



**Staffordshire and
Stoke-on-Trent**
Integrated Care Board

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Clinical Pharmacy and Medicines Optimisation Service Level Agreement

This service level agreement is between a Staffordshire and Stoke-on-Trent General Practice and the Staffordshire and Stoke-on-Trent Integrated Care Board for the delivery of clinical pharmacy and medicines optimisation services in General Practice. The service specification is covered in pages 3 to 8 of this document.

This service level agreement will be referred to as MO SLA from hereon.

Practice (Service Provider):

Signature of Practice Representative (Practice Manager, Business Manager or Lead GP):

Print Name:

Job Title:

Date:

Integrated Care Board Representative:

Amin Mitha

Associate Director of Medicines Optimisation

Date: 26/05/2023

Chair: David Pearson MBE

Interim Chief Executive Officer: Peter Axon

Service period

1 May 2023 to 31 March 2024

SLA Inbox

staffsmedsoptsla@staffsstoke.icb.nhs.uk

Introduction and context

The MO SLA was launched for the first time in March 2022. It was a highly successful initiative as 89% of Staffordshire and Stoke-on-Trent practices took an active part in delivering the SLA and outcomes relating to quality, safety and cost-effectiveness of prescribing.

A significant strength of the MO SLA is the collaborative working arrangement between practice/Primary Care Networked (PCN) based clinical pharmacy teams and the ICB based medicines-based optimisation teams. Therefore, a number of work-streams described below specifically require the practice/PCN based clinical pharmacy teams to deliver the service.

All of the targets chosen in this SLA are based on prescribing related population health management data or linked to national priorities.

The PCN Directed Enhanced Service (DES) has a specification on Structured Medication Review and Medicines Optimisation. A clause within the DES specification requires:

PCNs to actively work with its ICB to optimise the quality of local prescribing of:

- antimicrobial medicines;
- medicines which can cause dependency;
- metered dose inhalers, where a lower carbon device may be appropriate; and
- nationally identified medicines of low priority

If practices agree to deliver this specification, then the requirements as described above will also be met.

Aims of the service

- To reduce the risk of medicines related harm to patients
- To optimise treatment of patients with long term conditions
- To reduce the carbon impact of inhalers
- To promote prudent and appropriate use of antimicrobial drugs
- To achieve cost-efficiencies in prescribing
- To enable development of the clinical pharmacy workforce in practices and Primary Care Networks

Signing up for the SLA

Practices must provide contact details of the practice staff who will provide the service*. All staff who are going to provide the relevant service element must have attended an ICB led training/orientation session especially with regard to recording interventions on an online tool called MedOptimise. The ICB MO Team will maintain a register of practice staff who have been given MedOptimise login details and are therefore authorised to carry out the service and record interventions on MedOptimise.

*Along with signed page 1 as above, send the contact details of relevant staff (Name, profession and email address) to staffsmedsoptsla@staffsstoke.icb.nhs.uk by **30 June 2023**.

Service specification

1. Structured medication reviews (SMR)

<p>Target</p>	<p>Practices can conduct up to 17.3 SMRs per 1000 patients on weighted practice list size up to 31 March 2024. For example, a practice with a weighted list size of 10,000 patients can deliver up to 173 SMRs until March 2024. These SMRs can be conducted in the following cohorts of patients:</p> <ul style="list-style-type: none"> • Patients aged 65 years or over prescribed 8 or more unique items who have not had a SMR recorded in the last 12 months from the date of identifying the patient for SMR • Care home residents who are new residents admitted to the care home since 1 April 2023 and have not had a SMR yet or those discharged from hospital in the last 4 weeks • Targeted respiratory SMR in: <ul style="list-style-type: none"> ○ Patients prescribed triple inhaler therapy as separate inhalers for Chronic Obstructive Pulmonary Disease or asthma to review to a combination product. ○ Patients Over 18 prescribed Symbicort® pressurised metered dose inhalers (pMDI) or Symbicort Turbohaler® (200/12 or 400/12) or Duoresp Spiromax® (160/9 or 320/9) to review to formulary low carbon cost effective choice Easyhaler Fobumix® where appropriate. ○ Patients over 12 prescribed Seretide pMDI, Flutiform pMDI or Seretide Accuhaler to review to formulary low carbon cost effective choice Easyhaler Fusacomb® where appropriate, or a more cost effective branded generic equivalent MDI alternative (over 18 only). • A full SMR should be conducted no matter how the patient was identified.
<p>Staff</p>	<p>Ideally a clinical pharmacist should conduct SMRs but if the practice has limited Clinical Pharmacy capacity, then 25% of SMRs may be conducted by a doctor or suitably qualified ANP. As explained above the contact details (name, professional role at practice and email address) must be shared with the ICB MO Team so that login details may be issued for the staff to access MedOptimise. The relevant clinicians must attend an orientation session on SMRs.</p>
<p>Recording and monitoring</p>	<p>Practice/PCN Clinical Pharmacist, Doctor or Nurse must record the SMR and individual interventions on MedOptimise (training will be provided). The ICB MO team will monitor the SMR submissions and will contact the relevant practitioner where anomalies are noticed in the recording, or no interventions are being recorded. The ICB MO reserves the right to audit the SMRs to validate payment.</p>
<p>Other requirements</p>	<p>SMRs must be conducted in line with resources provided by the ICB MO Team. Resources for polypharmacy reviews are general in nature but the resources for respiratory reviews detail specific inhaler choices which will help to reduce carbon impact of inhalers as well as achieve cost savings in prescribing. During the year practices may be offered the opportunity to pilot SMRs in other patient cohorts – the number of these pilot SMRs will be within the maximum limit of 17.3 SMRs per 1000 patients on weighted practice list size.</p>

