



Level 1 Prescribing Scheme 2016/17

Total funding available is £0.50 per patient on practice list, on 1st April 2016. Achievement of part A and B is a pre-requisite for participating in parts C and D of the scheme. The funding for the scheme is split into three parts:

Part A and B £0.15 per patient
 Part C £0.10 per patient
 Part D £0.25 per patient

A) QIPP (quality and productivity) 2016/17	
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 works with their practice pharmacist to improve the quality and cost-effectiveness of their prescribing through educational and productivity meetings	 Practice to meet with their practice pharmacist to develop and agree action plan by end Jun 2016
	 Action plan to be signed by GP practice prescribing lead and submitted to 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).
	 Practice (including practice nurses and GPs) to have participated in two educational sessions (minimum 1 hour) provided by the CCG medicines management team on improving the quality and safety of prescribing – one will be on diabetes (see below) plus one other from COPD, pain management, polypharmacy and medication review, or locally agreed topic with practice pharmacist.
	 Practice to participate in a minimum of two productivity meetings of at least 30 minutes with the practice pharmacist, and at least 50% of all prescribers (medical and non- medical) in the practice to attend.
B) Medicines Incident reporting	
Requirement	Measurement of Achievement
All medicines related incidents in the practice significant event register to be shared with the practice pharmacist to all for shared learning across the CCG (practice and	 Minimum of 2 incidents to be shared with practice pharmacist

prescriber anonymised).	
C) Safety of prescribing for asthma	
Requirement	Measurement of Achievement
To ensure selected key prescribing related recommendations based on the National Report of Asthma Deaths (NRAD) have been implemented	 Practice to re-audit NRAD audit criteria as described in individual audits see below Practice audit results to be submitted to CCG via the practice pharmacist by end of November 2016
D) Diabetes prescribing	
Requirement	Measurement of Achievement
Practice to audit prescribing in type 2 diabetes to: Demonstrate GLP-1 prescribing is costeffective and in line with NICE type 2 diabetes guidance Identify and review patients on medicines prescribed for their type 2 diabetes where a potential safety issue has been identified.	 Practice to have undertaken CCG provided audit of patients Practice to submit summary sheet of audit and action plan for improvement from CCG provided audits, signed by the GP practice prescribing lead, by end March 2017. Sample size described in individual audits see attached Practice (including practice nurses and GPs) to have participated in an educational session provided by the CCG medicines management team on improving the costeffectiveness of prescribing for type 2 diabetes (see part A)