

PostScript - Primary Care

July 2011

PRESCRIBING INDICATORS 2011-2012

This year sees a significant change to the Quality Outcome Framework with the introduction of the Quality Programme which is part of the fourth revision to the QOF since its introduction in 2004.

The BMA have stated that "[t]he Quality and Productivity indicators are aimed at securing a more effective use of NHS resources through improvements in the quality of primary care by rewarding more clinically and cost-efficient prescribing, reducing emergency admissions by providing care to patients through the use of alternative care pathways and reducing hospital outpatient referrals. These indicators have been agreed for 2011-2012 only, but may be extended for a second year if significant progress has been made in achieving productivity savings at the mid-year point."¹

The Quality Programme (QP) Prescribing indicator points are distributed across 5 indicators. The first two indicators (QP 1-2) relate to the process of agreeing the prescribing actions and are worth 13 points. The remaining 15 points are for the three QP 3-5 indicators; 5 points for each prescribing area. The points will be linearly distributed between the upper and lower 20 percentage point thresholds, with the upper threshold for the indicators set at the 75th centile of achievement nationally, however the national guidance allows for the health board to set it lower in the light of local circumstances.

GMS QOF Quality Programme prescribing indicators percentiles

≥ upper quartile (threshold)	- 5 points
≥ -5%, < upper quartile %	- 4 points
≥ -10%, < -5%	- 3 points
≥ -15%, < -10%	- 2 points
≥ -20%, < -15%	- 1 point
< -20%	- 0 points

References

¹http://www.bma.org.uk/employmentandcontracts/independent_contractors/quality_outcomes_framework/qofguidance2011.jsp

Locally the upper thresholds have been set at the Scottish 75th centile except where the NHS GG&C 75th centile is lower.



For example if an indicator for a QP area for improvement has an upper threshold of 93%, the lower threshold is therefore 73%. When the final position of the practice is identified the points achieved are calculated using a linear relationship between these two percentage thresholds hence a final position of 89% equates to 4 points; $(89-73)/20 \times 5 = 4$.

In very exceptional circumstances, where the practice is in the upper quartile for 8 or more of the indicators, the practice might agree to prescribing actions in other areas. Attainment of the points will be dependent upon the completion of locally agreed 8 point audit.

The points allocated to the Medicines 6 and 10 indicators remain at 4 each.

The three indicators chosen for QP3-5 must be different to those for the QOF Medicines 6 & 10 indicators.²

In addition to the QOF Quality Programme (QP) and Medicines 6 & 10 prescribing actions the Rational Prescribing Indicators have been retained within NHS GG&C. For that reason there are nine prescribing actions for the practice to address.

The QP prescribing indicators and Medicines 6 & 10 indicators are associated with a total of 36 points within the Quality Outcome Framework. The payment for the Rational Prescribing Indicator Scheme is unchanged at £200/1000 patients per indicator with an additional £100/1000 patients if all three indicators are achieved.

All the prescribing indicators for 2011/2012 have been agreed by the Prescribing Management Group (Primary Care). The indicators will be selected based on the potential to generate the greatest prescribing efficiencies for NHS GG&C. The baseline data for setting the indicators is January to March 2011. The final measurement will be using January to March 2012 data.

Many practices have already discussed their prescribing reports and met with their CHP Prescribing Leads or Prescribing Support Pharmacists to agree actions related to prescribing. Now that there is clarity around the Quality Programme prescribing indicators practices need to reconsider any agreed actions.

²http://www.nhsemployers.org/SiteCollectionDocuments/QP_supplementary_guidance_and_FAQs_bt270511.pdf

