Level 1 Prescribing Scheme 2015/16

Total funding available is £0.50 per patient on practice list, on 1st April 2015. Achievement of part A is a pre-requisite for participating in parts B and C of the scheme. The funding for the scheme is split into three parts:

- Part A £0.10 per patient
- Part B £0.15 per patient
- Part C £0.25 per patient

A) QIPP plan 2015/16	
Requirement	**Measurement of Achievement**
Practice to meet with practice pharmacist and agree a practice action plan to facilitate the practice achieving level 1 prescribing and level 2 PCS (network) prescribing scheme	• Practice to meet with their practice pharmacist to develop an agree action plan by end July 2015 • Action plan to be agreed with practice pharmacist. • Action plan to include as a minimum actions to support achievement of the Level 1 Prescribing Scheme, 3 areas for improving cost-effectiveness of prescribing (to support network Level 2 prescribing scheme), plus actions to support improvements in antibiotic prescribing.
B) Medicines Reconciliation in Primary Care	
Requirement	**Measurement of Achievement**
Practice to re-audit medicines reconciliation process for patients discharged from hospital to: • Demonstrate practice has attempted to implement action plan from medicines reconciliation audit 2014/15, through re-audit of the medicines reconciliation process. • Demonstrate that all regular GPs in the practice carry out medicines reconciliation for their patients discharged from hospital • Demonstrate that the practice records hospital prescribed and supplied medicines (long term or high risk medicines) in the patient record, to	• Practice to have undertaken CCG provided audit of patients who have been discharged in 2015/16: Following an acute medical admission OR Who are >75 years of age who have been discharged from an inpatient stay from anywhere (e.g. surgical admission, geriatric admission etc.) • Audit should be carried out for all consecutive patients discharged meeting criteria (whether there is a Read code available or not) for a continuous four week period until minimum number of patients for audit reached. • Sample size of audit should be 7 patients discharged per 5,000 patients on GP list • Practice audit results and practice

ensure safer prescribing. • Participate in peer review by practice pharmacist of a sample of individual patient's medicines reconciliation to support process improvement.	reflection, with suggestions for improvement if identified, to be submitted to CCG via the practice pharmacist by end of November 2015. • Practice to have participated in a practice pharmacist led peer review meeting of a sample of medicines reconciliation carried out by the practice.
C) Safety and quality of inhaled respiratory prescribing for asthma and COPD	
Requirement	**Measurement of Achievement**
• To ensure safer prescribing of high dose ICS by ensuring the use of a ICS patient safety card as recommended by the MHRA • To collect baseline data on the prescribing of ICS/LABA combinations in asthma patients to assess appropriateness of combination therapy, in line with the SIGN/BTS asthma guidelines • To ensure selected key prescribing related recommendations based on the National Report of Asthma Deaths (NRAD) are implemented	• Practice (including practice nurses and GPs) to have participated in an educational session provided by the CCG medicines management team on improving the quality and safety of prescribing for asthma and COPD. • Practice to submit summary sheet of audit and action plan for improvement from CCG provided audit by end March 2016 • Sample size described in individual audits see below Practices can carry out the optional additional audit criteria (6) and re-audit before the end of March 2016, supported by the CCG medicines management, but this is **not** a requirement of the level 1 prescribing scheme.

Level 1 Prescribing scheme - Safety and quality of inhaled respiratory prescribing for asthma and COPD audit in adults

Aims

- To ensure safer prescribing of high dose ICS by ensuring the use of a ICS patient safety card as recommended by the MHRA
- To review the prescribing of ICS/LABA combinations in asthma patients to assess appropriateness of combination therapy, in line with the SIGN/BTS asthma guidelines
- To ensure selected key prescribing related recommendations in the National Report of Asthma Deaths are implemented

Process

- Practice (including practice nurses and GPs) to have participated in an educational session provided by the CCG medicines management team on improving the quality and safety of prescribing for asthma and COPD
- Practice to collect data for audit as per criteria in CCG audit, supported by their practice pharmacist
- Practice to review baseline data collected for audit and develop action plan for improvement
- Data collected for the asthma National Report of Asthma Deaths (NRAD) audit may require practice to review individual patients asthma care

