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 local enhanced service provides for a review of repeat prescribing system processes. This activity is not covered by the GMS Contract QOF or existing Enhanced Services. The objective is quality improvement and reduced costs through improving repeat prescribing systems and processes. No part of the specification by commission, omission or implication defines or redefines essential or additional services.

Background

Evaluation of prior work has shown that non clinical staff members can positively impact on the safety and efficiency of repeat prescribing processes. Participation in this LES will improve streamlining of repeat prescribing systems, support practice work for the Quality and Outcomes Framework of GMS contract and assist in achievement of local prescribing indicators. Practices will be provided with training and support for staff on request.

Service Aim

2. To improve repeat prescribing systems and processes within Practices with the objectives:

- To improve compliance and minimise waste of medicines
- To support review of repeat prescribing processes
- To optimise communication at primary and acute care interface, and between Community Pharmacy and GP Practices
- To support implementation of NHSGGC agreed prescribing indicators

Service Outline

3. This enhanced service, to improve repeat prescribing systems and processes within Practices and reduce wasted medicines, will fund the following from 10th March 2014 to 31st March 2015:

Practices to:

a. Identify an appropriate member of Practice staff to progress the LES work.

b. Optional training is available for relevant personnel on request.
   i. A payment to practices at the rates outlined in Section 5 will be made for the release of staff to attend training if outwith the Practice.

c. Individual Practices to be paid as outlined in section 5.
   i. Where the practice fails to complete the listed actions they will be subject to payment recovery mechanisms.
Practices are expected to undertake the actions listed below to achieve the LES payment:

d. **Repeat Prescribing Significant Events Review**
   Significant event review is a recognised methodology for reflecting on important events within a practice and is an accepted process as evidence for GMC revalidation. Further guidance is available in appendix 1.
   
i. Practice to consider a process for identification and recording of significant events in relation to repeat prescribing (to be done in March 2014)
   
   ii. Practice to identify and record at least three significant events in relation to Repeat Prescribing
   
   iii. Practice to hold a significant event meeting to discuss and action three significant events
   
   iv. Practice to provide evidence of completion via local CH(C)P Lead Clinical Pharmacist using template provided (appendix 1)

e. **Formulary compliance**
   Compliance with NHSGGC Formulary especially the preferred list which states the initial and second choice of drug in each BNF category supports cost effective prescribing. The Prescribing Team will review any significant changes to the formulary preferred list and consider any detrimental effect that this may have on overall practice preferred formulary compliance.
   
i. Practices to check version and install if necessary in March 2014 the current NHSGGC Formulary (including synonyms where appropriate) containing the preferred list and then update as Formulary updates are published; usually every three months
   
   ii. ≥ 78% of all prescribing to be within the NHSGGC preferred list of Formulary drugs at 31.03. 2015 or an actual increase of 1% towards target

f. **Patients on a Monitored Dosage System and patients resident in a Care Home**
   
i. Review and update the Practice registers of patients on a Monitored Dosage System (MDS) and patients who are resident in a Care Home on an ongoing three monthly basis starting March 2014:
      
      For each of the registers, Practices to:
      
      a. Initially review and update list of patients on both registers and Readcode patient records (unless previously coded as being on the register)
      
      b. Achieve 90% of patients to receive seven or 28 days supply of their regular repeat medicines, excluding ‘when required’ medicines
      
      c. Undertake Level 1 medication review between 10.03.2014 and 31.03.2015 in 90% of patients as defined within appendix 2. Readcode when complete (66RZ).
      
      ii. Practice should have a protocol and process in place for communicating medication changes to Community Pharmacy in relation to MDS and Care Home patients


g. **Level 1 Medication Review**
   
i. Perform a Level 1 medication review in 80% of all regular repeat prescribing records between 11.03.2013 and 31.03.2015 as defined within appendix 2. Practices are strongly encouraged to include patients who have never had a level 1 medication review whilst doing the above.
   