PRESCRIBING INDICATORS 2011-2012

GMS QOF Quality Programme (QP) Prescribing Indicators 2011-2012		Scottish Upper Quartile Jan-Mar 2011	HB Upper Quartile Jan-Mar 2011
1	Generic lansoprazole and omeprazole capsules as a percentage of all single agent oral PPIs : maximum achievement set at Jan-Mar 2011 Scottish upper quartile 93% (items)	93%	94%
2	Preferred List ACEIs & A2RAs as a percentage of all prescribing of ACEIs & A2RAs : maximum achievement set at Jan-Mar 2011 NHS GG&C upper quartile 77% (items)	78%	77%
3	Generic simvastatin as a percentage of all statins : maximum achievement set at Jan-Mar 2011 Scottish upper quartile 72% (items)	72%	72%
4	Fluoxetine, citalopram & sertraline as a percentage of all SSRIs, duloxetine, mirtazapine, reboxetine and venlafaxine : maximum achievement set at Jan-Mar 2011 NHS GG&C upper quartile 75% (items)	not available	75%*
9	Generic Formulary recommended oral NSAIDS (e.g. diclofenac sodium E/C tabs, ibuprofen tabs or susp & naproxen tabs (excl E/C)) as a percentage of all oral NSAIDS including Cox-2s : maximum achievement set at Jan-Mar 2011 Scottish upper quartile 78% (items)	78%	79%
12	Generic amlodipine maleate/mesilate as a percentage of all prescribing of amlodipine, felodipine, isradipine, lacidipine, lercanidipine, nicardipine, nifedipine and nisoldipine (i.e. dihydropyridine calcium-channel blockers) : maximum achievement set at Jan-Mar 2011 Scottish upper quartile 83% (items)	83%	86%
13	Generic doxazosin standard release tablets as a percentage of all prescribing of doxazosin : maximum achievement set at Jan-Mar 2011 NHS GG&C upper quartile 92% (items)	95%	92%
14	Generic standard release ISMN as a percentage of all ISMN prescribing : maximum achievement set at Jan-Mar 2011 Scottish upper quartile 70% (items)	70%	87%
23	Morphine as a percentage of all morphine and oxycodone prescribing : maximum achievement set at Jan-Mar 2011 NHS GG&C upper quartile 76% (items)	80%	76%
38	Formulary wound dressings as a percentage of all wound dressings : maximum achievement set at Jan-Mar 2011 Scottish upper quartile 63% (items)	63%	68%

* manually corrected for missing information related to short supply issues

Rational Prescribing Indicators or GMS MED 6 & 10 Prescribing Indicators 2011-2012	
5	Escitalopram should account for less than 3% of all SSRIs per quarter or there should be an absolute decrease of 5% from baseline (items)
6	Generic standard release venlafaxine should account for at least 50% of all solid dose venlafaxine per quarter or there should be an absolute increase of 20% from baseline (items)
7	Matrifen® patches should account for at least 70% of all prescribing of fentanyl patches per quarter or there should be an absolute increase of 50% from baseline (items)
8	Prednisolone EC 5mg tabs should account for less than 5% of all prednisolone 5mg EC and 5mg standard tablets per quarter (items)
10	Contract sip feeds (Ensure® range) should account for at least 85% of all sip feeds per quarter (items)
11	Proton pump inhibitors DDDs per 1000 weighted patients should be fewer than 8,000 per quarter or there should be a decrease of 250 DDDs per 1000 weighted patients per quarter from baseline
15	Rosuvastatin should account for less than 1% of all statins per quarter or there should be an absolute decrease of 5% from baseline (items)
16	Omega 3 cost per 1000 weighted patients should be less than £100 per quarter
17	Ezetimibe cost per 1000 weighted patients should be less than £200 per quarter
18	Hypnotics & Anxiolytics DDDs per 1000 patients should be fewer than 2,600 per quarter or there should be a decrease of 200 DDDs per 1000 patients per quarter from baseline
19	Buspirone cost per 1000 patients should be less than £100 per quarter or there should be a decrease of £50 per 1000 patients per quarter from baseline
20	Review of antidepressants - % of those on repeat prescription for antidepressants who have had a medication review in the last 2 years
21	Reboxetine should account for less than 0.1% of all prescribing of antidepressants (BNF section 4.3) per quarter (items)
22	Tramadol cost per 1000 patients should be less than £250 per quarter

