

Primary Care Commissioning Committee

Date of meeting		28 February 2019	
Agenda item	8	Paper No	PCCC19/007

Medicines Optimisation Incentive Scheme 2019-2021

<p>Key issues</p>	<p>The attached paper informs the Primary Care Commissioning Committee of the Medicines Optimisation Incentive Scheme (MOIS) 2019-2021</p> <p>All West Hampshire practices are currently signed up to the 2018/19 Medicines Optimisation Incentive scheme.</p> <p>This is a two year scheme to focus on practices further improving the safe, high quality and cost effective use of medicines for the benefit of their patients. The incentive scheme is one of the main vehicles for the delivery of the CCG's Medicines Optimisation QIPP plan (Quality, Innovation, Productivity and Prevention) and as such the two are complementary.</p> <p>It is recognised that the publication of the 5 Year Framework for GP contract reform to implement the NHS Long Term Plan may have implications with regard to the scheme including funding streams or potential duplication. The Medicines management team have confirmed that the MOIS will not duplicate any medicines related requirements in the Five Year framework and funding will be clarified when NHS England have confirmed details of the financial breakdown within the Framework.</p>
<p>Strategic objectives / perspectives</p>	<p>This paper addresses the following CCG strategic objectives:</p> <ul style="list-style-type: none"> • Ensure system financial sustainability (reducing unnecessary medicines and dressings spend) • Ensure safe and sustainable high quality services - improved medication review and deprescribing of problematic medicines and antimicrobial stewardship • Establish local delivery systems (the integrated pharmacy service is a high priority within the LDS) • Develop the CCG workforce (the development of a more clinical role for pharmacists is in line with the national direction of travel and supports the sustainability of primary care)

Actions requested / recommendation	The Primary Care Commissioning Committee is requested to approve the Medicines Optimisation Incentive Scheme 2019-2021 subject to the confirmation that medicines related work will not be duplicated and finance for the scheme is not included within the Five Year Framework
Principal risk(s) relating to this paper	There are no risks in relation to this paper.
Other committees / groups where evidence supporting this paper has been considered	CCG Medicines Optimisation Clinical Steering Group Primary Care Steering Group Clinical Cabinet
Financial and resource implications / impact	The total budget for the Medicines Optimisation Incentive Scheme 2019/21 is £285,138, an uplift of 0.7% population growth.
Legal implications / impact	There are no legal implications arising from this paper.
Data protection impact assessment required?	No.
Public / stakeholder involvement – activity taken or planned	Not applicable.
Equality and diversity – implications / impact	This report does not request decisions which impact on equality and diversity.
Report author	Dr Emma Harris, Clinical Director – Prescribing Neil Hardy, Associate Director Medicines Optimisation
Sponsoring director	Ellen McNicholas, Director of Quality & Nursing (Board Nurse)
Date of paper	20 February 2019

West Hampshire Clinical Commissioning Group Medicine Optimisation Incentive Scheme 2019 - 2021

This agreement forms the basis of an incentive scheme between the practice and West Hampshire Clinical Commissioning Group.

1. Description

This is a two-year incentive scheme to purchase and support the development and implementation of an annual medicines optimisation action plan from the member practice. The details of the incentive scheme are subject to annual review.

2. Purpose

Prescribing a medicine to a patient remains the most frequent intervention the NHS provides to a patient and within NHS West Hampshire CCG approximately 9.6 million prescription items were dispensed in the last 12 months at a cost of £87 million. As well as the acquisition cost of medicines there are significant opportunity costs to the NHS both in optimising the use of medicines in patients and in avoiding the harm that medicines can cause.

The focus of this incentive scheme is therefore on practices further improving the safe, high quality and cost effective use of medicines (including antibiotics) for the benefit of their patients. The incentive scheme is one of the main vehicles for the delivery of the CCG's Medicines Optimisation QIPP plan and as such the two are complementary.

3. Aim

The aim of this incentive scheme is to;

- Incentivise practices to engage with the CCG Medicines Optimisation Team and other practices within the Locality and Cluster through active participation at Locality Medicines Optimisation Groups.
- Agree and implement a practice specific annual medicines optimisation action plan which is based on the CCG medicines optimisation QIPP plan, national priorities and takes account of the individual practice's priorities and opportunities for quality improvement and savings. The medicines optimisation team will support practices in developing and implementing their plans.

4. Key interdependencies and context

- **WHCCG 5 year commissioning strategy & Local Delivery System plans** – The incentive scheme supports the delivery of the West Hampshire CCG 5 year commissioning strategy and LDS plans
- **The Locality Constitution** – The incentive scheme is in line with the Locality Constitutions and the corresponding roles, responsibilities and functions of the Localities
- **The Quality, Innovation, Productivity and Prevention programme (QIPP)** – A bottom up approach to planning the medicines optimisation QIPP Programme will ensure that practice, locality and West Hampshire specific and system wide priorities are reflected and lessons learnt from the past are captured

- **WHCCG structures** – The WHCCG structures, in particular the CCG Medicines Optimisation Team, have been designed to ensure that the QIPP programme is delivered and owned by a skilled team; Localities, Clusters and Practices are key elements of this team. Clinical input is an essential part of this approach.

