NHS
West Hampshire
Clinical Commissioning Group

# Primary Care Commissioning Committee

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| **Date of meeting** | | **27 June 2019** | |
| **Agenda item** | **8** | **Paper No** | **PCSG19/044** |

## Medicines Optimisation Incentive Scheme Quarter 2 - 4 2019-20

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| **Key issues** | Following publication of the Primary Care Network Contract Specification requirements it was necessary to consider what elements of the current Medicines Optimisation Incentive Scheme (MOIS) are now included within the new GP contractual requirements and are therefore no longer required to be incentivised by the MOIS.<br><br>The CCG has approved the MOIS for the first quarter of 2019/20 recognising that a number of the new contractual requirements come into being from July 2019<br><br>There is a significant risk to the delivery of the CCG primary care prescribing QIPP plan if there is no MOIS to incentivise practices to support the delivery of the interventions within the scheme (particularly the cost orientated interventions).<br><br>Plans for a national incentive scheme have been announced, however until details of such a scheme are available there is a gap locally.<br><br>This paper proposes a revised scheme to ensure that practices continue to be engaged and support interventions not included in the new GP / PCN contractual arrangements. |
| **Strategic objectives / perspectives** | Alignment with strategic objective 1.9:<br>• We will promote a sustainable model for primary care with improved access and choice with an increased focus on people with complex and multiple conditions through the provision of integrated care<br>This paper also addresses the following CCG strategic objectives:<br>• Ensure system financial sustainability (reducing unnecessary medicines and dressings spend)<br>• Ensure safe and sustainable high quality services – prescribing a medicine is the most frequent intervention within the NHS. |

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| **Actions requested / recommendation** | **The Primary Care Commissioning Committee is asked to:**<br><br>• **Ratify the decision of the Primary Care Steering Group to support the Medicine Optimisation Incentive Scheme Quarters 2 - 4 2019-20 and the associated budget of £170,229 to be funded as part of the Medicines Management QIPP target** |
| **Principal risk(s) relating to this paper** | The risks are identified within the paper. The principal risk is the non-delivery of the 2019-20 Medicines Management QIPP and associated savings target. |
| **Other committees / groups where evidence supporting this paper has been considered** | ▪ Primary Care Steering Group<br>▪ Clinical Locality Leads meeting<br>▪ Locality meetings |
| **Legal implications / impact** | There are no legal implications arising from this paper. |
| **Privacy impact assessment required?** | No |
| **Public / stakeholder involvement – activity taken or planned** | Public and stakeholder involvement will be an integral part of the development and delivery of the Locality Plans. |
| **Equality and diversity – implications / impact** | Public and stakeholder involvement will be an integral part of the development and delivery of the Locality Plans. |
| **Report author** | Neil Hardy, Associate Director, Medicines Optimisation |
| **Sponsoring director** | Ellen McNicholas, Director of Quality and Safety (Board Nurse) |
| **Date of paper** | 20 June 2019 |

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**Medicines Optimisation Incentive Scheme – Proposal for a Revised Scheme effective from July 2019**

## 1. Introduction

With the publication of the following:

- 'Investment and Evolution – a five-year framework for GP contract reform to implement The NHS Long term Plan',
- Network Contract Directed Enhanced Service and
- 2019/20 General Medical Services (GMS) contract Quality and Outcomes Framework (QF)

It is necessary to consider what elements of the current Medicines Optimisation Incentive Scheme (MOIS) are now included within the new contractual requirements and are therefore no longer required to be incentivised by the MOIS.

The CCG has approved the MOIS for the first quarter of 2019/20 recognising that a number of the new contractual requirements come into being from July 2019.

Plans for a national incentive scheme have been announced (p49 Investment and Evolution) but in the interim, there is a significant risk that some of the current MOIS and QIPP interventions will not be covered by contractual requirements post 1 July and before a national scheme is rolled out.

This paper therefore compares the CCG medicines optimisation team objectives and QIPP plan with the GP contractual requirements to identify those elements that are no longer required in the MOIS and, importantly, interventions that are not part of the GP contract.

## 2. Comparison of Medicines Optimisation Objectives with the GP Contract

Appendix One lists the key objectives for 2019/20 that relate to primary care prescribing. Historically the MOIS has been the mechanism for engaging GPs to work with the medicines optimisation team to deliver these interventions. The team is currently having initial practice meetings with all practices to discuss and agree these objectives and how they will be actioned within the individual practice.

