LES – Polypharmacy

Contract Mechanism and Specification 10/03/2014 - 31/03/2015

Introduction

1. All practices are expected to make available to all their patients the essential and those additional services they are contracted to provide. This enhanced service provides for GP Level 3 medication review in a planned consultation for patients highlighted as a priority for review (see Appendix 1.1 for details of patients on the Polypharmacy Priority List).

In addition, this LES aims to support practices review their processes around medicines reconciliation when medication changes are recommended following hospital discharge or out patient clinic attendance. This will support implementation of a reliable process for medicines reconciliation in the practice to minimise the risk of patient harm.

No part of the specification by commission, omission or implication defines or redefines essential or additional services.

Background

Medication is by far the most common form of medical intervention for reasons stated in the Quality and Outcomes Framework guidance for the GMS Contract¹. This LES aims to support provision of enhanced Level 3 face to face reviews in a planned consultation by a GP to promote patient engagement in the medication review process.

There is a need for ongoing, holistic medication review to assess appropriateness of all medicines responding to changes in patient status e.g. increasing frailty, increasing co-morbidities, changes recommended by specialist colleagues following hospital discharge, adverse drug reactions, drug interactions, approaching end of life etc² ³

Service Aim

2. To promote safe, effective, evidence based use of medicines in patients considered most at risk of adverse effects with the objectives:

- To increase the provision of GPs undertaking face to face medication reviews in a planned consultation to promote patient engagement in the medication review process
- To reduce the level of inappropriate polypharmacy, in particular, medicines from high risk BNF sections
- To review practice processes around medicines reconciliation following hospital discharge or out patient clinic attendance

Service Outline

3. This enhanced service, will fund the following from 10th March 2014 to 31st March 2015.

Practices to:

¹ Scottish Quality and Outcomes Framework guidance for the GMS contract 2013/14 bma.org.uk/-/media/Files/.../Contracts/gpqofscotlandguidance20132014.pdf
² SGHD National Polypharmacy Guidance
³ NHSGGC Mindful Prescribing Strategy December 2012
a. Nominate a GP to lead on the Polypharmacy activity within the practice.

b. Practices to run the Polypharmacy LES EMIS/VISION Microsoft Access application to identify high risk patients in the practice considered priority for polypharmacy review in addition to all patients that will receive an enhanced polypharmacy review as one element of Anticipatory Care Planning

   i. See Appendix 1.1 for details of patients at high risk of adverse effects from medication on the Polypharmacy Priority List for this LES

   ii. See Appendix 1.2 for Standard Operating Procedure for EMIS/VISION Microsoft Access application

c. Medication review (See link below for resources to support medication review process)

   i. GPs to perform an enhanced face to face medication review during a planned consultation for all patients with an Anticipatory Care Plan (ACP) developed under the GMS Contract in 2014/15. This will support enhanced medication review for a maximum of 1.5% of the practice population by 31st March 2015.

   ii. GPs to perform an enhanced face to face medication review during a planned consultation for a maximum of an additional 1% of the practice population on the Polypharmacy Priority List by 31st March 2015.

   iii. Practices to READCODE patient records with the code 8B31B ‘Polypharmacy Review noted as active and significant (or medium)’ when undertaking the enhanced medication review. Descriptive text should be associated with the Polypharmacy Review READCODE to describe medication changes made during review. Coding as active and significant priority or active and medium priority with the appropriate associated descriptive text will support communication with other services via referral letters. A template is available to support capture of this information (See Appendix 1.4 LES FAQ).

   iv. If an ACP has been developed with the patient during 2014/15 then practices to include the Polypharmacy Review READCODE in the Key Information Summary (KIS). This is required to support communication of the polypharmacy review outcomes with clinicians in other settings.

d. Medicines reconciliation (See Appendix 2 for tools to support the medicines reconciliation process)

   i. Practices to carry out the medicines reconciliation care bundle for priority patients (See Appendix 2.1)

   ii. Practices to feed back care bundle compliance and CHI numbers for a random sample of 10 patients from this cohort every month (See Appendix 2.2)

   iii. Practice to complete a baseline reflection on 2013/14 medicines reconciliation activities by 31st March 2014 and submit a completed Medicines Reconciliation Reflection Template by 31st May 2014. A final Medicines Reconciliation Reflection Template to be completed and submitted by 15th March 2015 (See Appendix 2.3)
**Reporting LES Activities**

e. Medication reviews – CHI numbers and date of review will be auto extracted (See Appendix 1.4 LES FAQ) on a quarterly basis to support local and national evaluation (See Appendix 1.3)