5. Content

The flow chart in appendix 1 describes how the incentive scheme will operate. The principles of this are:

- Practices, supported by the Medicines Optimisation Team and comparative prescribing data, will identify priorities that are relevant to their patients and achieve the greatest quality, safety and cost saving improvements
- Practices are rewarded for their effort as opposed to achieving targets (evidence of significant improvement, as opposed to achievement of targets, will be required for interventions where progress is measurable). For interventions which require attendance of clinicians at a particular meeting or training session, proof of attendance will be necessary
- Practices action plans and achievement of those plans will be judged by their peers (using the Locality Medicines Optimisation Groups). The CCG Medicines Optimisation Clinical Steering Group will act as the arbiter in the event of disputes
- Achievement of the incentive scheme will not be linked to practice performance against their prescribing budget
- Practices will typically be expected to agree at least five cost related interventions and three medicines safety or quality focused interventions. Practices will be expected to agree those interventions that realise the greatest benefit (financial, quality and health gain) for their patients
- The menu of interventions will be refreshed each year to reflect the current priorities (including national priorities such as commissioning guidance on items not suitable for prescribing) and opportunities for quality and cost improvements.
- Certain interventions will be considered mandatory within the Incentive Scheme unless the practice can demonstrate good reason why they should not undertake the particular intervention.

Practices are expected to fully engage in the locality peer review of action plans and achievements by the participation of a practice representative at Locality Medicines Optimisation Group meetings (proof of attendance is required).

6. Responsibilities

6.1 The Medicines Optimisation Team will support practice and localities by;

- Developing a menu of interventions and comparative information and support discussions at the internal practice meeting where the practice action plan is agreed
- Providing resources and support to practices as part of the implementation of the agreed action plan
- Provide information and feedback to practices on the progress of their action plan
- Support peer review of action plans, the peer review of practices achievements and dissemination of good practice and learning through the Locality Medicines Optimisation Groups and the Medicines Optimisation Clinical Steering Group

6.2 The Locality;

All practices in NHS West Hampshire CCG are members of a Locality Medicines Optimisation Group. These groups meet every two months and have already been involved in the identification and prioritisation of interventions for practice and the Medicines Optimisation Team.

Within the incentive scheme the Locality Medicines Optimisation Groups will be used to peer review practices individual action plans and achievements. In addition the Locality Medicines Optimisation Groups are useful forums to share good practice and disseminate learning.

The CCG Medicines Optimisation Clinical Steering Group (Chaired by Dr Emma Harris, Clinical Director – Prescribing) will oversee the operation of the incentive scheme.

6.3 The Practice will;

- Provide clinical/managerial time to actively participate in the process as described above
- Collate, disseminate and feed in views of their colleagues (clinical and non-clinical)
- Ensure that their population needs are represented
- Actively engage and involve their patients in the agreed action plan (the approach taken will be flexible and dependent on the needs of the plan)
- Implement the agreed action plan with the support of the CCG Medicines Optimisation Team

7. Payments

The practice wishes to engage in the medicines optimisation incentive scheme for 2019-21, understanding that the incentive scheme:

- Practices will need to sign up to all components of this
- Practices must achieve the components described above in order to receive full payment
- Payment will be made via SBS

Practices will receive 50p per registered patient based on the 1 April population for the relevant year.

Year 2019/20:

- 50% of the value of the Local Enhanced Service (LES) will be paid at the end of June 2019 on return of confirmation of 'sign up' by the Practice. This funding will be subject to a 6 month assessment of practice achievement undertaken by the Medicines Optimisation Team in December 2019 against each component of the incentive scheme.
- The remaining 50% (or achieved proportion) of the value of this enhanced service will be paid during June 2020 based on the Medicines Optimisation Team assessment of practice achievement at year end. Achievement will be assessed against the agreed outcomes for each component

8. Commencement and Duration

The agreement will commence 1 April 2019 until 31 March 2021

9. Sign up arrangements

Practice to send the sign up document by email to WHCCG.primarycare@nhs.net by **30 April 2019**.

10. Monitoring

Practices are expected to:

- Provide evidence to the Medicines Optimisation Team that all of the components of this incentive scheme are being met in order to achieve the full payment (see Section 7).
- If all components are not achieved, partial payment will be awarded appropriately. The Medicines Optimisation Clinical Steering Group will consider and advise on such cases.

11. Disputes

If a dispute arises between the parties to this Agreement, the following approach should be taken in trying to resolve that dispute:

- The West Hampshire CCG, the Local Medical Committee (LMC) and the practice should discuss all options available to reach a mutually acceptable agreement.
- If the practice and the CCG exhaust the local appeal procedure, then the practice is entitled to raise a formal dispute through the normal contract dispute procedure (NHS Litigation Authority).

12. Termination of Agreement

This agreement will terminate on the 31 March 2021.

This agreement can be terminated by either West Hampshire CCG or the practice at any time during the year providing written notice of at least 3 months is given prior to termination for reasons of poor service delivery, or inability to fulfil contractual agreement.

Where unforeseen circumstances occur, practices must instigate immediate dialogue with West Hampshire CCG.

Appendix 1 – Flow Chart

2019/20 and 2020/21



