

Updated February 2022

APPENDIX 17 – MEDICINES OPTIMISATION

1. BACKGROUND

To deliver the requirements of the Medicines Optimisation component, the Medicines Optimisation Team (MOT) will support GP practices through the provision of pharmaceutical advice to improve quality, safety, and ensure best value prescribing of medicines for our local population.

Through engagement, practices will be supported to improve on their baseline position from January 2021 - March 2023 in the areas listed below.

This scheme has been designed and developed to support and enhance changes to the National PCN DES as well as support local improvement initiatives.

2. AIM OF AGREEMENT

Practices are required to implement prescribing changes as advised by the MOT and/or communicated through the THREE area Prescribing Update meetings and ensure that a process is in place to allow effective dissemination of information to all Healthcare professionals within the practice. Please note, a requirement for Prescribing Update meetings is a GP in attendance. Practice pharmacists may attend as well, however, not in place of a GP.

Component 1. Safety (Payment per patient: £0.25)					
Timescale	Element/indicator	Description and rationale of indicator	Actions and Reporting	*Resources available	^β Payment per patient
Ongoing until March 2023	Eclipse Live [®]	Effective utilisation of Eclipse Live [®] system. This is to improve patient safety and reduce unnecessary GP workload.	<p>Action: Practice level process in place to action medicine safety RADAR alerts and record those actions.</p> <ul style="list-style-type: none"> 100% RED alerts are actioned. 50% AMBER alerts are actioned. <p>Reporting to the CCG: None required.</p>	<p>Eclipse[®] Prescribing Services Ltd (PSL) and MOT support available for training.</p> <p>PSL can also support with weekly data extraction. For enquiries or support PSL e-mail: support@prescribingservices.org</p>	£0.25
Commence from February 2022 and continue until March 2023	Electronic Repeat Dispensing (eRD)	<p>eRD is being utilised effectively to support</p> <ul style="list-style-type: none"> reduction in GP practice workload 	<p>Action: Improve percentage on eRD adoption from the baseline.</p> <p>Reporting to the CCG:</p>	<p>Implementation support via</p> <p>NHSBSA enquiries e-mail: nhsbsa.epssupport@nhs.net</p>	

		<p>related to repeat prescriptions and unnecessary GP appointments</p> <ul style="list-style-type: none"> improve patient safety (reducing risk of potential repeat medication errors). 	None required.	<p>NHS BSA specific support</p> <p>NHSBSA eRD Handbook Wessex academic health Science Network</p> <p>MOT and local Community Pharmacist. Tips: start with patients on simple and stable medication regimes (taking 1 or 2 oral medicines) e.g., hypertension, diabetes (not on insulin) or thyroid disease.</p>
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Component 2. Quality (Payment per patient: £0.25)

Timescale	Element/ indicator	Description and rationale of indicator	Actions and Reporting	*Resources available	‡Payment per patient
Ongoing until March 2023	Antibacterial Prescribing	Antibiotic prescribing is in line with national guidance and targets, and local formulary, which will reduce antimicrobial resistance (AMR).	<p>Actions:</p> <p>Reduce (or maintain) prescribed broad spectrum antibacterial items (cephalosporins, quinolones, co-amoxiclav) as % of all antimicrobial items to be at or less than 10%. <i>The above are nationally agreed targets and will be measured using total figures March 2023.</i></p> <p>Nominate an antibiotic champion* for the practice to engage with CCG MOT to reduce AMR. <i>*Needs to be a clinician e.g.GP, Nurse practitioner or Pharmacist.</i></p> <p>Reporting to the CCG: <i>Only submit the name and contact details of your antibiotic champion by 28 February 2022 to your MOT lead pharmacist via capccg.prescribingpartnership@nhs.net.</i></p>	<p>Local antibiotic guidelines/ formulary</p> <p>OpenPrescribing, and PrescQIPP® dashboard</p> <p>Local ePACT data via monthly MOT update</p> <p>Antibiotic audit templates</p>	£0.25

