

2016/17 and 2017/18 Optimising Prescribing Schemes (OPS) Overall Framework Document

*Version 3.0 18th July 2017 (Revised document to adjust payments for 2017/2018 to reflect April 2017
Practice list sizes)*

Introduction

As in 2015/16, the NEW Devon CCG Optimising Prescribing Scheme (OPS) for 2016/17 will cover costs up to 60p per registered patient to help deliver the Medicines Optimisation agenda.

To create a clear structure for practice engagement and medicines optimisation delivery beyond 2016/17, the CCG has agreed to extend the scheme into 2017/18 i.e. the CCG will provide funding of 60p / registered patient during both 2016/17 and 2017/18.

This scheme has been developed to support delivery of specific medicines optimisation priority actions to improve patient outcomes, quality, safety and cost-effectiveness. Although there is a common funding structure across the CCG, activity and focus may differ slightly between localities reflecting differences in prescribing.

Scheme Format and Financing

The scheme is open to GP practices within Northern, Eastern and Western Devon (NEW) Devon CCG and is funded at a level of up to 60p per patient in each financial year. There are two options:

Option 1: Funding for practice time or other expenses needed to deliver cost savings to prescribing or to deliver agreed clinical or system-related work-streams. Practices will receive payment at the end of each financial year following submission of a claim form to the CCG at year end.

Option 2: Funding in year for recruitment of additional sessional practice pharmacist or pharmacy technician time in practices to deliver the medicines optimisation turnaround agenda linked to delivery of an agreed action plan.

Federations of practices may work collaboratively to deliver work-streams and pool funding under Option 1 or 2 of the scheme.

Additional Information

The CCG plans to continue to offer half-day Practice Prescribing Leads Forums in localities during 2016/17 and 2017/18. It is expected that the practice Prescribing Lead would attend but where this is not possible and by agreement, alternative prescriber representation can be offered by practices. The CCG will pay £300 for GP attendance at forums (up to twice a year) or payment at hourly rate for other prescriber representatives. These forums will incorporate education sessions, benchmarking and peer review with a focus on topical issues in prescribing and medicines optimisation including feedback and learning from previous work-streams.

The CCG is happy to explore the possibility of funding alternative engagement models with practice federations.

Should there be significant and unexpected changes in drug costs or other change which impacts on prescribing spend then NEW Devon CCG reserves the right to make appropriate and reasonable changes to this scheme, subject to agreement with Devon LMC.

In the event of a formal disagreement, the Head of Medicines Optimisation will constitute a panel consisting of CCG and LMC representation, in equal numbers, in order to agree a resolution.

Option 1: Funding for practice time or other expenses needed to deliver cost savings to prescribing or agreed optional clinical work-streams

Background

To help continue momentum and positive medicines optimisation engagement with practices, the CCG will cover costs up to 60p per registered patient for protected time or ancillary costs associated with actions intended to deliver cost savings to prescribing during 2016/17 and 2017/18. This will support practices to achieve changes to prescribing at a pace which will benefit the CCG's financial situation. However, it is expected that opportunities to deliver savings through simple switching will be significantly less in 2016/17 and 2017/18 and therefore the CCG will also fund practice time to deliver agreed work-streams from range of options which are currently in development. These areas will include a focus in specific clinical areas (e.g. pain and respiratory prescribing) as well as focus on prescribing systems to reduce inefficiencies and waste.

Specification

The CCG will make available funds of up to 60p per registered patient (based on the list size in April at the start of each financial year) to fund GP, clinical staff or practice administration staff protected time for review and follow up of actions intended to deliver cost savings to prescribing and also to deliver agreed work-streams. Additionally, the CCG will fund ancillary costs associated with delivery of savings e.g. postage. A prioritised action plan, including timescales and how changes will be delivered, should be agreed between the practice prescribing lead and the Medicines Optimisation team. This plan should be based on the safety enhancing, cash-releasing opportunities identified or otherwise agreed by the CCG.

See **Appendix 1** for details of maximum payments to practices.

Funding is available for the following activities:

- Time for review or to effect change in line with agreed actions in areas identified by the Medicines Optimisation team including:
 - Prescribing Actions/Saver programs and other areas of prescribing focus to realise savings to prescribing spend; this includes an allowance for reasonable costs arising from the 'fallout' of the changes e.g. time for phone calls/appointments for patients unhappy with or affected by the changes
 - ScriptSwitch discussion and follow up.
 - Discussions about 'specials' prescribing and follow up.
- Ancillary expenses incurred as a result of delivering savings e.g. postage, phone calls
- Delivery of medicines optimisation work-streams agreed by practices from a range of options currently in development. The topics offered to individual practices will reflect the specific identified and relevant medicines optimisation opportunities for that practice.. Many work-streams will focus on improving patient care and support workforce efficiencies.

