficient resource to achieve the required cost savings in prescribing as practices have been heavily involved with managing Covid-19 vaccination programme. For practices that have not qualified for the PLIS payment or only partially qualified for the PLIS payment this extension offers an option to engage in medicines optimisation activities up to September 2021 in order to earn 80% of the maximum payment available under PLIS.

Medicines optimisation activities presented here are essentially a pilot for a medicines optimisation and clinical pharmacy service specification that Staffordshire and Stoke-on-Trent CCGs/ICS intends to launch for the period October 2021 to March 2023. The service specification will be the basis for a service level agreement (SLA) between SSOT CCGs/ICS and practices that are part of a Primary Care Network. The SLA will replace PLIS for the period October 2021 to March 2023.

## Requirements of the PLIS 2020/21 Extension

Practices will have to agree that their shared PCN clinical pharmacy workforce will work with CCG MO teams in delivering MO activities included in this scheme.

If a practice is not a member of a PCN then the CCG MO team will provide the necessary staff on the condition that designated clinicians work with MO team staff to deliver the activities included in this scheme.

Practices that have not achieved the financial target or only partially achieved the financial target in the base PLIS 2020/21 activities will be required to participate in 3 of the following MO activities:

1. Structured medication review: polypharmacy
2. Structured medication review: care home residents
3. Structured medication review: asthma and COPD
4. Structured medication review: patients taking medicines that are associated with high risk of causing harm
5. Medicines use review: low priority medicines
6. Antimicrobial stewardship: use of resources and conducting audit relevant to prescribing of antibiotics
7. Self-care: use of resources and conducting audit relevant to prescribing for conditions which can be managed through self-care
8. Drug shortages: implementation of actions recommended in drug shortage bulletin
9. Monthly top tips: implementation of actions that address high cost prescribing based on prescribing data available for the latest month

10. Quality improvement cycle: devise and conduct a clinical audit on current prescribing safety concerns
11. Repeat prescribing process: review practice's repeat prescribing process and produce a model protocol

CCG MO team will use prescribing based population health management data and consider other factors (e.g. care homes served by the practice) to determine allocation of activities to practices that participate in this scheme.

As explained above the purpose of selecting these activities is to pilot ideas for the SLA that the CCGs/ICS intends to launch later in the year. The actual work involved in conducting activities will generally be to test the following:

- Does the prescribing related population health data accurately identify the target that practices should focus on?
- What level of training and orientation will the clinical pharmacy teams require to deliver the future SLA?
- How to optimise the system for recording interventions involved in the activities?
- What would be the best way of recording activity which will be needed for the monitoring and payment aspect of the SLA?
- What would be the best measure for assessing impact of the activities?

As can be seen the nature of this scheme is such that there will be a need for regular communication between the CCG MO team and the PCN clinical pharmacy teams.

## Monitoring and Payment

A written agreement will be made for the MO activities that the practice will undertake. All practices and their relevant PCN clinical pharmacy teams will be given a named lead CCG pharmacist who will be responsible for monitoring progress with the delivery of activities from CCG perspective. The practice should also have a named lead who will take responsibility for liaising with the CCG lead with regard to monitoring progress. Monitoring milestones will be at the end of July and August, with the final outcome being agreed at the end of September (2021). Both parties should keep records of communication as evidence in case of any dispute.

Once an agreement has been signed the default position will be that the practice will be due a payment after September unless "non-delivery" of activity is reported as an exception by the lead CCG pharmacist.

Maximum payment in the base scheme is £1.40 per patient (based on practice's average list size for 2020/21). Practices that opt to sign up for this extension will receive 80% of the maximum payment. Some practices have achieved a partial payment in the base scheme and therefore in the extension phase they will be due 80% of the remainder of the maximum payment.

Examples:

1. Practice A had the potential to earn £5000 in base scheme but did not qualify for any payment. Therefore in the extension phase Practice A will be paid £4000 (80% of £5000) for completing the work as explained above.
2. Practice B had the potential to earn £5000 in base scheme but only qualified for a payment of £1000. Therefore in the extension phase Practice B could earn 80% of the remaining £4000 which would be £3200, which brings the total to £4,200.

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

### Joining the Scheme

Practices may join the scheme by completing and returning the sign-up form in appendix 1 by 23 July 2021

### Appeals Process

Due to the nature of this scheme appeals are not expected. The only basis for an appeal will be if the practice is in dispute with the “non-delivery” outcome reported by the relevant lead CCG pharmacist.

A CCG Appeals Panel shall then be convened to review the submitted evidence by the practice, and the date for that hearing will be communicated to the practice. All supporting evidence/documents relating to the appeal must be received by the relevant date as explained in appendix 2. **Any documents received after this date will not be considered.**

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@staffsstokeccgs.nhs.uk](mailto:Fiona.Porter@staffsstokeccgs.nhs.uk)

Appendix 1: Sign-Up Form

**Prescribing Local Improvement Scheme 2020/21 Extension**

**Practice Details:**

Lead clinician that will take responsibility for liaising with lead CCG pharmacist for the purpose of monitoring progress with the scheme: .....

I agree to participate in the Prescribing Local Improvement Scheme 2020/21 Extension

**Signed**

.....

(On behalf of the practice).

Return to [Fiona.Porter@staffsstokeccgs.nhs.uk](mailto:Fiona.Porter@staffsstokeccgs.nhs.uk) by 23 July 2021

## Appendix 2: PLIS Sign-up and Appeals Process