Audit Criteria

	Audit criteria	Rationale-summary
		Asthma Patients
1	Patients with asthma naive to LABA and newly prescribed a combination ICS/LABA inhaler in the last 12 months (or longer if sample size not reached) should have been prescribed the appropriate ICS dose in line with BTS/SIGN guidance.	***Thorax* 2014 69: 1056-1058** -Changes to inhaled corticosteroid dose when initiating combination inhaler therapy in long-acting β agonist-naïve patients with asthma:a retrospective database analysis- *Jordan R Covvey, Blair F Johnston, Fraser Wood and Anne C Boyter* The study found that on addition of a LABA to the treatment regimen, there was a widespread pattern of simultaneous ICS dose escalation with patients advancing directly to high-dose combination therapy, largely irrespective of their baseline ICS dose. This suggests not only questionable use of high-dose ICS but also failure to follow guideline recommendations
		Asthma and COPD Patients
2	Patients, with asthma or COPD, on high dose ICS should be issued with a high dose ICS card and this should be documented.	***The MHRA*** advises that corticosteroid treatment cards should be routinely provided for people (or their parents or carers) who need prolonged treatment with high doses of ICS The London Respiratory Network has produced a corticosteroid card that is specifically tailored for people who are using high doses of ICS.

3	Inhaler technique is checked and documented in last 12 months.	***Nice quality standard 4.*** People with asthma are given training in using their inhaler before they start any new inhaler treatment ***BTS/SIGN Guidelines*** Reassess inhaler technique as part of a structured review **NRAD – key recommendation** An assessment of inhaler technique to ensure effectiveness should be routinely undertaken and formally documented at annual review, and also checked by the pharmacist when a new device is dispensed.
	Asthma Patients – NRAD criteria	
4	Patients who have been prescribed more than 12 short-acting reliever inhalers in the previous 12 months have been invited for review of their asthma control **if they have not had a review in the preceding 6 months.**	***NRAD –Key recommendation*** All asthma patients who have been prescribed more than 12 short-acting reliever inhalers in the previous 12 months should be invited for urgent review of their asthma control, with the aim of improving their asthma through education and change of treatment if required. ***BTS/SIGN Guidelines*** Anyone prescribed more than one short acting bronchodilator inhaler device a month should be identified and have their asthma assessed urgently and measures taken to improve asthma control if this is poor.
5	Patients with asthma identified with LABA as individual inhalers with no concurrent prescribing of ICS single products have been reviewed with a view to prescribing with an ICS (preferably in a combination inhaler).	***NRAD –key recommendations*** Continuing use of single-agent LABA inhalers should be avoided so as to avoid the risk of non-use of inhaled corticosteroids in patients with persistent or severe symptoms. The use of combination inhalers should be encouraged .Where long-acting beta agonist (LABA)bronchodilators are prescribed for people with asthma, they should be prescribed with an inhaled corticosteroid in a single combination inhaler ***MHRA recommendations –*** Long-acting β2 agonists should not be used without also taking regular corticosteroids. When used alone, long-acting β2 agonists have been associated with a, sometimes severe, worsening of asthma in some patients
	Optional audit	
6	Patients with more than 2 courses of systemic steroids in last 12 months have been reviewed and referral to an asthma specialist been considered.	***NRAD –key recommendation*** Patients with asthma must be referred to a specialist asthma service if they have required more than two courses of systemic corticosteroids, oral or injected, in the previous 12 months or require management using British Thoracic Society (BTS) stepwise treatment 4 or 5 to achieve control.

Audit sample size- for audit criteria 1, 2 and 3 (The same sample of patients will be used for all 3 audits)

Practice list size (patients)	Sample size
<4,000	20
4,000- 8,000	30
8,000-12,000	40
>12,000	50

Audit sample size- for audit criteria 4, 5 and 6 is all patients identified