Notes

- Payment will be made to practices in July 2018 following validation of claims submitted.
- Practices can complete and submit a claim sheet at the end of each financial quarter (**Appendix 2**)
- Practices are required to provide evidence of progress on agreed work throughout the year. For example this may be confirmation of the number of patients reviewed and the outcome.
- Claims in excess of 60p per registered patient in each financial year will not be paid. The estimated maximum payment for practices in 2017/18 based on April 2017 list sizes is included in Appendix 1. However, the CCG has agreed to an additional list size adjustment based on October 2017 list sizes. The actual maximum payment for 2017/18 will be the average of the April 2017 and October 2017 list sizes multiplied by 60p.
- Claims can only be made for work undertaken and expenses incurred between 1st April and 31st March in each financial year. Claims can be submitted for payment at the end of each quarter in 2017/18 but the final claim should be submitted no later than 30th April in the following financial year.(Change for 2017-18)
- Practices should make claims for the hourly rate of the personnel who have completed the activity, in accordance with the agreed action plan. This activity should be completed in the most cost effective way by appropriately trained, suitably experienced and competent members of the practice team.
- Practices may alternatively use the Devon LMC ready reckoner if they so wish;
[Link to LMC Ready Reckoner Tool](#)
- The agreed GP rate as informed by the LMC ready reckoner is £90.91 (Change for 2017-18)
- Payment will be made on the actual hours undertaken by the agreed practice staff. However, if the method of change (e.g. staff group required) is significantly different from that agreed in the action plan, there should be discussion and agreement with the CCG Medicines Optimisation Team before continuing.
- Where 'hands on' support by the Medicines Optimisation Team has been given to practices to effect changes to prescribing, practices claims will be limited to claiming for GP time reviewing, authorising changes and ancillary expenses.
- Where a practice wishes to consider an area of prescribing or activity not listed in the specifications list, practices should discuss with the Medicines Optimisation Team to ensure agreement for payment is approved prior to undertaking.

Option 2: Funding in year to enable recruitment of additional sessional practice pharmacist or pharmacy technician time in practices to deliver the medicines optimisation turnaround agenda

Background

This option is offered to those practices who have expressed interest in employing sessional practice pharmacist (or pharmacy technician) time in practices to deliver the medicines optimisation agenda. This option creates a level of funding certainty to enable practices to take forward recruitment of a sessional practice pharmacist (or pharmacy technician).

Specification

The CCG would make available in-year funding of up to 60p per registered patient in each financial year to fund sessional employment of a practice pharmacist or pharmacy technician to deliver an agreed medicines optimisation plan.

Notes

- The maximum level of funding under Option 2 in 2016/17 and 2017/18 is limited to 60p per registered patient. The estimated maximum payment for practices in 2017/18 based on April 2017 list sizes is included in Appendix 1. However, the CCG has agreed to an additional list size adjustment based on October 2017 list sizes. The actual maximum payment for 2017/18 will be the average of the April 2017 and October 2017 list sizes multiplied by 60p. Funding under Option 2 would be reduced if practices intend to also claim under Option 1.
- The CCG will agree with practices a level of funding required under Option 2 to create an 'in year' funding reserve with an allocated cost centre code.
- Practices who employ sessional practice pharmacists or pharmacy technicians would claim back costs quarterly in arrears submitting invoices referencing the allocated cost centre code.
- Practices would be responsible for recruiting suitable sessional practice pharmacist or pharmacy technician resource but the Medicines Optimisation Team may be able to advise to advise practices of the availability of possible candidates.
- Where employing a pharmacy technician, consideration should be given to ensuring access of clinical advice from a pharmacist or general practitioners duly considered.
- Practices would be required to agree a time specific action plan in accordance with the medicines optimisation turnaround programme and to report back monthly on the progress in delivering this.
- Practices should note that a full assessment and evaluation will be undertaken at year end to decide whether this option would continue in the following year in individual practices. Consideration will be given to changes in key performance indicators (KPIs) including total spend per ASTRO-PU and year on year growth.
- It is acknowledged that some practices may decide to submit Primary Care Innovation Programme (PCIP) proposals relating to provision of extra practice pharmacist resource funded by savings to prescribing. For those practices, any elements of these bids focussed on core Medicines Optimisation focus areas will need to be removed from bids and instead supported under this arrangement.

- Practices cannot use OPS Option 2 to fund pharmacist resource which already funded by the NHSE 'Clinical Pharmacists in General Practice' pilot.
- Practices are encouraged to ensure the person employed has the necessary personal indemnity to undertake agreed activity in practices.

