

Leeds South and East Clinical Commissioning Group

Medicines Optimisation Quality Improvement (MOQI) Scheme 2017-18

This paper summarises the scheme for 17/18

Leeds South and East Clinical Commissioning Group
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Paper Title and Contents Medicines Optimisation Quality Improvement Scheme 2017/18 Appendices <ul style="list-style-type: none">• Appendix I – Medicines Optimisation Quality Improvement Scheme 2017/18 Practice Opt-out sheet (participation is assumed unless a practice opts out)• Appendix II – Baseline Online ordering data• Appendix III – Antibiotic Prescribing Audit• Appendix IV – Example COPD Audit tools• Appendix V – Example Asthma Audit tools

Payment Schedule:

Payment is proposed at the following rate

Section 1 Engagement with Team – is requirement for any payment to be made

Section 2 Prescribing quality audits

Optimise RX 20 pence per patient

Repeat prescribing policy audit 25 pence per patient

Antibiotic audits 30 pence per patient

Inhaled Corticosteroids audit 25 pence per patient

Sections may be further broken down for payment in special circumstances

Total achievable payment - £1 per patient

Introduction

The Medicines Optimisation Quality Improvement Scheme (MOQIS) further enhances and develops the work practices carried out in Financial Year 2016/17 and is linked to the Primary Care Quality Improvement scheme (PCQIS) which aims to contribute to reducing the health challenges faced by the population of Leeds South and East Clinical Commissioning Group.

1 Practice Requirements for Medicines Optimisation Quality Improvement Scheme

Requirements of the Scheme

1. Engagement with CCG Medicines Optimisation Team

Each practice will

- Nominate a prescribing lead at the practice for communication cascade and implementation of medicines related issues
- Send an appropriate representative to Prescribing Lead meetings (3 meetings in 17/18) and share meeting content and outcome actions with appropriate practice colleagues in a timely manner
- Ensure that practice employed pharmacists and technicians meet with Medicines Optimisation Team at commencement of employment and 6 monthly thereafter
- Respond to Medicines Optimisation tasks in a timely manner

2. Prescribing Quality Audits

2.1. Optimise Rx

Optimise Rx is a prescribing decision support tool which delivers patient-specific best practice, safety and cost-saving guidance.

Practices are required to:

- Ensure that Optimise Rx is switched on at all times
- Improve the effectiveness of Optimise Rx via feedback

2.2 Review practice repeat prescribing policy

The aim of this section is to

- Reduce medicines wastage from orders that are not required by patients
- Reduce GP practice workload
- Support improved compliance with prescribed medicines by patients

Practices will be required to demonstrate

a. Implementation of a repeat prescribing protocol (written AND in use) that includes elements which:

- Covers methods for ordering repeat prescriptions
- Covers the process of issuing repeat prescriptions
- Encourages patients to order repeat prescriptions themselves
- Addresses third party prescription ordering (community pharmacies, appliance companies, stoma contractors etc.)
- Covers a process for identifying and addressing over ordering;

b. Increase use of on line technology in prescription ordering by

- Increasing the overall number of patients using online prescription ordering
- Increasing the number of patients on repeat medications using online repeat prescription ordering

2.3 Antibiotic prescribing audit

In line with organisational objectives for Healthcare Acquired Infections (HAI) and the relatively high antibiotic use in LSECCG

Practices will be required to:

- Complete a quarterly antibiotic audit. Return dates: 31st July, 31st Oct 2017, 31st Jan and 30th April 2018

2.4 Review Inhaled corticosteroid prescribing and use

ICS is the mainstay of treatment for asthma, and is used to treat severe chronic obstructive pulmonary disease (COPD). There is evidence of systemic side effects from ICS use at high doses. British Thoracic Society guidelines for asthma state that ICS doses should be stepped down if asthma is controlled, with patients reviewed 3 months after ICS dose changes. National Institute for Health and Care Excellence (NICE) and Global initiative for Obstructive Lung Disease (GOLD) guidelines state that ICS should be used for severe COPD only (FEV1<50% or 2 or more exacerbations requiring hospital admission in the last year).

Practices will be required to:

- Review patients (in line with The Leeds Approach to Collaborative Care and Support Planning in Primary Care) for COPD/ annual review for asthma) and prescribe inhalers according to the Leeds COPD and asthma inhaler algorithms.
- Lower the use of high dose ICS by following guidance for step down