PRESCRIBING INDICATORS 2011-2012

24	Buprenorphine patch cost per 1000 weighted patients should be less than £300 per quarter
25	Fentanyl lozenge cost per 1000 weighted patients should be less than £400 per quarter
26	Lidocaine patches cost per 1000 weighted patients should be less than £100 per quarter
27	Pregabalin and gabapentin cost per 1000 patients should be less than £1,600 per quarter
28	Generic sumatriptan tablets should account for at least 50% of all oral triptans per quarter (items)
29	Inhaled fluticasone (including combination) cost per 1000 weighted patients should be less than £1,800 per quarter or there should be a decrease of £100 per 1000 weighted patients per quarter from baseline
30	Leukotriene receptor antagonists should account for fewer than 8 items per 1000 patients per quarter or there should be a decrease of 2 items per 1000 patients per quarter from baseline
31	Mucolytics should account for fewer than 8 items per 1000 patients per quarter or there should be a decrease of 5 items per 1000 patients per quarter from baseline
32	Antibiotics (BNF section 5.1) DDDs per 1000 weighted patients should be fewer than 6,950 per year
33	Quinolone DDDs per 1000 patients should be fewer than 100 per quarter and DDDs during winter (Oct 11 – Mar 12) should be no higher than 5% from summer (Apr 11 – Sep 11)
34	4C antibiotics should account for less than 10% of all antibiotic prescribing (BNF section 5.1) per quarter (items)
35	Review of insulins - % of those with Type 2 diabetes prescribed human insulin
36	Review of oral hypoglycaemics - % of those with Type 2 diabetes prescribed metformin
37	Generic finasteride should account for at least 95% of all prescribing of finasteride and dutasteride per quarter (items)
39	Antimicrobial dressings should account for less than 10% of all dressings prescribed per quarter (items)
40	Foam dressings should account for less than 10% of all dressings prescribed per quarter (items)
41	SIP Feed cost per 1000 weighted patients should be less than £750 per quarter or there should be a decrease of £200 per 1000 weighted patients per quarter from baseline
42	Orlistat cost per 1000 weighted patients should be less than £200 per quarter
43	Vitamin B compound strong should account for less than 5% of all vitamin B compound strong and thiamine per quarter or there should be an absolute decrease of 50% from baseline (items)
44	Solid dose ferrous fumarate should account for at least 80% of all solid dose ferrous fumarate and ferrous sulphate per quarter (items)
45	Non-steroidal anti-inflammatory drugs (NSAIDs) (all oral and injectable NSAIDs including COX-2 selective inhibitors) DDDs per 1000 Patients should be fewer than 5,000 per quarter
46	80% switch: Omeprazole 40mg to 2 x omeprazole 20mg caps
47	60% switch: Lormetazepam or 1mg loprazolam to zopiclone
48	80% switch: Aciclovir tabs to aciclovir dispersible tabs
50	50% switch: Steroid haemorrhoidal preparations to Formulary preparations (Scheriproct®)
51	90% switch: Gabapentin 600mg & 800mg tabs to 2 x 300mg & 2 x 400mg gabapentin caps
52	100% switch: Omeprazole 10mg & 20 mg tabs to omeprazole 10mg & 20mg caps
53	100% switch: Ramipril tabs to ramipril caps
54	100% switch: Fluoxetine 60mg caps to 3 x fluoxetine 20mg caps
55	50% switch: Amisulpride 400mg tabs to 2 x amisulpride 200mg tabs
56	80% switch: Propranolol 80mg & 160mg modified release caps to propranolol standard release tabs
57	80% switch: Gaviscon Advance® 500ml to Peptac® 500ml
58	80% switch: Movicol® (excluding paediatric) to Laxido®
60	80% switch: Metformin solution 100ml to 20 x metformin 500mg tablets/sachets (reduction in metformin solution)
61	50% switch: Risperidone orodispersible tabs to risperidone standard tablets
62	100% switch: Fluticasone nasal sprays 50mcg (150 dose) to 27.5mcg (120 dose)
63	100% switch: Cimetidine 400mg & 800mg tabs to ranitidine 150mg & 300mg tabs
64	Quinine tabs cost per 1000 weighted patients should be less than £60 per quarter
65	Generic Formulary recommended NSAID gel should account for at least 60% of all topical NSAIDs per quarter (items)