Service Specification No.	**EPCS 5**
Service	**Extended Medicines Management Scheme**
Commissioner Lead	**Colin Webb, Commissioning Manager**
Provider Lead	**Primary Care Network Clinical Directors**
Period	**1 April 2020 – 31 March 2021**
Date of Review	**March annually**

1. Population Needs

1.1 National/local context and evidence base

This scheme has been developed by Hull Clinical Commissioning Group (CCG) to enable Primary Care Networks to support GPs in Hull to achieve cost-effective and high quality prescribing of medicines. It builds on the success of previous schemes commissioned through GMS/PMS which have clearly contributed to steady improvements in both the quality and cost-effectiveness of prescribing in recent years. Past experience clearly demonstrates the value of maintaining a similar scheme going forward.
The involvement of the local Medicines Optimisation Team (MOT) is critical to the success of the scheme. Working closely with GPs and other practice staff they contribute to its overall success and their sustained involvement is essential.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	**Preventing people from dying prematurely**	✓
Domain 2	**Enhancing quality of life for people with long-term conditions**	✓
Domain 3	**Helping people to recover from episodes of ill-health or following injury**	✓
Domain 4	**Ensuring people have a positive experience of care**	✓
Domain 5	**Treating and caring for people in safe environment and protecting them from avoidable harm**	✓

2.2 Local defined outcomes

2.2.1 The Extended Medicines Management Scheme is designed to maintain a firm focus on cost - effective and high quality prescribing. By commissioning this service at Primary Care Network level the CCG expects to maintain a lower annual prescribing cost growth than the national/regional average and performance in prescribing quality, as assessed by a selection of indicators, above the national/regional average.

2.2.2 The Primary Care Network will be entitled to a graduated quarterly payment for each practice based on the ability of their practices to deliver clinically appropriate and cost effective prescribing in relation to an agreed practice prescribing plan (Part one) and five priority prescribing indicator areas (Part two).
These areas may be subject to change in the light of year-end prescribing data as it becomes

available and/or new NICE publications.

2.3 Budget Management

2.3.1 The Practices within the Primary Care Networks will be required to actively manage their prescribing budgets with support from each of the Clinical Pharmacist Leads. This will involve a quarterly review of epact (and where available OptimiseRx) data followed by the development and subsequent refinement of a prescribing plan with the involvement of the Medicines Optimisation Team aimed at reducing prescribing expenditure wherever possible and delivering a balanced budget at year end.

2.3.2 The initial prescribing plan must be submitted by 30 June annually and set out the programme of activities the practice intends to commit to in the first 6 months of the year.

2.3.3 Providers who do not identify a financial pressure at the start of the year that needs to be addressed will still qualify for Part One payments where they have agreed a plan with the Medicines Management Team that delivers improved prescribing efficiencies and who review their actual expenditure position on a regular basis throughout the year engaging with the Medicines Management Team as required in pursuit of cost effective prescribing.

2.3.4 Where there is insufficient financial benefit to be derived from the Provider's prescribing plan the CCG shall reserve the right not to commission this service from that Provider.

2.3.5 Practices successfully engaged in Part One activities as summarised in the following table will qualify for payments worth £see tariff per registered patient per quarter. Payments will be made by the end of the second month post quarter end.

2.3.6 The timetable of activities is summarised in Table 1 below:

Activity	**Activity to be completed by:**
Practice to meet with MOT to review epact and other data including OptimiseRx reports prior to submission of the initial 6 month plan	30/06 annually
CCG sign off plan	30/06 annually
Q1 payment to practices	30/09 annually
Practice to meet with MOT to review progress on implementation of the initial plan, review epact and other data including OptimiseRx reports and agree refinements to plan for Q3	30/09 annually
Q2 payments to practices	31/12 annually
Practice to meet with MOT to review progress on implementation of the revised plan, review epact and other data including OptimiseRx reports and agree refinements to plan for Q4	31/12 annually
Q3 payments to practices	31/03 annually
Practice to meet with MOT to review progress on implementation of the revised plan, review epact and other data including OptimiseRx reports	31/03 annually
Q4 payments to practices	30/06 annually

2.3.7 The Medicines Management Team will meet quarterly to sign off payments in respect of the previous quarter on behalf of the CCG.