Breakdown of Measures for Evidence of Achievement

Component	Measures for Evidence of Achievement
<p>1.Engagement with CCG Medicines Optimisation Team</p>	<p>Each practice will</p> <ul style="list-style-type: none"> • Nominate a prescribing lead at the practice for communication cascade and implementation of medicines related issues • Send an appropriate representative to Prescribing Lead meetings (3 meetings in 17/18) and share meeting content and outcome actions with appropriate practice colleagues in a timely manner • Ensure that practice employed pharmacists and technicians meet with Medicines Optimisation Team at commencement of employment and 6 monthly thereafter • Respond to Medicines Optimisation tasks in a timely manner
<p>2.Prescribing Quality Audits</p> <p>2.1. Use and feedback on the Optimise RX prescribing decision support tool</p>	<p>Each Practice will</p> <ul style="list-style-type: none"> • Comply with Optimise Rx being turned on at all times. • Give Feedback on the profile to the Medicines Optimisation Team when requested.
<p>2.2 Review practice repeat prescribing policy</p>	<p>Each Practice will review and implement and put into use a repeat prescribing policy with reference to:</p> <ul style="list-style-type: none"> • The process of issuing repeat prescriptions • Methods for ordering repeat prescriptions • Encouraging patients to order repeat prescriptions themselves • Co-ordination with community pharmacy. • That supports a plan to reduce third party prescription ordering (community pharmacies, appliance companies, stoma contractors etc.) to only the most vulnerable patients • To identify and address over ordering <p>To increase the overall number of patients using online prescription ordering</p> <p>Practices will email their policies to medicines.leedssoutheast@nhs.net by . Practices are expected to increase the number of patients on regular repeats set up to order prescriptions and increase the number of repeat prescriptions ordered online from baseline (baseline data and progress measured from NHS digital-POMI)</p>

<p>2.3 Antibiotic prescribing audit</p>	<ul style="list-style-type: none"> • Accurate Quarterly Submission of audit to the medicines optimisation team central email- medicines.leedssouthandeast@nhs.net • Written Feedback from practice on outcomes and learning shared with relevant practice staff
<p>2.4 Review Inhaled corticosteroid prescribing and use</p>	<p>Each practice will</p> <ul style="list-style-type: none"> • Review COPD/ asthma patients in line with the (The Leeds Approach to Collaborative Care and Support Planning in Primary Care)/ annual review • Demonstrate a reduction in inhaled corticosteroid prescribing measured by a decrease in ADQ/STAR-PU value from baseline. <p>Examples of audit and support tools are available in appendices IV + V, but are not mandatory.</p>

Summary of commitment

Practices will:

- Identify a practice GP Prescribing Lead
- Send an appropriate representative to Prescribing Leads meetings
- Ensure that practice employed pharmacists and technicians link with CCG Medicines Optimisation Team
- Respond to Medicines Optimisation Team tasks in timely manner
- Agree a method for communication of Medicines Management tasks with nominated clinicians
- Ensure Optimise Rx is turned on at all times.
- Give constructive feedback on the Optimise Rx profile to the Medicines Optimisation Team when requested.
- Review and implement repeat prescribing policy which addresses methods for ordering prescriptions; encourages patients to order their own prescriptions and addresses the ordering of prescriptions by third parties. Practices are expected to promote online ordering and to increase the number of patients on regular repeats set up to order prescriptions and increase the number of repeat prescriptions ordered online
- Submit Quarterly antibiotic audits accurately and in line with submission dates
- Review COPD/ asthma patients in line with the Leeds Approach to Collaborative Care and Support Planning in Primary Care)/ annual review in line with inhaler and corticosteroid step down guidance

CCG Medicines Optimisation team will:

- Notify practices of Prescribing Leads meeting dates and venues in a timely manner
- Provide slides and feedback from Prescribing Leads meetings to attendees and prescribing leads for onward sharing
- Provide Optimise Rx Quarterly reports on activity, together with a feedback form allowing practices to give feedback on the profile.
- Respond to Optimise Rx feedback as appropriate
- Support practices through promotion of online ordering through media and other communications channels and provide data on online ordering activity (via NHS digital-POMI).
- Supply practices with the correct documentation for quarterly antibiotic audits and reminders of submission dates
- Supply patient-facing information and guidance on audit of COPD and asthma patients with a view to reduce high dose ICS use

Appendix I – Opt-out sheet

NHS Leeds South and East CCG Medicines Optimisation Quality Improvement Scheme 2017/18

ONLY TO BE SENT TO OPT OUT OF THE SCHEME IN FULL – participation in the scheme is assumed unless this sheet is sent back to medicines.leedssouthandeast@nhs.net

Practice Name:
Address:
Preferred Contact email address:
Preferred Telephone Number:

GP Lead for Prescribing (can be the same person)	<i>Name and Contact Email Address</i>
Practice Manager	<i>Name and Contact Email Address</i>
Practice Based Pharmacist (if in post)	<i>Name and Contact Email Address</i>

We confirm that we do NOT intend to participate in the 2017/18 scheme.

On behalf of the practice:

Signature	Name	Date

On behalf of Leeds South and East CCG:

Signature	Name	Date

Appendix II

Baseline Online ordering data



Baseline repeat
ordering data - Jan 1'

Appendix III

Antibiotic Prescribing Audit



LSE Antibiotics audit
2017-18

Appendix IV

Example COPD Audit tools



COPD Inhaler
protocol LSE Mar 17

Appendix V

Example Asthma Audit tools



Asthma ICS Step
Down in Adults Protoc