Version History

Version	Date Issued	Brief Summary of Change	Owner's Name
0.1	10 th February 2016	Initial Draft	Paul Manson
0.2	23 rd February 2016	Revisions following comments received	Paul Manson
0.3	24 th February 2016	Further revision following comment from Richard Croker.	Paul Manson
0.4	1 st March 2016	Revisions following initial discussions with the LMC on 26/2/16	Paul Manson
1.0	3 rd May 2016	Revisions following LMC negs	Richard Croker
2.0	16 th August 2016	Revision to include practice list size (April 16)	Amy Adams
3.0	18 th July 2017	Revision to document to adjust for April 2017 list sizes and other changes agreed with the LMC	Paul Manson

Appendix 1: Estimated Maximum payments for OPS 2017/18

Prescriber Code	Prescriber Name	List Size April 2017	Estimated maximum OPS funding for 2017/18 at 60p per patient
L83101	ABBAY SURGERY	14,380	£8,628
L83651	ADELAIDE STREET SURGERY	2,908	£1,745
L83085	AMICUS HEALTH	14,883	£8,930
L83080	ARMADA SURGERY	3,013	£1,808
L83020	AXMINSTER MEDICAL PRACTICE	11,731	£7,039
L83024	BARNFIELD HILL SURGERY	7,262	£4,357
L83125	BARTON SURGERY	2,941	£1,765
L83100	BEACON MEDICAL GROUP	31,690	£19,014
L83018	BEAUMONT VILLA SURGERY	13,327	£7,996
L83083	BIDEFORD MEDICAL CENTRE	15,146	£9,088
L83663	BLACK TORRINGTON SURGERY	2,346	£1,408
L83044	BLACKDOWN PRACTICE	7,474	£4,484
L83139	BOUTPORT MEDICAL CENTRE	5,158	£3,095
Y02633	BOW MEDICAL PRACTICE	4,989	£2,993
L83012	BRADWORTHY SURGERY	2,758	£1,655
L83128	BRAMBLEHAIES SURGERY	6,669	£4,001
L83073	BRANNAM MEDICAL CENTRE	14,655	£8,793
L83011	BUDLEIGH SALTERTON MEDICAL PRACTICE	8,019	£4,811
L83113	BUDSHEAD MEDICAL PRACTICE	6,592	£3,955
L83097	CAEN MEDICAL CENTRE	12,125	£7,275
L83105	CASTLE GARDENS SURGERY	6,796	£4,078
L83052	CASTLE PLACE PRACTICE	15,299	£9,179
L83082	CHAGFORD HEALTH CENTRE	3,081	£1,849
L83098	CHERITON BISHOP SURGERY	4,920	£2,952
L83065	CHIDDENBROOK SURGERY	7,232	£4,339
L83064	CHURCH VIEW SURGERY	12,193	£7,316
L83056	CLAREMONT MEDICAL PRACTICE	11,442	£6,865
L83673	CLOCK TOWER SURGERY	563	£338
L83095	COLERIDGE MEDICAL CENTRE	15,983	£9,590
L83092	COLLEGE SURGERY PARTNERSHIP	15,148	£9,089
L83096	COMBE COASTAL PRACTICE	18,571	£11,143
Y04662	CRANBROOK MEDICAL PRACTICE	1,884	£1,130
L83107	CROWNHILL SURGERY	3,574	£2,144
L83021	DEAN CROSS SURGERY	10,117	£6,070
L83624	DEVONPORT HEALTH CENTRE	6,597	£3,958
L83019	ELM SURGERY	6,137	£3,682
L83006	ERNESETTLE PRIMARY CARE CENTRE	10,156	£6,094
L83642	ESTOVER SURGERY	2,054	£1,232
Y00568	FOXHAYES PRACTICE	3,353	£2,012
L83643	FREEDOM HEALTH CENTRE	1,814	£1,088

