



Prescribing Points

A NEWSLETTER FOR ALL HEALTH CARE PROFESSIONALS IN OXFORDSHIRE, WRITTEN BY THE MEDICINES MANAGEMENT TEAM, OXFORDSHIRE PCT, JUBILEE HOUSE, OXFORD BUSINESS PARK SOUTH, OXFORD, OX4 2LH.

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Quality and Outcomes Framework guidance for GMS contract 2011/12

The following information is a summary of the very recently published QOF guidance for 2011/12. On first reading the new process appears quite complicated and so an attempt has been made to simplify and summarise as much as is possible below!

Medicines 6 and 10 remain unchanged and will proceed as per the previous years; practices should continue to meet with the Prescribing Advisor, agree three actions and provide evidence of change by 31st March each year.

QP1 to QP5 introduce the new (additional) actions and are summarised below:

| Timescale/ deadlines | PCT Action | Practice Action |
|---|--|--|
| March 2011 | PCT to send Annual Oxfordshire PCT Prescribing Report to all practices for 2011/12 | |
| 15th June 2011* | | Practice to participate in internal review to identify 3 areas of improvement (ideally from PCT priorities included within prescribing dashboard) & submit draft plan to Medicines Management Team |
| 30th June 2011 | PCT to confirm agreement of proposed areas of improvement. | |
| 15th Sept 2011* | | Practice to participate in external peer review with other locality group practices to agree proposed plans of improvement and appropriate measures of achievement. Plans to be submitted to the Medicines Management Team |
| 30th Sept 2011 | PCT to confirm agreement of proposed plans. | |
| Feb 2012 (once Q3 11/12 ePACT data is available) | PCT to calculate national 75th centile percentages for priority areas, based on Q3, 2011/12 ePACT data | Practice peer review groups to agree minimum & maximum achievement percentages based on 75th centile information. |

* Guidance states plans must be submitted and agreed with the PCT by 30th of the month. Submission by the 15th allows time for plans to be reviewed and agreed by this date.

More detailed information of the QP1 to 5 indicators and the guidance relating to these is included overleaf and the full guidance document is available from: www.nhsemployers.org/publications

QP1

The practice conducts an internal review of their prescribing to assess whether it is clinically appropriate and cost effective, agrees with the PCO three areas for improvement and produces a draft plan for each area no later than 30 June 2011.

Points available for QP1: 6 points

Practices have received the annual PCT Prescribing Report for 2011/12 in March 2011. This provides information which can be used for the internal review, allowing practices to compare their performance in the various prescribing areas with all practices within the PCT and with national performance.

Note the areas agreed are in addition to and cannot be the same as the areas for review under Meds 10 or the indicators within the Oxfordshire Prescribing Incentive scheme.

Suggested areas for review are included within the Prescribing Dashboard. This will be circulated monthly and will show practice performance against the key PCT prescribing priorities. **Selecting areas included within the dashboard will ensure they are in line with local priorities and allow ease of monitoring performance against targets.**

QP2

The practice participates in external peer review of prescribing with a group of practices and agrees plans for three prescribing areas for improvement, firstly with the group, and then with the PCO no later than 30 September 2011.

Points available for QP2: 7 points

It is expected that practices will group according to existing localities, the guidance suggests this should be a minimum of 6 practices unless the PCO agrees otherwise.

The external peer review must consist of a comparison of prescribing behaviour against other practices that have been identified within the group. The Prescribing Dashboard can be used to compare each practice's performance against key priority prescribing areas within a particular consortia.

Each practice presents a plan for improvement (for each of the three areas previously agreed within the practice during the internal review) and these are then agreed or amended by the group.

In developing the improvement plans, practices in the group must define a numerator and denominator to measure achievement. For example, for statins, the numerator may be number of items of simvastatin or pravastatin and the denominator all statin items eg percentage simva/prava of all statins.

Plans for each practice should then be submitted to Sara Wilds as early in the year as possible, but no later than 15th Sept 2011.

The group must also agree the minimum and maximum percentages for payment and payment will then be measured against a sliding scale. The maximum percentage is normally set at the 75th centile of national achievement for quarter 3, 2011/12, which will be marked for each area within the Prescribing Dashboard from February 2012 when this data becomes available.

QP3, 4 & 5

The percentage of prescriptions complying with the agreed plan for the first improvement area as a percentage of all prescriptions in that improvement area during the period 1 January 2012 to 31 March 2012.

Points available for QP3,4 &5: 5 points each

Achievement will be assessed on individual practice performance against the agreed plan, and will not be affected by the results of other practices in the group. In each improvement area there will be an intention to change prescribing behaviour so that the percentage of prescriptions which comply with the plan increases as a percentage of all prescriptions in that area.

Oxfordshire PCT Prescribing Dashboard

A Prescribing dashboard has been designed to provide practices with regular updates on performance within the key PCT prescribing priority areas. This will be updated monthly and circulated by email to practices. It is also intended to be accessible via the Medicines Management & Prescribing section of the intranet.

It is hoped that this will be useful for monitoring overall performance as well as that specifically related to QOF and the Prescribing Incentive Scheme. Performance can be assessed via the traffic lighting included within the front summary table, with green indicating above average performance, amber highlighting some work may be beneficial and red indicating lower achievement. The chart icons above each indicator then contain links to a performance graph for this area showing the practices achievement in comparison to other practices within their consortia and with all practices within Oxfordshire PCT.