The cost saving interventions (including implementation of the National guidance on items not suitable for prescribing in primary care and over the counter medicines) are not included in the GP contract and therefore there is a significant risk of practices not agreeing to implement these in the absence of the MOIS. In addition the lack of a MOIS risks practices becoming disengaged with other cost saving interventions including those included in previous years' schemes.

For the quality and safety objectives there are a number of objectives and interventions which are now included with the GP contract / QOF. However, for a number of these, whilst they are highlighted within the Investment and Evolution document the specific actions and targets have not been included in either the QOF or Network DES for this year. Important examples include antimicrobial stewardship which has no specific requirements or targets for practices to achieve this year and reducing opioid use in chronic non-cancer pain.

## 3. Primary Care Prescribing QIPP plan 2019/20

The primary care prescribing QIPP plan for 2019/20 has a savings target of £1.9M. Appendix Two lists the priority cost saving interventions that require GP / practice engagement to ensure they are delivered.

The level of input from the GP will vary between different interventions. For example when savings are made because a product loses its patent then the only requirement from the GP is to ensure that the product is prescribed by its generic name. However a managed switch to a lower cost alternative product or the deprescribing of an item will require the GP to review patients for suitability and in some circumstances see the patient to discuss the switch.

## 4. Proposed MOIS from July 2019

It is proposed that the MOIS is revised so that requirements and interventions do not duplicate what is included within the new GP contract or Network DES, whilst continuing to incentivise practices to engage and implement interventions within the primary care prescribing QIPP plan.

The revised MOIS would therefore focus on supporting the implementation of:

- key cost-saving interventions
- population health level interventions that are not included in other contractual requirements such as the QOF

The revised MOIS would require:

- practices to meet as a whole practice halfway through the year to follow-up on any practice-specific quality and cost improvement action plans.

- provide a forum for GP Prescribing Leads to share best practice in the form of a Medicines Optimisation Group meeting (the existing, well-established groups, could provide PCNs with a peer review network if desired)

- demonstrate that they had worked with the CCG medicines optimisation team to agree a practice-specific action plan and implemented agreed interventions

## 5. Funding

The existing MOIS provides funding to practices on the basis of 50 pence per head of population (£283,000 per annum). This level of funding has been provided for the first quarter of 2019/20 (i.e. 12.5 pence per head of population).

It is difficult to estimate the proportion of workload that has transferred from the MOIS to the new requirements within the GP contract and therefore decide on the appropriate level of funding for a revised MOIS. Considering the interventions listed in Appendix One there are 13 classified as '*No*' or '*Yes but limited requirements*' which represents 80% of the total number of interventions.

Using this estimate, if funding of 40 pence per head of population per annum were to be provided for the revised MOIS then the cost pressure for 2019/20 (July 18 to March 19) would be £170,000 (£57,000 per quarter).

## 6. Conclusions

It is necessary to consider what elements of the current Medicines Optimisation Incentive Scheme (MOIS) are now included within the new GP contractual requirements and are therefore no longer required to be incentivised by the MOIS. The CCG has approved the MOIS for the first quarter of 2019/20 recognising that a number of the new contractual requirements come into being from July 2019

There is a significant risk to the delivery of the CCG primary care prescribing QIPP plan if there is no MOIS to incentivise practices to support the delivery of the interventions within the scheme (particularly the cost orientated interventions).

Plans for a national incentive scheme have been announced, however until details of such a scheme are available there is a gap locally.

This paper proposes a revised scheme to ensure that practices continue to be engaged and support interventions not included in the new GP / PCN contractual arrangements.

## 7. Actions Requested

The CCG Primary Care Steering Group is asked to discuss and support this proposal for a revised Medicines Optimisation Incentive Scheme for the period July 2019 to March 2020.

**Dr Emma Harris, Clinical Director – Prescribing**

**Neil Hardy, Associate Director, Medicines Optimisation**

**May 2019**

**Appendix One**

# Medicines Optimisation, Team Objectives 2019/20 Primary Care Prescribing

| Objective | Comments | *Included in GP Contract* | Notes |
|---|---|---|---|
| ***1.1 Items not suitable for prescribing in primary care (NHSE guidance) December 17***<br><br>Coproxamol<br>Dosulepin<br>Doxazosin<br>Glucosamine<br>Herbal meds<br>Homeopathy<br>IR fentanyl<br>Lidocaine plasters<br>Liothyronine<br>Lutein and antioxidants<br>Omega 3 oils<br>Oxycodone / naloxone combination<br>Tramadol / paracetamol combination<br>Perindopril arginine<br>Rubefacients | • Identify number of patients and cost by practice<br>• Implement in conjunction with the practice based on priority (safety, ease, cost, number of patients)<br>• Maintain resources (IB, policy statement, patient information leaflet, etc.)<br>• Work with providers / specialists as required<br>• Introduce use of prior approval for liothyronine (Blueteq) | **No** | Cost savings not included in contract. Statement re national review of incentive schemes on page 49 of 'Investment and Evolution' |