Delivery timeline	Practice/PCN teams are free to organise the timelines for delivery of these SMRs up to 31 March 2024.
Payment	SMRs logged on MedOptimise will attract a payment of £25 per review. Payments will be made monthly. There is no minimum level of SMRs.

2. High Impact Prescribing Interventions (HIPI)

Target	<p>At the start of the SLA practices will be able to access data on MedOptimise which shows drugs that have the highest potential for releasing cost savings if they are prescribed in the most cost-effective way. Practices will be able to choose 20 drug specific reviews (known as HIPI targets) for the whole year and deliver the reviews according to the schedule given below (see delivery timeline)</p> <p>Please note the following conditions around choice of targets:</p> <ul style="list-style-type: none"> • If a practice has patients on more than one strength of a drug e.g. Keppra 500mg and Keppra 250mg, then each strength counts as a separate HIPI target. If the practice is reviewing Keppra 500mg and a patient is also taking Keppra 250mg, then both strengths of Keppra should be changed for that patient. This will count as one HIPI target for the 500mg strength. • If there are different formulations of the same drug, then these count as separate targets e.g. Keppra solution and Keppra tablets count as separate targets. • Each brand of appliance will count as a single HIPI target e.g. Freestyle blood glucose testing strips and Aviva blood glucose testing strips will count as two separate HIPI targets. <p>The ICB MO team will guide the practice/PCN based teams on selection of HIPI targets from the outset.</p>
Staff	HIPI workstream should be delivered by a clinical pharmacist and/or pharmacy technician who must have attended an orientation session on this service element.
Recording and monitoring	The clinical pharmacist/pharmacy technician will have to enter details of the HIPI review on MedOptimise. The ICB MO team will monitor the HIPI reviews and will contact the relevant practitioner where anomalies are noticed in the recording, or no interventions are being recorded. ICB MO reserves the right to audit HIPI reviews to validate payment.
Other requirements	<p>The ICB MO Team will be monitoring the following data throughout the year:</p> <ul style="list-style-type: none"> • Specials • High-cost drugs • Unspecified drugs • Prescriptions with excessive quantities <p>The above data usually highlights issues with a single prescription or treatment of a single patient. The ICB MO Team will contact the practice/PCN based team so that the specific prescription can be reviewed, and changes made if appropriate. This will not count as a separate HIPI target but will be considered</p>

	as a condition for HIPI payment for the relevant period. If practice/PCN teams are struggling with capacity, then they should contact the SLA inbox and flag up this issue.		
Delivery Timeline	Time period for delivery	Number of HIPI targets	Payment per patient on weighted practice list size (January 2023)
	By 30 September 2023	10	£0.10 if 5 HIPI targets completed £0.20 if 10 HIPI targets completed
	October to December 2023	5	£0.10 if all 5 HIPI targets have been completed
	January to March 2024	5	£0.10 if all 5 HIPI targets have been completed
Payment	Payments will be made following the relevant period in the above schedule.		