   ii. Practices to readcode patient records when undertaking a Level 1 medication review (66RZ)

h. **Improving Compliance and Reducing Wastage** (See appendix 3)
   
i. Inactivation of Selected Obsolete Repeat Items
   
   Patients who have selected obsolete items on repeat should have them reviewed prior to re-initiation. Practices to remove the following if not ordered for within the previous 6 months (a database tool will be available):
• Appliances
• Dressings
• Elastic Hosiery
• Gluten Free products
• Incontinence Appliances
• Oral Nutrition Supplements (ONS)
• Stoma Appliances

ii. **Encouraging Review of Asthma patients**

The Community Pharmacy Asthma LES asks Community Pharmacies to review Asthma patients identified by the Practice as not attending for annual review. Community Pharmacy may be able to review these patients as they attend to collect medication, where they would not attend the Practice. Practice to:

• Search for patients who have not attended for Asthma Review in the previous year
• Add a note onto Pharmacy Text – ‘Pharmacist please review asthma as per asthma les’
• Record readcode 90JZ ‘Asthma monitoring admin.NOS’
• Once patient is reviewed record readcode 90JZ ‘Asthma monitoring admin.NOS’

iii. Practices to retain details of the prescription records reviewed and make available to view if required.

i. **Submission of Data**

i. Data to be automatically extracted from Practice five working days from the end of each quarter (June 30th, September 30th, December 31st, March 31st)

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

### Enhanced Service Time line

4. As a recognition of the work required by 31/03/2015, this LES is starting in early March 2014, thus giving over 12 months to complete the requirements. Time line detailed below:

   a. Practices asked to opt in by 03.03.2014; LES to start 10.03.2014

   b. Practices to receive engagement payment (5a) and standard payment (5di) in March 2014 if opted in to LES and undertake service outline sections relating to:

      i. Staff nomination and training (where appropriate) (3a,b)

      ii. Formulary compliance (3ei)

      iii. Consideration of process for identification and noting of Repeat prescribing significant events (3di)

      iv. Reviewing and updating lists of patients on MDS and Care Home registers (3fia)

   c. Standard payment made March 2014 to enable Practices to cover resource costs and to enable commencement and completion of LES work (3d-i) as soon as practical

   d. Further payment (5dii) to be made in June 2015 as appropriate

   e. Submission data to be extracted automatically on a quarterly basis

### Payment
5. **Engagement Fee**
   a. Payment of a one off engagement fee of £150 per Practice to be made in March 2014.

**Training Payment**
   b. Payment to Practices for Staff attending optional training sessions outwith the Practice
      i. £75 per half day – Practice Manager
      ii. £40 per half day – AfC Band 4 member of staff

**Achievement Payments**
   c. Practice extracted data to provide evidence of the work undertaken (see 3d-i)
      i. £0.80 per registered patient as at 01.01.2014 for payment period March 2014 to March 2015

**LES Payment Schedule**
   d. Payment for financial year 2014-15:
      i. £0.40 per registered patient to be paid in March 2014
      ii. £0.40 per registered patient to be paid where appropriate on assessment in June 2015

**Assessment of payment**
   iii. Once year end submission data is available achievement will be assessed. If submission data indicate both non achievement and no evidence of work (see 3d-i) undertaken, the practice will be subject to payment recovery mechanisms
   iv. In the event of a dispute the Practice will be required to provide evidence of work undertaken. The Prescribing Management Group (Primary Care) will act as arbiter on the dispute using the evidence provided

**Withdrawal**
6. Both parties to provide a minimum of three months notice if they wish to withdraw from the contract.

**Resources**
All LES resources will be available on the NHSGGC website including training packs, audit tools, leaflets, Prescribing Indicator Scheme Implementation Guides and frequently asked questions.

Appendix 1 Repeat Prescribing Significant Events Analysis Template
Appendix 2 Level 1 Medication Review guidance
Appendix 3 Compliance Resources
Appendix 4 Community Pharmacy (CP) Initiatives