| Objective | Comments | *Included in GP Contract* | Notes |
|---|---|---|---|
| Travel vaccines<br>Trimipramine | | | |
| ***1.2 Items not suitable for prescribing in primary care (NHSE guidance) – current consultation November 2018***<br>Aliskiren<br>Amiodarone<br>Dronedarone<br>Bath and shower preparations<br>Blood glucose test strips (type 2 diabetes)<br>Minocycline for acne<br>Needles for insulin pens<br>Silk garments | Once final guidance is issued:<br>• Identify number of patients and cost by practice<br>• Implement in conjunction with the practice based on priority (safety, ease, cost, number of patients)<br>• Develop resources (IB, policy statement, patient information leaflet, etc.)<br>• Work with providers / specialists as required | **No** | Cost savings not included in contract. Statement re national review of incentive schemes on page 49 of 'Investment and Evolution' |
| ***1.3 OTC medicines – NHSE guidance***<br>Links to community pharmacy, patient empowerment | • Agree a number of patient facing campaigns based on non-contentious clinical conditions – first one Hay fever.<br>• Work with communications team to ensure ongoing messages to patients regarding the guidance (linked to choose wisely).<br>• Pilot practice based intervention to patients identified as receiving OTC medicines for minor self-limiting conditions.<br>• Vitamin B preparations (Vit b compound to Vit b compound strong) – stop Vitamin B Co | **Yes but limited requirements** | Letter from NHSE re contract (page 95) of 'Investment and Evolution'<br><br>Mentioned in terms of referral to community pharmacy (page 38) of 'Investment and Evolution' |

| Objective | Comments | *Included in GP Contract* | Notes |
|---|---|---|---|
| | and Vit B Co strong? | | |
| ***1.4 Patent expiries***<br>Ezetimibe, solifenacin, atomoxetine | • Ensure any savings from patent loss are maximised by stopping any branded prescribing. | **No** | |
| ***1.5 Other local cost saving interventions***<br><br>Specials<br><br>Dressings / wound care<br><br>Nutrition<br><br>Continence / stoma products<br><br>Biosimilar insulins<br><br>Branded generic switches | • Need action plan for dressings.<br>• Option paper for direct supply of dressings.<br>• Need action plan for nutrition.<br>• Need action plan for continence / stoma<br>• Need to discuss biosimilar insulins with specialists<br>• Agree possible branded generic switches based on cost saving and ease of switch. Possible rivastigmine patches, metformin M/R | **No** | |
| ***1.6 Local cost saving interventions - Housekeeping*** | • Generic savings<br>• Ghost generics<br>• Formulary adherence<br>• Previous local interventions | **No** | |
| ***2.1 Medication review and deprescribing***<br>Links to MOCH, mental health and PWLD | • Need to agree a method for attaching a financial value to deprescribing<br>• Continue to use PINCER and PRIT<br>• Include care home patients (MOCH) – need to identify interventions for care home | **Yes but limited requirements** | 'Investment and Evolution' to reduce medication-related harm but narrow focus on NSAIDs |

| Objective | Comments | *Included in GP Contract* | Notes |
|---|---|---|---|
| | patients –the same categories as for non-care-home patients | | without gastro protection and Lithium monitoring in QOF (QI001; QI002). Tools available are PINCER19/20 STOMP MOCH Structured Med review (PRIT) |
| ***2.2 Antimicrobial Stewardship*** | • Support practices to implement their agreed action plans.<br>• Monitor challenge to practices to reduce total antibiotic prescribing by 10% | **Yes but limited requirements** | 'Investment and Evolution' (pages 42, 97) not included in QOF 19/20 |
| ***2.3 Atrial fibrillation*** | • Need action plan for 19/20<br>• Need to cover Detect, Protect, Perfect find ways of including regular reviews for these patients | **Yes** | 'Investment and Evolution' (page 47) plus QOF AF006; AF007; STIA007) |
| ***2.4 Prescribing of opioids*** Links to controlled drugs | • Need action plan<br>• Encourage GP actions to reduce prescribing in non-complex patients (share resources)<br>• Work with specialist services to devise medication review and stepping down of | **No** | |

