

Ref: CCG February 2016 013

Corporate Services
NHS Liverpool Clinical Commissioning Group
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11 February 2016

Re: Freedom of Information Request

Thank you for your Freedom of Information request that we received on 9 February 2016, with regards to Prescribing Priorities in CCG's.

Request/**Response**

I am currently undertaking research on prescribing priorities in CCGs, and would be grateful if you could provide me with the following information for NHS Liverpool CCG:

1. Could you provide me with copies of any prescribing incentive scheme, medicines optimisation plan or CCG-level prescribing action plan for each of the financial years
 - a)2013-14,
 - b)2014-15,
 - c)2015-16,
 - d) any published documents for 2016-17

Please note I only require the scheme documentation, not any monitoring information.

Medicines Management – Minimum Outcome / Requirements

a) **2013-14,**

Rationale:

To ensure most effective (cost and quality) use of medicines in the treatment of patients.

Aim:

To adhere to agreed annual medicines management plan, reviewed and updated in line with professional guidelines.

All prescribing to be in line with agreed protocols / pathways / national guidance.

Key performance Indicator (KPI) 3.4:

Movement towards agreed (11/12) practice budget (principles for setting budget to be agreed by interim GP Commissioning Board).

b) 2014-15.

Rationale:

To improve the effectiveness of treatment with medicines and improve the cost-effectiveness of prescribing.

Aim:

To support the use of prescribing to achieve improvements in outcomes for patients with long term conditions

To reduce the waste resulting from ineffective prescribing, and support improvements in prescribing systems and processes

Key performance Indicator (KPI) 3.4:

Prescribing quality – achievement of 4 prescribing quality indicators.

Prescribing cost – reduction of prescribing costs / weighted population compared with 2013-14 out-turn

KPI Banding:

Prescribing quality– 4% each

- % of patients with type 2 diabetes prescribed metformin***
- Compliance with the Mersey antibiotic guidelines for specific indications***

Prescribing cost – Higher cost practices reduce costs towards the Liverpool average cost per patient with recognition for movement to target using the current banding model, those starting the year under Liverpool average would be required to achieve zero growth.

75% reduction in difference = Band A

50% reduction in difference = Band B

25% reduction in difference = Band C

c) 2015-16.

Practice delivery of robust prescribing systems

Safety / risk

Monitoring for all high risk drugs is carried out regularly, coded and patients without recent monitoring are reviewed

All safety audits identified by the Medicines Management C will be carried out at the required interval (eg NSAID audit)

All actions from MHRA / NPSA / local prescribing error alerts will be implemented within the required timeframe

All MHRA / NPSA standards will be met

No patients will be prescribed more than one medication from within a therapeutic drug class without a review and direction from a GP

Adverse effects of new (black triangle) drugs will be reported to the national monitoring system

Clinical effectiveness

Patients who are not collecting medication with the expected frequency (over / under ^{*[1]}) will be contacted to identify reasons and, where appropriate, will be reviewed by the MMT or GP

All patients not meeting the medication-related requirements of clinical pathways will be identified and reviewed:

- **Diabetes care processes - HbA1c, cholesterol, blood glucose**
- **Atrial fibrillation – anticoagulation offered for patients with appropriate CHADS2 and CHA2DS2VASc scores**
- **Heart failure – medication not titrated to appropriate dose or coded as maximum tolerated dose.**

All changes to medication during hospital admissions are implemented on the practice prescribing system – discontinued medication removed and new medication added. These changes will be communicated to care homes for appropriate patients

All medication queries from hospitals, pharmacies and nursing homes will be managed within an appropriate timeframe

All patients will have a clinical medication review every 12 months, carried out by a pharmacist or GP and coded^{*[2]}

Patients on relevant medication but not coded / on disease registers will be identified and reviewed

^[1] appropriate frequency / high priority medication will be defined by the Medicines Management Team

^[2] (proactive review system in place and patients who are not reviewed within the 12 month period identified and followed up)

Cost reduction / waste

All requests for duplicate prescriptions will be confirmed with the patient before issue. All early requests via a pharmacy or dispensing appliance contractor will be reviewed before issue

Cost savings projects that have been agreed by the practice will be implemented – patients identified by audit and called for review or letters sent

All practices will follow the Mersey CCG's formulary – regular audit to identify patients prescribe drugs outside of formulary and GP review

Specialist prescribing

Patients on Black or Red drugs will be identified and returned for specialist prescribing unless agreed by the practice and in exceptional circumstances

Information requested by specialists as part of appropriate shared care agreements will be collated and supplied. Information required by general practice will be obtained from specialists and recorded on practice systems

Liverpool Medicines Optimisation Strategy 2015 – 2020 is attached.

2. a) Can you please confirm whether you have a formulary which provides recommendations for primary care prescribed drugs
- b) If the answer to a) is yes, please confirm whether this formulary is available online and provide the URL.

Yes, you will find the link to our formulary below:

<http://www.panmerseyapc.nhs.uk/formulary.html>

3. Can you, for each of the financial years 2013-14, 2014-15 and 2015-16 confirm whether the CCG had purchased the following prescribing decision support software:
 - a) Scriptswitch **2013 - 2015**
 - b) Eclipse **No**
 - c) Other (please specify). **OptimiseRx 2015 - 2016**

We wish to take this opportunity to inform you that a formal complaints and internal review procedure is available to applicants who are unhappy with responses provided to FOI requests. You can formally request an internal review within a reasonable period of time (2 calendar months) from the date this response was issued.

Where you are not satisfied with the decision of the internal review you may apply directly to the Information Commissioners Office (ICO) for a further review of that decision. Generally, the ICO cannot make a decision unless you have exhausted our complaints procedure in the first instance.

The ICO can be contacted at:

Information Commissioners Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF
www.ico.gov.uk

Should you require any further information, clarification regarding this response or do not feel that your request has been answered as you would expect, please contact us to discuss.

Yours sincerely,

**Customer Relations Lead
NHS Liverpool CCG**