NB Macros must be enabled within excel for the dashboard to function correctly. To do this select tools/macro/security and set on the 'medium' security level option.

3 data: **1. Select your practice & locality from the drop down lists**

Select Practice name here: **Banbury Road Medical Centre**

Select Locality here: **Ox**

2. Your practice will be highlighted on the scroll bar and on each performance chart

Key Prescribing Priorities Summary

| Practice | Budget Jan | Generic Savings | PPIs | Statins | ACEI | Black Drugs | Special Order Products | Sip Feeds | LDA | HSAsIDs | BGT | Rosuva/ Ezetimibe | Seretide |
|--------------------------------------|------------|-----------------|-------|---------|------|-------------|------------------------|-----------|------|---------|--------|-------------------|----------|
| 1 9 King Edward St | -0.7% | 0.22% | 95.6% | 82% | 70% | 1.5% | £140 | £23 | 0.10 | 6.81 | £26.80 | 3.0% | 25.2% |
| 2 Bampton Surgery* | -1.6% | 0.81% | 91.6% | 89% | 76% | 2.4% | £18 | £10 | 0.23 | 15.37 | £25.47 | 3.2% | 12.5% |
| 3 Montgomery Surgery* | -0.9% | 0.15% | 94.3% | 84% | 71% | 1.8% | £10 | £11 | 0.16 | 18.16 | £20.36 | 5.8% | 55.6% |
| 4 9 King Edward St | -4.2% | 0.02% | 93.6% | 92% | 72% | 2.0% | £7 | £14 | 0.12 | 2.39 | £20.90 | 1.0% | 14.3% |
| 5 Bampton Surgery* | -1.5% | 0.60% | 71.4% | 64% | 71% | 2.3% | £30 | £25 | 0.04 | 18.20 | £17.85 | 28.1% | 36.2% |
| 6 Banbury Road Medical Centre | -13.6% | 0.26% | 97.6% | 76% | 65% | 2.1% | £21 | £12 | 0.04 | 4.31 | £14.87 | 0.7% | 47.5% |
| 7 Bartemas Surgery | 15.8% | 0.31% | 97.7% | 90% | 75% | 1.9% | £62 | £62 | 0.12 | 10.12 | £15.28 | 2.2% | 57.5% |
| 8 Berinsfield Health Centre | 2.6% | 0.16% | 93.6% | 87% | 76% | 1.9% | £66 | £98 | 0.07 | 10.39 | £16.50 | 2.2% | 40.2% |
| 9 Bicester Health Centre* | 7.3% | 0.37% | 87.0% | 80% | 72% | 2.3% | £37 | £37 | 0.12 | 9.82 | £15.04 | 12.7% | 48.6% |
| 10 Bloxham Surgery* | 4.2% | 0.95% | 86.5% | 80% | 72% | 2.0% | £18 | £18 | 0.04 | 16.70 | £26.00 | 5.8% | 41.0% |
| 11 Botley Medical Centre | 0.2% | 0.59% | 89.7% | 80% | 72% | 2.0% | £32 | £32 | 0.05 | 20.91 | £20.17 | 4.5% | 49.6% |
| 12 Broadshires Health Centre* | 9.4% | 0.07% | 91.5% | 80% | 72% | 2.0% | £28 | £28 | 0.06 | 15.50 | £11.87 | 2.3% | 19.4% |
| 13 Burford Surgery* | 4.3% | 0.41% | 90.8% | 80% | 72% | 2.0% | £33 | £33 | 0.05 | 13.86 | £17.62 | 3.5% | 39.3% |
| 14 Bury Knowle Health Centre | 15.7% | 0.07% | 93.7% | 81% | 74% | 1.2% | £62 | £44 | 0.08 | 12.23 | £16.26 | 2.3% | 28.5% |
| 15 Chalgrove & Watlington Surgeries | 16.3% | 0.10% | 92.9% | 80% | 79% | 2.5% | £66 | £30 | 0.06 | 14.24 | £18.59 | 4.9% | 59.1% |
| 16 Charlbury Surgery* | -2.0% | 0.15% | 92.5% | 80% | 69% | 2.0% | £31 | £12 | 0.04 | 12.94 | £15.11 | 2.1% | 24.5% |
| 17 Church Street Practice | 4.3% | 0.18% | 89.7% | 85% | 77% | 1.8% | £29 | £41 | 0.05 | 9.99 | £17.39 | 4.1% | 39.4% |
| 18 Clifton Hampden Surgery* | -5.5% | 0.12% | 92.0% | 82% | 57% | 2.2% | £15 | £7 | 0.06 | 22.60 | £9.86 | 14.3% | 47.3% |
| 19 Cogges Surgery | 13.6% | 0.16% | 94.5% | 88% | 74% | 2.0% | £83 | £43 | 0.07 | 14.44 | £16.09 | 1.9% | 29.5% |
| 20 Cropredy Surgery* | 1.7% | 0.79% | 86.7% | 70% | 71% | 3.0% | £64 | £52 | 0.08 | 22.78 | £22.31 | 8.9% | 20.0% |
| 21 Deddington Health Centre* | 0.8% | 0.50% | 90.7% | 78% | 72% | 2.3% | £27 | £24 | 0.05 | 11.90 | £13.12 | 3.5% | 47.8% |

3. Achievement is traffic lighted for each indicator

