Level 1 Prescribing Scheme 2017/18

PCP = primary care pharmacist, MMT = medicines management team

A) QIPP (quality and productivity) 2017/18			
Requirement	**Expectation of practice**	**Support available**	**Measurement of achievement**
Practice to meet with primary care pharmacist (PCP) 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 PCP to develop an agreed action plan by end Jun 2017 • Practice implement prescribing changes in the practice QIPP action plan	• PCP can signpost practice to information, and tools to support the practice implement prescribing changes in the practice QIPP action plan	• Copy of agreed action plan submitted by end Jun 2017 • Action plan to include as a minimum three actions, including one on antibiotic prescribing in line with NHS Quality Premium targets, and one on improvements in prescribing for asthma and/or COPD. Third action to be agreed by practice, but should be focussed to support achievement of the Level 2 Scheme.
Practice works with their PCP to improve the quality and cost-effectiveness of their prescribing through educational and productivity meetings	• Practice to make themselves available for a minimum of two productivity meetings of at least 30 minutes and at least 50% of all prescribers (medical and non-medical) in the practice to attend. • Practice GP Prescribing Lead (or their deputy) to attend a minimum of 2 out 3 locality prescribing meetings, and feedback key messages to practice.	• PCP will regularly provide feedback and prescribing information on progress to the GP practice prescribing lead • PCP will work with the GP practice prescribing lead to prepare and deliver two productivity meetings for the practice. • PCP can signpost practice to information, and tools to support prescribing changes in the practice linked to key messages from	• Primary care pharmacist (PCP) to record content of meeting, agreed actions and note practice attendees. • Evidence that practice prescribing lead (or their deputy) has attended 2 out of 3 locality prescribing meetings

	locality prescribing meeting.	

B) Prescribing safely – medicines incident reporting

Requirement	Expectation of practice	Support available	Measurement of achievement
Practices to report medicines safety incidents using NRLS system	• Practices identify and report medicines incidents, to support information sharing and facilitate learning from medication errors in primary care • Incidents to be reported using NRLS (practice identified, so activity can be recorded)	• PCP will provide advice to practice on how to use NRLS for reporting incidents • PCPs will highlight issues identified during work with the practice that may merit reporting • MMT will collate and summarise all practice medicines incidents reports and share learning across the CCG.	• A minimum of one medicines related incident for every 2000 patients on their register reported to NRLS (practice to be identifiable)

C) High Quality Medication Review Process in General Practice - (see attached flow chart)

Requirement	Expectation of practice	Support available	Measurement of achievement
Action 1 Practices to carry out baseline audit of medication review process, discuss results and agree action plan for improvement.	• Practice to support PCP carry out baseline audit • Findings of baseline audit discussed at practice meeting and agreed action plan for improvement recorded • *Optional* re-audit by end of March 2018 to demonstrate improvement	• PCP will carry out simple baseline audit of basic medication review process in practice in 10 patients • Discuss results of audit with GP practice prescribing lead and support practice to develop an action plan for improvement.	• Results of baseline audit to be submitted by end of October 2017. • Action plan for improvement submitted by end of October 2017
Action 2 To update knowledge on the medication review process and develop a structured approach to medication reviews within the practice	• Practice to attend a 60 minute educational session provided by the PCP highlighting the medication review process and tools available to support clinical decision making during the medication review process	• MMT will prepare and PCP will deliver educational session for practice • Provide practice with tools and resources to support high quality medication review	• Submit attendance record of the educational event (minimum of 50% of prescribers in practice to attend) • Submit record to the MMT by end December 2017

Action 3 To identify and prioritise patients for medication review	• Practices to use their clinical systems to identify patients prescribed high risk medication for medication review using criteria and searches supplied by CCG.	• PCP will supply searches to identify patients prescribed high risk medication or on multiple medicines who may benefit from medication review.	• Submit table showing numbers of patients identified for review, within the different priority groups by end of December 2017

D) Perform High Quality Medication Reviews in General Practice - (see attached flow chart)

Requirement	Expectation of practice	Support available	Measurement of achievement
Action 4 To carry out high quality face to face* medication reviews for identified complex patients , using a structured approach in dedicated medication review consultations * Telephone consultation is acceptable where patients are unable to attend face to face reviews	• Carry out face to face medication reviews, outcomes recorded using EMIS/SystmOne template provided by CCG MMT.	• PCP will supply EMIS/SystmOne template to be used for medication reviews, and advise on use of the template.	• CCG will collect data on medication reviews READ codes using the CCG EMIS/SystmOne template provided by end of March 2018

E) Learning from Medication Reviews in General Practice (see attached flow chart)

Action 5 To reflect on and learn from medication review case studies within the practice	• For five medication reviews, collect more detailed data using shared learning documentation showing intended outcome and reflected learning • Practice to discuss a small sample of medication reviews, as agreed with PCP, at a practice meeting highlighting intended outcomes, reflected learning and implementation of clinical support tools	• PCP will provide medication review shared learning documentation template for practices to collect data for shared learning meeting • PCP will facilitate practice meeting discussing shared learning	• Submit shared learning documentation by end of March 2018

Payment:

Total funding for parts A, B, C and E £0.50 per patient
£0.20 per patient for achieving Part A
£0.10 per patient for achieving Part B
£0.20 per patient for achieving Part C & E

Part D
£50.00 per patient for Level 3 medication review by GP (see Part D) using CCG medication review template
£40.00 per patient for Level 3 medication review by Practice employed Clinical Pharmacist (see Part D) using CCG medication review template

List Size (patients)	Minimum Number of Medication Reviews for Payment	Maximum Number of Medication Reviews Payable
< 3,000	5	25
3,000 – 6,000	7	35
>6,000 – 9,000	9	45
>9,000 –12,000	11	55
>12,000 – 15,000	13	65
>15,000 – 18,000	15	75
>18,000 – 21,000	17	85
>21,000	19	95