

Fylde Coast Enhanced GP Contract 2019/22 – Prescribing element extract below:

Delivery	<p><u>Service provision of Medicines Optimisation</u></p> <p>The practice shall provide the service led by a practice pharmacist; however some of the funding may be used to employ pharmacy technician hours to support the practice pharmacist. Any sub-contracting of this service will only be authorised by the CCG. The provider shall ensure appropriate management and administration of the service is delivered within the scheme and the CCG is kept informed of any changes in post-holder.</p> <p>Implementation of the medicines optimisation QIPP initiatives to deliver savings on the Fylde Coast CCGs prescribing budget. (Implementation is monitored monthly where possible). Non-compliance/exceptions will be highlighted to practices. Cost reduction initiatives should be a priority at the start of the financial year in order to maximise cost efficiencies.</p> <p>To reduce variation in prescribing practice, reduce waste and promote/share best practice. The provider will undertake specific pieces of work covering areas consistent with national and local priorities and approved by the CCG.</p> <p>The CCG support prescribing software and datasets such as Eclipse, PrescQIPP etc. enabling practices/PCNs to identify variance in prescribing. It is expected that practices will engage and utilize the resources made available to them to ensure standardisation of prescribing and improved clinical outcomes.</p> <p>The provider may also be asked to contribute to the review or re-design of patient clinical pathways where medicines are involved. Expertise may be sought from pharmacist/technicians to help with the development of ICP/ICS pharmaceutical pathways to ensure local priorities are considered.</p> <p>The pharmacist and/or technician will be required to attend medicines optimisation update meetings (usually quarterly) held by the CCG to; discussion of progress in year, share learning, feedback on successes and barriers, work planning for following year incorporating PCN priorities (bespoke workplan), receive relevant updates etc.</p> <p><u>Specific priority areas:</u></p> <p>Continue underlying themes to support Medicines Optimisation</p> <p>Engage with the CCG medicines optimisation work-plan by supporting:</p> <ul style="list-style-type: none">➤ Self Care➤ Repeat Ordering projects including proxy ordering for care homes➤ All red alerts on Eclipse Radar to be actioned in a timely manner.
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The practice may undertake other such projects to deliver this with agreement of the CCG.

Phasing – priority order

1. Cost-effective prescribing

Support the implementation of Fylde Coast CCGs cost-saving initiatives in the annual work-plan e.g. drug switches.

2. Reduction in opioid/high-dose opioid prescribing

The practice will implement a process to review and reduce opioid prescribing in accordance with Fylde Coast CCGs position statement. This will include audit and review of patients on high dose opioids and other strategies to improve prescribing. The practice will produce a brief outline utilising Eclipse Vista to support the process.

3. Quality Audits

a) Antimicrobial Stewardship

Prescribers should ensure that all prescribing of antibiotics is appropriate and follows the local Fylde Coast formulary. A reduction in overall prescribing of antibiotics aiming to achieve the stretch target as per 19/20. The practice should undertake an audit, agree an action-plan and re-audit interval of antimicrobial prescribing to ensure appropriate prescribing.

b) NOAC prescribing

To support appropriate prescribing of NOACs, practices to undertaken an audit (& re-audit where appropriate) to ensure prescribing is safe & cost-effective. Audit to be provided by CCG.

KPIs

PRE1 - The practice must not be above 10% of their average PCN Cost/Average Patient Unit (APU). Action plans are required to bring the practice in line with their budget.

PRE2 - The pharmacist will work on; meeting or maintaining the target for specified prescribing indicators and agreed QIPP opportunities. These are subject to annual review by the CCG medicines optimisation lead and may be updated in-year to drive cost-effective prescribing.

PRE3 - Practice pharmacist to discuss QIPP/budget reports at practice and/or PCN level and ensure a standing agenda. Where necessary, action is taken to ensure prescribing remain within budget.

(NOTE: consideration of working towards PCN average cost per patient but currently uncertain of practice budget setting this year-finance to clarify position).

PRE4 – Attendance at quarterly CCG medicines optimisation meetings, representation from all practices is required. (Where there is no engagement from a practice, this will be flagged with the practice manager to rectify).

PRE5 - Provider to reduce the prescribing of high dose opioids. Eclipse benchmarking reports will track progress.

PRE6 - Delivery of agreed target for antimicrobial prescribing/production of audit & action plan.

PRE7 – Production of audit & action plan for NOACs to ensure safe & appropriate prescribing.