| Objective | Comments | *Included in GP Contract* | Notes |
|---|---|---|---|
| | prescribing for patients on high doses opiates | | |
| ***2.5 Diabetes / WISDOM*** | • Need to ensure unnecessary duplication of effort for MOT team/ practices wrt data collection | **Yes** | Diabetes included as part of reducing iatrogenic harm. 'Investment and Evolution' pages 20 and 61-66 and QOF DM019; DM020; DM021; DM022; DM023 |
| ***2.5 Prescribing for people with mental health conditions and people with a learning disability***<br>Links to medication review and deprescribing and MOCH | • Review and reduce antipsychotic prescribing in people with a learning disability<br>• Review and reduce antipsychotic prescribing in people with dementia<br>• Support GPs to improve the physical health of people with mental health conditions or a learning disability<br>• Support GPs to review all medicines at the annual health check for people with a learning disability | **Yes but limited requirements** | 'Investment and Evolution' (page 43) and QOF LD004 ; MH002 |
| ***2.6 Medicines Optimisation in Care Homes (MOCH)*** | As well as polypharmacy, deprescribing, med review also support to improve the systems in care homes and therefore reduce waste and increase safety.<br>• Need an action plan setting out how we will support care homes – e.g. support in the | **Yes but limited requirements** | 'Investment and Evolution' only (pages 12, 41, 43) |

| Objective | Comments | *Included in GP Contract* | Notes |
|---|---|---|---|
| | form of guidance to all care homes, dedicated support to identified care homes (e.g. size, identified issues, etc.) | | |
| ***2.7 Sodium valproate*** | • Rerun audit of patients against agreed standards<br>• Support GPs to review patients.<br>• Support GPs to ensure the patient's need for sodium valproate is regularly reviewed. | **Yes** | 'Investment and Evolution' page 70, plus QOF QI001; QI002 |
| ***2.8 Controlled drugs*** | • Agree monitoring<br>• Continue to query prescribing of less suitable controlled drugs with prescriber (e.g. IR fentanyl, dipipanone, etc.) | **No** | |
| ***3.1 Maximising the use of EPS and eRD*** | • Support practices to maximise the use of EPS<br>• Support practices to increase the use of eRD for suitable patients | **Yes, but limited requirements** | 'Investment and Evolution' only page 34 |

**Appendix Two**

| **EXISTING INTERVENTIONS** | **PLANNED SAVINGS** |
|---|---|
| Existing Intervention - Dressings | 48,000 |
| Existing Intervention Specials | 24,000 |
| Infant Formula (STP) | 36,000 |
| Alogliptan as preferred first choice gliptin / Sitagliptin Rebate | 105,000 |
| Xenidate as preferred brand of methylphenidate | 49,000 |
| Edoxaban as preferred DOAC inc Rebate | 122,000 |
| Existing Int - Ezetimibe Patent Expiry | 168,000 |
| Prasugrel Patent Expiry | 6,000 |
| Tadalafil Patent Expiry | 20,000 |
| Continence / Stoma Products | 24,000 |
| **NEW INTERVENTIONS** | |
| Solifenacin- deprescribing and Patent Expiry June 19 | 350,000 |
| Atomoxetine - Patent Expiry May 19 | 56,000 |
| Branded metformin MR switch | 105,000 |
| Clenil rebate / switch to Soprobec | 50,000 |
| **ITEMS WHICH SHOULD NOT BE ROUTINELY PRESCRIBED IN PRIMARY CARE** | |
| Co-proxamol | 12,000 |
| Dosulepin | 3,600 |
| Doxazosin M/R | 18,000 |
| Fentanyl I/R | 36,000 |

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| Lidocaine Plasters | 75,000 |
| Liothyronine | 48,000 |
| Omega-3 Fatty Acids | 12,000 |
| Oxycodone and Naloxone Combination | 48,000 |
| Paracetamol and Tramadol Combination | 6,000 |
| Perindopril Arginine | 18,000 |
| Rubefacients | 6,000 |
| Travel Vaccines | 6,000 |
| Trimipramine | 48,000 |
| **ITEMS WHICH SHOULD NOT BE ROUTINELY PRESCRIBED IN PRIMARY CARE - NOVEMBER 18 ADDITIONS** | |
| Aliskiren | 12,000 |
| Bath and shower preps | 51,000 |
| Blood glucose test strips (T2D) | 30,000 |
| Minocycline for acne | 6,000 |
| Needles for insulin pens | 48,000 |
| Silk garments | 6,000 |
| **OVER THE COUNTER GUIDANCE** | |
| List as per national consultation | 48,000 |
| | |
| **TOTAL** | **1,700,600** |