

**Paper E1**

Agenda Item: PCCC17/19		FOI Exempt: No
<b>Leeds South and East CCG Primary Care Commissioning Committee</b>		
Date of meeting: 22 June 2017		
Title: LSE Prescribing Engagement Scheme		
Lead Primary Care Commissioning Committee Member: Philip Lower Chair	Category of Paper	Tick as appropriate (✓)
Report Author: Helen Liddell	Discussion and Approval	✓
Reviewed by EMT/SMT/Date: N/A	Information	
Reviewed by Committee/Date: N/A	Discussion	
Checked by Finance (Y/N/N/A - Date): N/A		
Approved by Lead Primary Care Commissioning Committee member (Y/N): Yes		
<b>Strategic Aims – that this report relates to</b>		
1. To improve the health of the whole population and reduce inequalities in our communities.		✓
2. To secure continuous improvement in the quality and safety of all services commissioned for our population		✓
3. To ensure that patient, public and carer voices are at the centre of our healthcare services from planning to delivery		
4. To deliver continuous improvement in health and social care systems within available resources		✓
5. To develop and maintain a healthy organisation to underpin the effective delivery of our strategy		
<b>Assurance Framework - to which risks on the GBAF does this report relate?</b>		

**EXECUTIVE SUMMARY:**  
 LSE MOT have been working towards integrating their Prescribing Engagement Scheme with eh Primary Care Quality Incentive Scheme. This has proved a useful methods to drive up prescribing quality , improve prescribing cost efficiency and ensure practice engagement. A carefully designed Engagement scheme has the potential to release significant savings from prescribing budget  
 Historically payment has been linked to prescribing underspend (and conditional on overall CCG

underspend), with 50% of underspend being allocated to achieving practices on a patient population basis Prescribing outturn at both practice and CCG level poorly correlates with prescribing effort or prescribing quality and is most influenced by national factors such as Drug Pricing, NICE implementation, winter pressures and changing patient demography i.e. factors over which the prescriber has no influence. These will overshadow savings made through the scheme. Linking reward to final out turn position is therefore not only very unpredictable but also seems intrinsically unfair. For example, this year projected underspend is £1.4 million largely due to category M price changes whereas, last year underspend was £56K. In addition there may be years in which there is no underspend at all and therefore no payment could be made

By securing payment up front for the prescribing engagement scheme this put LSE in line with other CCGs in Leeds and in West Yorkshire.

Changes are likely to occur for 18/19 in line with One Voice so decisions are for 17/18 payments only

This Committee is asked to approve a payment to practices of up to a maximum £1 per patient according to the schedule attached. The payment breakdown is highlighted in red

**NEXT STEPS:**

The Prescribing Engagement Scheme has been sent out to practices for information already so that they can start to action. They are keen to understand the payment implications for 17/18 and this may effect engagement

**RECOMMENDATION:**

**The Primary Care Commissioning Committee is asked to:**

**(a) Approve the payment system to LSE Prescribing Engagement Scheme for 17/18**

**Corporate Impact Assessment: Insert commentary or refer to body of report or N/A**

Statutory/Legal/Regulatory/Contractual	Yes – The CCG has to transact business to meet its Statutory Requirements.
Financial	Yes – the scheme will cost around £180
Communication and Involvement	Will be undertaken through Medicines Optimisation team
Workforce	N/A
Equality	N/A
Environmental	N/A