3. Review of treatment of patients with directly acting oral anticoagulants (DOAC) excluding edoxaban

Target	Currently about 23% of patients taking a DOAC for non-valvular AF are on edoxaban. The ICB has set a target of 50%. Practices will be provided with data that shows their current prescribing level of edoxaban and an indication of the number of patients that will require to be switched to edoxaban to achieve the 50% target. Practices that are already achieving the target of 50% will automatically qualify for payment provided the target is maintained until 31 March 2024.
Staff	Any practice clinician who is qualified to review DOAC treatment may deliver this target. The ICB MO Team will provide relevant resources to support clinicians with this piece of work. This service element complements Quality Improvement Framework for 2023/24. Within QIF there is an offer of an AF Dashboard Tool which will help practices pull through all relevant information on patients who are on AF register. Use of this tool should enable easier identification of individuals who would be suitable for a switch to Edoxaban.
Recording and monitoring	There are no special recording requirements. Data will be extracted from practice clinical systems on a monthly basis to ascertain the level of achievement. <i>The ICB MO team is exploring facility to make the data available to practices on Medoptimise.</i>
Other requirements	Note that payment is based on achievement level and not on activity level. If a review results in no change to treatment, then there is no payment.
Delivery timeline	Practices can organise the workload according to individual circumstances and achievement will be measured as at 31 March 2024. Considering there are two audits being released in the latter half of the year (see 5 and 6 below), practices are advised to try to complete this piece of work by September/October 2023.
Payment	£0.42 per patient on weighted practice list size (January 2023) will be paid in June 2024 if the practice achieves the 50% target by 31 March 2024.

	<p>If a practice by the end of 31 March 2024 has increased the proportion of edoxaban prescribing level, but has not achieved the 50% target, they will be due a pro-rata payment based on the level of movement from baseline. For example:</p> <ul style="list-style-type: none"> Practice A with a weighted list size of 10,000 patients has a baseline achievement of 20% and ends the year at 30% edoxaban usage then the practice has achieved a 10% increase (30% minus 20%) against the required increase of 30% (50% minus 20%) i.e., one third which will attract a payment of $£0.42 \times 10,000 \times 0.3333 = £1399.86$ Practice B also with a weighted list size of 10,000 patients has a baseline value of 30% and ends the year at 40% edoxaban usage then the practice has achieved a 10% increase (40% minus 30%) against the required increase of 20% (50% minus 30%) i.e. half, which will attract a payment of $£0.42 \times 10,000 \times 0.5 = £2100$ <p>Note baseline and achievement levels will be rounded to the nearest integer.</p>
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4. Antimicrobial stewardship

Target	<p><u>Practices that completed an antibiotic prescribing audit during 2022/23</u></p> <p>During 2022/23 practices completed an audit on prescribing of antibiotics for urinary tract infection or upper respiratory tract infection in line with national audit templates available on Target website. Practices should repeat these audits to assess if any improvements have been made. The searches will be based on consultations recorded during the period January to March 2023.</p> <p>Following the audit, the practice should agree an action plan and provide evidence that the action plan has been completed.</p> <p>Practices should continue to promote antimicrobial stewardship messages on their website or Facebook page. Target website has useful resources that can be posted on practice websites/Facebook page.</p> <p><u>Practices that have not done an antibiotic audit during 2022/23</u></p> <p>All practices will be able to access comparative prescribing data on the following:</p> <ul style="list-style-type: none"> Total antibiotic prescriptions per STARPU* per year Prescribing of nitrofurantoin versus trimethoprim in patients aged > 69 years <p>*STARPU: patient denominator based on practice population that is weighted for age and sex distribution of the practice population specifically for this therapeutic area.</p> <p>Based on level of variation across the above 2 data sets, the practice should choose one of the following audits from the Target audits webpage:</p> <ul style="list-style-type: none"> Cough audit Non-catheterised patients over 65 years UTI audit
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	<p>The audit should be based on consultations conducted for the relevant infection during the period January to March 2023</p> <p>Following the audit, the practice should agree an action plan and provide evidence that the action plan has been completed.</p> <p>Practices should promote antimicrobial stewardship messages on their website or Facebook page. Target website has useful resources that can be posted on practice websites/Facebook page.</p> <p>Note that population sample sizes for the audits are as follows:</p> <p>Practice with list size <5,000, audit sample size is 15 patients Practice with list size of 5,000 to 10,000, audit sample size is 20 patients Practice with list size of >10,000 patients to 15,000, audit sample size is 25 patients Practice with list size of >15,000, audit sample size is 30</p>
Staff	Clinical pharmacist or pharmacy technician should lead on this area of work
Recording and monitoring	<p>The Practice team must record the following on MedOptimise:</p> <ul style="list-style-type: none"> • Audit results • Action plan • Confirmation that action plan has been executed <p>The ICB MO reserves the right to check the audit at practice level to validate payment.</p>
Other requirements	<p>The Clinical pharmacist/pharmacy technician must attend an orientation session on the audit. Training will be provided on how to record audit results etc. on MedOptimise.</p> <p>Practice teams must also attend an education session on antimicrobial stewardship where combined audit results will be shared. The date will be confirmed later in the year.</p>
Delivery timeline	<p>Practices must complete and record the audit and action plan on MedOptimise by 30th September 2023.</p> <p>Practices must complete the confirmation template of the action plan on MedOptimise by 31st December 2023.</p>
Payment	<p>£0.175 per patient on weighted practice list size (January 2023)</p> <p>Payment will be credited to practice accounts by March 2024.</p>