f. Medicines Reconciliation – Monitoring tool  
Practices to feed back care bundle compliance and CHI numbers of a random sample of 10 patients per month from the priority medicines reconciliation cohort to [GG-UHB.centralprescribingteam@nhs.net](mailto:GG-UHB.centralprescribingteam@nhs.net) to support evaluation (See Appendix 2.2)

g. Medicines Reconciliation – Reflection Template  
Practices to undertake a reflection of medicines reconciliation activities undertaken during 2013/14 by 31st March 2014. The completed baseline Medicines Reconciliation Reflection Template to be submitted by 31st May 2014. A final reflection template to be completed and submitted by 5th March 2015 to [GG-UHB.centralprescribingteam@nhs.net](mailto:GG-UHB.centralprescribingteam@nhs.net) (See Appendix 2.3)

h. In the event that a practice does not complete the agreed contracted work set out in the LES then practice payment recovery mechanisms for the LES will be instigated.

**Enhanced Service Time line**

4. The Polypharmacy LES will follow an 13 month time line detailed below

   a. 10th March 2014 to 31st March 2015
   
   b. Practices to receive a one off engagement payment in March 2014 if opted in to LES and undertake service outline sections relating to staff nomination and running the EMIS/VISION Microsoft Access application (3a and 3b)
   
   c. Quarterly reports on CHI number and date of polypharmacy review will be auto extracted quarterly.
   
   d. Monthly reports to be submitted by practices on care bundle compliance with CHI numbers of a random sample of 10 patients from the priority medicines reconciliation cohort. The reports should be submitted by the 30th day of each month from April 2014. The exception is 28th February 2015.
   
   e. A reflection of 2013/14 medicines reconciliation activities to be undertaken by 31st March 2014 and the completed Medicines Reconciliation Reflection Template to be submitted by 31st May 2014
   
   f. A final Medicines Reconciliation Reflection Template to be completed and submitted by 15th March 2015.

**Payment**

5. **Engagement Fee**

   a. Payment will be made on the basis of a one off engagement fee of £200 per practice in March 2014.

**Achievement Payments**

   b. Payment is based on face to face medication review by a GP in a planned consultation for priority patients and implementation of a reliable process for medicines reconciliation in the practice:
Medication Review

(i) To enhance the GMS ACP polypharmacy reviews, a payment of £20 per patient will be available for enhanced review during a planned face to face consultation with a GP for the payment period to 31st March 2015. Payment at this level will be made for an aspirational number of enhanced ACP polypharmacy reviews which is for a maximum of 1.5% of the practice population (pro rata)

(ii) A payment of £40 per patient will be available for enhanced polypharmacy review of additional high risk patients (as per Appendix 1.1), during a planned face to face consultation with a GP for the payment period 10th March 2014 to 31st March 2015. Payment at this level will be made for an aspirational number of enhanced polypharmacy reviews for additional high risk patients which is for a maximum of 1% of the practice population (pro rata).

(iii) Only one polypharmacy review payment will be made for any individual patient during the timeframe of the LES (See Appendix 1.4 FAQ)

(iv) 60% of the aspirational achievement payment for reviews will be paid in advance to practices in March 2014

(v) The remainder of the achievement payment will be paid in June 2015 subject to quarterly auto-extracted reports providing evidence of review activity

Medicines reconciliation

(vi) A payment of £1000 will be made in advance to practices in March 2014 for carrying out the medicines reconciliation activities as per 3.d.i, 3.d.ii and 3d.iii above.

(vii) A further payment of £1000 will be made to practices in June 2015 subject to submission of monthly reports providing evidence of medicines reconciliation activity and completed final Medicines Reconciliation Templates

c. At the discretion of the practice, payment recovery can be instigated if it is felt that actual activity is falling significantly below the aspirational level. To discuss contact GG-UHB.centralprescribingteam@nhs.net

d. If monitoring reports indicate that service outline actions (items 3a-3d) are not completed within the specified time frame then fees will be subject to the process for payment recovery.

e. For medicines reconciliation activities (item 3d) if less that 9 out of 12 monthly care bundle reports are received, payment recovery will be instigated. Deductions of £180 for each month of non-submission will be applied to a maximum of £2000.

f. In the event of a dispute the practice will be required to provide evidence of work undertaken. The PMG PC will act as arbiter on the dispute using the evidence provided.
Withdrawal

6. Both parties will provide a minimum of three months notice that they wish to withdraw from the contract.

Resources

All Polypharmacy LES resources will be available on the NHSGGC website at

http://www.staffnet.ggc.scot.nhs.uk/Acute/Division%20Wide%20Services/Pharmacy%20and%20Prescribing%20Support%20Unit/Prescribing/Pages/PolypharmacyLES.aspx

including:

- Appendix 1  Tools to support the polypharmacy medication review process
- Appendix 2  Tools to support the medicines reconciliation process