Prescriber Code	Prescriber Name	List Size April 2017	Estimated maximum OPS funding for 2017/18 at 60p per patient
L83057	FREMLINGTON MEDICAL CENTRE	6,624	£3,974
L83072	FRIARY HOUSE SURGERY	10,731	£6,439
L83138	GLENSIDE MEDICAL CENTRE	7,049	£4,229
L83136	HALDON HOUSE SURGERY	5,929	£3,557
L83129	HARTLAND SURGERY	2,644	£1,586
L83647	HATHERLEIGH MEDICAL CENTRE	3,852	£2,311
L83077	HEAVITREE PRACTICE	7,400	£4,440
L83644	HIGHLANDS HEALTH CENTRE	3,802	£2,281
L83143	HILL BARTON SURGERY	3,882	£2,329
L83069	HOLSWORTHY MEDICAL CENTRE	11,066	£6,640
L83002	HONITON SURGERY	16,890	£10,134
L83079	IDE LANE SURGERY	7,623	£4,574
L83628	IMPERIAL SURGERY	4,741	£2,845
L83099	ISCA MEDICAL PRACTICE	5,273	£3,164
L83089	KNOWLE HOUSE SURGERY	12,339	£7,403
L83144	LEYPARK SURGERY	2,199	£1,319
L83147	LISSON GROVE MEDICAL CTR.	9,711	£5,827
L83035	LITCHDON MEDICAL CENTRE	14,712	£8,827
L83068	LYNTON HEALTH CENTRE	2,591	£1,555
L83061	MANNAMEAD SURGERY	9,594	£5,756
L83023	MID DEVON MEDICAL PRACTICE	4,977	£2,986
L83086	MODBURY HEALTH CENTRE	4,283	£2,570
L83049	MORETONHAMPSTEAD HEALTH CENTRE	3,085	£1,851
L83066	MOUNT PLEASANT HEALTH CENTRE	16,108	£9,665
L83127	NEW VALLEY PRACTICE	8,846	£5,308
L83030	NORTH ROAD WEST MED.CTR.	8,373	£5,024
L83050	NORTHAM SURGERY	11,939	£7,163
L83059	NORTON BROOK MEDICAL CENTRE	10,181	£6,109
L83015	OAKSIDE SURGERY	7,282	£4,369
L83074	OCEAN HEALTH CENTRE	21,848	£13,109
L83087	OKEHAMPTON MEDICAL CENTRE	14,414	£8,648
L83117	PARK VIEW SURGERY	960	£576
L83008	PATHFIELDS PRACTICE	10,820	£6,492
L83648	PEVERELL PARK SURGERY	16,186	£9,712
L83040	PINHOE SURGERY	11,553	£6,932
L83003	QUEEN'S MEDICAL CENTRE	7,186	£4,312
L83627	RALEIGH SURGERY	3,918	£2,351
L83088	REDFERN HEALTH CENTRE	4,451	£2,671
L83048	ROBOROUGH SURGERY	10,401	£6,241
L83053	ROLLE MEDICAL PARTNERSHIP	11,913	£7,148
L83616	SAMPFORD PEVERELL SURGERY	1,836	£1,102

Prescriber Code	Prescriber Name	List Size April 2017	Estimated maximum OPS funding for 2017/18 at 60p per patient
L83007	SEATON & COLYTON MEDICAL PRACTICE	7,840	£4,704
L83067	SID VALLEY PRACTICE	14,522	£8,713
L83075	SOUTH BRENT HEALTH CENTRE	5,262	£3,157
L83084	SOUTH LAWN MEDICAL PRACTICE	7,528	£4,517
L83137	SOUTH MOLTON MEDICAL CENTRE	11,129	£6,677
L83058	SOUTHERNHAY HOUSE SURGERY	8,130	£4,878
L83039	SOUTHWAY SURGERY	5,349	£3,209
L83042	ST LEONARDS PRACTICE	9,139	£5,483
L83028	ST NEOTS SURGERY	11,062	£6,637
L83016	ST THOMAS MEDICAL GROUP	36,637	£21,982
L83646	ST.LEVAN SURGERY	8,035	£4,821
L83071	STOKE SURGERY	7,982	£4,789
L83038	TAVYSIDE HEALTH CENTRE	12,270	£7,362
L83036	TOPSHAM SURGERY	10,434	£6,260
L83026	TORRINGTON HEALTH CENTRE	5,145	£3,087
L83123	TOTHILL SURGERY	2,289	£1,373
L83054	TOWNSEND HOUSE MEDICAL CENTRE	6,092	£3,655
L83025	WALLINGBROOK HEALTH CENTRE	6,855	£4,113
L83639	WEMBURY SURGERY	2,262	£1,357
L83112	WEST HOE SURGERY	4,964	£2,978
L83041	WESTBANK PRACTICE	8,556	£5,134
L83115	WHIPTON SURGERY	4,025	£2,415
L83655	WONFORD GREEN SURGERY	5,415	£3,249
L83106	WOODA SURGERY	9,025	£5,415
L83116	WOODBURY SURGERY	3,987	£2,392
L83076	WYCLIFFE SURGERY	5,370	£3,222
L83134	WYNDHAM HOUSE SURGERY	3,632	£2,179
L83081	YEALM MEDICAL CENTRE	5,516	£3,310
L83102	YELVERTON SURGERY	7,249	£4,349

Appendix 2

Optimising Prescribing Scheme (OPS) Financial Year 2017-18 **Period** Q1 Q2 Q3 Q4 (Please tick as appropriate)

Claim for practice time or ancillary expenses associated with delivery of cost savings to prescribing

Practice

Practice Maximum Claim

Date	Agreed area of work	Hours worked	Role GP, Nurse, Pharmacist or Admin	Claim for staff time	Ancillary expenses Please specify e.g postage	Cost of expenses claimed	Total claim to date

Signature of prescribing lead:

Date:

Practices should return claims to their locality Medicines Optimisation offices or submit electronically to Northern, Eastern and Western Devon CCG e-mail: D-CCG.medicinesoptimisation@nhs.net