5. Audit on prescribing of oral nutritional supplements (ONS)

Target	<p>Staffordshire and Stoke-on-Trent has the highest expenditure on oral nutritional supplements in England. These are simple standard sip feeds. An audit is being scoped currently and practices will be sent the details of the audit in September/October 2023.</p> <p>The aim is likely to be review patients currently taking sip feeds and to discontinue where it is no longer indicated. Practices will also be required to</p>
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	introduce/review systems for appropriate initiation, maintenance, and discontinuation of ONS. Practices can decide whether to undertake this activity when full details are released.
Staff	Clinical pharmacist, pharmacy technician, dietitian or any other member of the healthcare team working under the supervision of a GP.
Recording	To be confirmed
Other requirements	To be confirmed
Delivery timeline	To be confirmed
Payment	£0.16 per patient on weighted practice list size (January 2023)

6. Medicines Safety Audit

Target	Continuing with the National Medicines Safety Programme priorities this year the audit will focus on patient discharges from hospitals involving high risk medicines. An audit is being scoped currently and practices will be sent the details of the audit in September/October 2023. Practices can decide whether to undertake this activity when full details are released.
Staff	Clinical pharmacist or pharmacy technician
Recording	To be confirmed
Other requirements	To be confirmed
Delivery timeline	To be confirmed
Payment	£0.175 per patient on weighted practice list size (January 2023)

Indicative activity

Practice ODS Code	e.g. M0000
Practice Name	x with a weighted list size of 7424
Number of structured medication reviews required	128
Number of high impact prescribing interventions required	Dependent on search results
Edoxaban usage practice % baseline	38%
Number of patients that will require to be switched to edoxaban to hit the 50% target.	21
Number of patients to be review for the antibiotics audit	20
Number of patients to be review for the Medicines safety audit	20
Number of patients to be review for the Oral nutrition supplement audit	Dependent on search results

Indicative payments

Note: these payments will only be applicable if all activity/targets are delivered as per the specification and the payments are based on weighted practice list size as of January 2023.

Practice ODS Code	e.g. M0000
Practice Name	x with a weighted list size of 7424
Structured medication reviews	£3200
High impact prescribing interventions	£2,969.20
DOAC review	£3,117.66
Antibiotics audit	£1,299.03
Medicines safety audit	£1,299.03
Oral nutrition supplement audit	£ 1,187.68
<i>Total</i>	<i>£13,072.59</i>

General requirements

1. CQC regulations apply with regard to duty of candour when delivering this specification¹
2. Any complaints encountered in delivering the service should be reported to staffsmedsoptsla@staffsstoke.icb.nhs.uk on quarterly basis. Do not include any patient identifiable information in the email.
3. Pharmacy technicians and clinical pharmacists employed via the additional roles reimbursement scheme should have completed or be enrolled in the Primary Care Pharmacy Education Pathway administered by Centre for Pharmacy Postgraduate Education
4. Practices should adhere to local prescribing formularies wherever possible:
 - [North Staffordshire Joint Formulary](#)
 - [South Staffordshire Joint Formulary](#)
5. Majority of practices across Staffordshire and Stoke-on-Trent have prescribing support tool called Optimise Rx installed on their clinical systems. Wherever possible practices should adhere to recommendations presented by Optimise Rx during the prescribing process.
6. All healthcare professionals should adhere to the standards as issued by the relevant regulatory body (e.g. General Pharmaceutical Council, General Medical Council etc.) whilst delivering this service.
7. Services delivered under this specification should adhere to following standards and guidance on medicines optimisation:
 - NICE Medicines Optimisation: the safe and effective use of medicines to enable the best possible outcomes²
 - NICE Managing medicines in care homes³
 - Royal Pharmaceutical Society, Medicines Optimisation: helping patients to make the most of medicines⁴

¹ [Regulation 20: Duty of candour - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/public/regulation-20)

² <https://www.nice.org.uk/guidance/ng5>

³ <https://www.nice.org.uk/guidance/sc1>

⁴ [untitled \(rpharms.com\)](#)

- NHSE Guidance on structured medication reviews and medicines optimisation⁵

Metrics

The following metrics will be monitored at ICB level:

- % of practices signed up to the MO SLA (one off measure)
- % of cost savings target delivered (monthly)
- % of SMR target delivered (monthly)
- % of HIPI target delivered (quarterly)
- % of patients on DOAC who are on repeat prescription for Edoxaban (monthly)

Number of medical records audited as part of clinical audit programme covering prescribing of antibiotics, oral nutrition supplements and medicines safety (quarterly)

⁵ [NHS England » Structured medication reviews and medicines optimisation 2021/22](#)