3. Scope

3.1 Aims and objectives of service

3.1.2 In particular this means that medicines prescribed are based on up-to-date best clinical evidence or guidance.

3.2 Service description

3.1.1 The Provider shall produce a prescribing plan at the beginning of the year that sets out a series of initiatives designed to ensure the Provider is able to manage its prescribing budget proactively by constantly seeking to secure optimum cost-effective prescribing.

3.1.2 Working with the North of England Commissioning Support, Medicines Optimisation Team the Provider will implement the plan during the year according to the agreed timescales.

3.1.3 The initial prescribing plan must set out the programme of activities the Provider intends to commit to in the first 6 months of the year. This plan should also include an assessment of the estimated 'savings' necessary to achieve a balanced budget taking account of the actual or projected outturn position for 2020/2021 compared to the budget for 2020/21, making an assumption about expected levels of prescribing growth.

3.1.4 The Provider will be required to actively manage its prescribing budget. This will involve a quarterly review of epact (and where available OptimiseRx) data followed by the development and subsequent refinement of a prescribing plan with the involvement of the North of England Commissioning Support Medicines Optimisation Team aimed at reducing prescribing expenditure wherever possible and delivering a balanced budget at year end.

3.1.5 It is not necessary for the Provider to demonstrate its prescribing budget will be under pressure in order to participate in this scheme but it must be able to submit a plan that demonstrates there are opportunities to deliver improved prescribing efficiencies through implementation of programmed activities. Eligibility to participate will be determined by the North of England Commissioning Support Medicines Optimisation Team.

3.1.6 The Provider must submit the plan in the format set out in Reporting Requirements.

The scheme also includes an incentive payment element linked to performance measured against a set of prescribing indicators (Part 2) where the Provider has satisfied the above requirements in terms of the submission, review and implementation of a prescribing plan.

Part 2 indicators

The five areas are:

1. Antibiotic volume

Aligned to the NHS England Quality Premium indicator i.e.

- items per STAR-PU must be equal to or below England 2013/14 mean performance value of 1.161 items per STAR-PU.
  - Upper threshold = 0.965 items per STAR-PU
  - Lower threshold = 1.161 items per STAR-PU

Additional reduction in Items per Specific Therapeutic group Age-Sex Related Prescribing Unit (STAR-PU) equal to or below 0.965 items per STAR-PU. This threshold is additional for 2018/19

https://www.england.nhs.uk/resources/resources-for-ccgs/ccg-out-tool/ccg-ois/qual-prem/

2. A reduction in the number of Trimethoprim items prescribed to patients aged 70 years or greater from baseline was retained. Therefore change to be aligned to the NHS England Quality Premium 2018/2019 indicator target i.e. below;

· A 30% reduction (or greater) in the number of Trimethoprim items prescribed to patients aged 70 years or greater on baseline data (June15-May16).

· Threshold = CCG Trimethoprim items/1000 patients target prescribed to patients aged 70 years or greater on baseline data (June15-May16)

https://www.england.nhs.uk/resources/resources-for-ccgs/ccg-out-tool/ccg-ois/qual-prem/

3. Opioid analgesic reduction volume measure

Opioid analgesics ADQ/STAR PU

Practices below the baseline i.e. the CCG GP practice with the sixth lowest Q3 2018/2019 volume; GP practices below this will automatically meet the indicator. If one of the original Q3 2018/2019 GP practices goes above the baseline then they will receive a decreasing pro-rata payment up to 10% increase. All other practices will receive a pro-rata payment based on a 10% reduction from their baseline Q3 2018/2019 volume.

4. Reduction in NSAID volume

NSAID ADQ/STAR PU

Practices below the baseline i.e. the CCG GP practice with the sixth lowest Q3 2018/2019 volume; GP practices below this will automatically meet the indicator. If one of the original Q3 2018/2019 GP practices goes above the baseline then they will receive a decreasing pro-rata payment up to 10% increase. All other practices will receive a pro-rata payment based on a 10% reduction from their baseline Q3 2018/2019 volume.