<p>Commence in February 2022 and continue until March 2023</p>	<p>Prescribed Medicines associated with dependence for chronic pain**</p> <p><i>**Note: excluding palliative care and drug misuse patients.</i></p>	<p>Improve patient safety associated with the prescribing of medicines related to dependence e.g., opioids, benzodiazepines and gabapentinoids.</p>	<p>Actions: Nominate pain champion* for the practice to engage with CCG MOT to support implementation of local pain formulary and national guidelines. <i>*Needs to be a clinician e.g.GP, Nurse practitioner or Pharmacist.</i></p> <p>Reporting to the CCG: <i>Only submit the name and contact details of your pain champion by 28 February 2022 to your MOT lead pharmacist via capccg.prescribingpartnership@nhs.net.</i></p>	<p>Controlled drugs support guidance and materials</p> <p>NICE Guidance NG193</p> <p>OpenPrescribing/ local ePACT data/ PrescQIPP® dashboard.</p>
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Component 3. Value-based prescribing: good for you, good for patients, good for system. (Payment per patient: £0.50)

Timescale	Element/ indicator	Description and rationale of indicator	Actions and Reporting	Resources available	Payment per patient
<p>Commence in February 2022 and continue until March 2023</p>	<p>1. Self-care</p>	<p>Promoting self-care to ensure reduction in GP workload whilst empowering patients to look after their health.</p>	<p>Actions: Nominate a self-care champion* for the practice to engage with CCG MOT to support implementation of local and national self-care policy and campaigns. <i>*Can be a clinical or non-clinical practice member.</i></p> <p>Reporting to the CCG: <i>Only submit the name and contact details of your self-care champion by 28 February 2022 to your MOT lead pharmacist via capccg.prescribingpartnership@nhs.net.</i></p>	<p>Self-care policy/ support materials</p> <p>Local ePACT data via monthly MOT update/ OpenPrescribing data</p>	<p>£0.50</p>

	2. Value based prescribing programme	Practices are required to demonstrate best value prescribing by implementing at least THREE programmes as advised by the MOT.	.	
Ongoing and continue until March 2023	2a. Nutritional products	<i>Alternative programmes to those listed in this section may be considered where they can demonstrate outcomes aligned to patient safety, improved patient care or system pressures. Any amendments will need to be agreed with the MOT in advance</i>	<p>Action: Engage with CCG MOT and align prescribing for</p> <p>2a (i). Cow's Milk protein allergy (CMPA):</p> <ul style="list-style-type: none"> • new patient initiations with confirmed diagnosis as per CMPA guidance and local formulary. • encourage breast feeding (with exclusion diet) as an appropriate first line alternative to extensively hydrolysed formula. <p>2a (ii). Oral nutritional supplement (ONS)</p> <ul style="list-style-type: none"> • a MUST score should be completed and recorded with correct read code prior to GP initiation of ONS. <p>Reporting to the CCG: None required</p>	<p>CMPA and ONS formulary and guidance.</p> <p>OpenPrescribing/ local ePACT monthly data.</p>

Commence in April 2022 and continue until March 2023	2b. Medical Appliances - stoma - formulary alignment		<p>Action: Engage with CCG MOT and local stoma care specialist hospital nurse to support implementation of local stoma formulary.</p> <p>Reporting to the CCG: None required</p>	<p>Stoma formulary</p> <p>Local ePACT data via monthly MOT update/ OpenPrescribing data</p>	
Commence in April 2022 and continue until March 2023	2c. Blood Glucose Testing Strips (BGTS) – formulary and NICE alignment		<p>Action: Engage with CCG MOT and identified pharmaceutical companies to support the switching of patients, where clinically appropriate, to align with BGTS formulary.</p> <p>Reporting to the CCG: None required</p>	<p>BGTS formulary</p> <p>Local ePACT data via monthly MOT update/ OpenPrescribing data/ PrescQIPP dashboard.</p>	

⁸Based on Q3 2021-22 list size. (Payment(s) should be staggered based on what the practice achieves i.e. full or partial payment.

⁹Ask your MOT lead pharmacist via capccg.prescribingpartnership@nhs.net if you need any support with these indicators or should you require any of the resources listed in this section.