5. Reduction in Pregabalin/Gabapentin analgesic volume

Pregabalin/Gabapentin ADQ/STAR PU

Practices below the baseline i.e. the CCG GP practice with the sixth lowest Q3 2018/2019 volume; GP practices below this will automatically meet the indicator. If one of the original Q3 2018/2019 GP practices goes above the baseline then they will receive a decreasing pro-rata payment up to 10% increase. All other practices will receive a pro-rata payment based on a 10% reduction from their baseline Q3 2018/2019 volume.

2.2.3 The Provider will receive a payment based on the percentage of prescriptions satisfying the indicator definition in each quarter. The achievement will be measured on a sliding scale of 0-5 points where 5 points will be awarded where prescribing meets or exceeds the upper threshold reducing to 0 points**.** This is summarised in the Table below:

Prescribing indicator set and performance thresholds	Points Available			
	Qtr 1 ended 30/6	Qtr 2 ended 30/9	Qtr 3 ended 31/12	Qtr 4 ended 31/3
A	5	5	5	5
B	5	5	5	5
C	5	5	5	5
D	5	5	5	5
E	5	5	5	5
Total	25	25	25	25

2.2.4 The total points achieved by the Provider for each quarter (maximum of 25) will be calculated using the following methodology:

The percentage the Provider has scored for each indicator (A), subtract from this the minimum percentage set for the indicator (B), then divide the result by the maximum (C) and minimum (B) percentage scores for the indicator, and multiply the result of that calculation by the total number of points available in relation to the indicator (D).

This can be expressed as: $\frac{(A-B) \times D}{(C-B)}$

2.2.5 The scores for all 5 indicators are then aggregated together to determine the total points achieved by the Provider in the quarter.

2.2.6 The actual payment due to the Provider each quarter will be as per tariff per point achieved multiplied by the registered list size as at the beginning of the quarter.

2.2.7 The calculation of the payment due will be determined by the NECS medicines optimisation team once the prescribing data for the quarter has been received from the PPA. Subject to the Provider's agreement of this figure, the Commissioner will arrange for payment of the amount due according the following timetable:

Payment in respect of quarter ending:	Payment to practice by:
30-Jun annually	30-Sep annually
30-Sep annually	31-Dec annually
31-Dec annually	31-Mar annually
31-Mar annually	30-Jun annually

3.3 Population covered

3.3.1 GP Practices that are members of Hull CCG.

3.4 Any acceptance and exclusion criteria and thresholds

3.4.1 Not applicable.

3.5 Interdependence with other services/providers

- The Medicines Optimisation Team (North of England CS)
- Other practices

4. Applicable Service Standards

4.1 **Applicable national standards (eg NICE)**

4.1.1 The decision to initiate treatment or change a patient's treatment regime should be based on up-to-date best clinical evidence or guidance, e.g., from the National Institute for Health and Clinical Excellence (NICE) or other authoritative sources;

4.1.2 Health professionals should base their prescribing decisions on individual assessments of their patients' clinical circumstances, e.g., patients whose clinical history suggests they need a particular treatment should continue to receive it;

4.1.3 The individual patient (and their guardian or carer where appropriate) should be informed about the action being taken and suitable arrangements should be made to involve the patient, ensuring they have an opportunity to discuss a proposed change of medicines, and to monitor the patient following any change;

4.1.4 Prescribers should be able to make their choice of medicinal products on the basis of clinical suitability, risk assessment and value for money. In doing so it is recognised that clinical guidance and the cost of individual drugs and are continually changing and this requires practices to continually review what constitutes cost effective prescribing.

4.1.5 As stated in paragraphs SC2 (Regulatory Requirements) and SC3 (Service Standards) the Provider is required to adhere to all national standards as issued from time to time by any relevant Regulatory and Statutory bodies including guidance issued by appropriate competent bodies (e.g. Royal Colleges).

4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

4.2.1 This scheme will promote relevant NICE standards and other guidance as issued from time to time by the relevant statutory/regulatory bodies.

5. Applicable quality requirements and CQUIN goals

5.1 Other incentives

5.2 Applicable CQUIN

Not applicable.

6. Location of Provider Premises

Not applicable

7. Individual Service User Placement

Not applicable