

May 2013 ♦ Produced by The Prescribing Team

NHSGGC Prescribing Indicators 2013/2014

The prescribing indicators for 2013/14 have been developed and agreed over several months with assistance from prescribers and prescribing group members. They also encompass the National Therapeutic Indicators (NTIs) with the local adjustment incorporating weighted population measures where appropriate.

The 2013/14 GMS contract advises practices that they are required to agree to 3 prescribing actions and provide evidence of change in relation to these actions in order to attain the GMS Medicine Management indicators (MM001 and MM002). Additionally practices are also asked to undertake an audit in an area of prescribing that is a clinical issue and agreed with the NHS Board prescribing adviser.

Letters have been sent to all practices containing prescribing indicator information and data from October to December 2012 specific to that practice and highlight areas of potential prescribing improvement which could be achieved.

As a guide, the indicators in the letters are shown in order of highest potential prescribing efficiency to be achieved through target attainment with the strong recommendation that this is taken into consideration when practices choose their indicators. It has also been agreed if the practice has implemented the use of prescribing decision support tool ScriptSwitch[®] then this can be included as one of the GMS Medicine Management Prescribing Indicators.

It is expected that the RCGP template will be followed for all prescribing audits completed to review an agreed specific clinical issue.

If your practice does not wish to select any of these indicators or locally promoted CH(C)P/Sector prescribing indicator initiative, please discuss and agree other suitable areas for prescribing improvement with your local CH(C)P/Sector Prescribing Lead by 1st July 2013.

Prescribing indicator baseline and measurement time periods 2013/ 2014 -

Type of Indicator	Baseline Quarter	Final Quarter	Final outcomes expected	Appeal decisions completion
GMS	Oct 12 – Dec12	Jan 14 – Mar 14	July 2014	September 2014

Practices will receive GMS MM001 and MM002 QOF payments based on aspirations. Practices who fail to demonstrate success will have a retrospective adjustment made once the final information is available and outcomes of any appeal submitted known.

The first update for the 2013/14 indicators will be provided in July 2013 and quarterly thereafter. Practices will also be able to monitor their progress using PRISMS for most indicators and through their prescribing support teams.

GASTROINTESTINAL	
1	Proton Pump Inhibitors (DDDs per 1,000 weighted patients per day)
CARDIOVASCULAR	
2a	Lipid Regulating Drugs: non-preferred list lipid regulating drugs as a percentage of all lipid-regulating drugs (BNF 2.12) (items)
2b	Statins: simvastatin, atorvastatin & pravastatin as a percentage of total statins (DDDs)
RESPIRATORY	
3	High Strength Corticosteroid Inhalers: high strength corticosteroid inhalers as a percentage of all steroid inhalers (items)
4	Leukotriene receptor antagonists (items per 1,000 weighted patients per 100 days)
5	Mucolytics: carbocisteine, erdocisteine and mecysteine (DDDs per 1,000 weighted patients per day)
CNS (PSYCHOTROPICS)	
6	Hypnotics and anxiolytics (DDDs per 1,000 weighted patients per day)
7	Non-preferred list Antidepressants as a percentage of all SSRIs, mirtazapine, duloxetine, reboxetine and venlafaxine (items)
8	Review of long-term (≥ 2 years) antidepressants: percentage of patients receiving the same antidepressant (excluding amitriptyline) not reviewed in the last 9 months
CNS (PAIN)	
9	Analgesics: pregabalin and gabapentin (cost per 1,000 weighted patients per day)
10	Moderate to Severe Pain: Opioids (BNF 4.7.2, co-codamol 30/500, co-dydramol 20/500 and 30/500, and Tramacet [®]) (cost per 1,000 weighted patients per day)
11	CNS (pain): Lidocaine plasters (cost per 1,000 weighted patients per day)
ANTI-INFECTIVES	
12	Total Antibiotic Use (items per 1,000 patients per day)
13a	4C Antibiotics: fluoroquinolones (items per 1,000 patients per 100 days)
13b	4C Antibiotics: cephalosporin (items per 1,000 patients per 100 days)
13c	4C Antibiotics: co-amoxiclav (items per 1,000 patients per 100 days)
14	Antimicrobial Wound Products: Antimicrobial wound products as a percentage of total wound products (items)
DIABETES	
15	Antidiabetic drugs: established oral hypoglycaemics (metformin & sulphonylureas) as percentage of all antidiabetic drugs (DDDs)
16	Long-acting insulin analogues (detemir and glargine) as a percentage of all intermediate and long-acting insulins (excluding biphasic insulins) (DDDs)
MUSCULOSKELETAL, ANTI-INFLAMMATORIES & OSTEOPOROSIS	
17	Non-preferred list NSAIDs as a percentage of all NSAIDs (DDDs)
18	NSAIDs (DDDs per 1,000 weighted patients per day)

In a change from previous years, the Rational Prescribing Indicators funds have been used for the new Polypharmacy LES which aims to promote the safe, effective and evidence based use of medicines in patients considered most at risk of adverse effects. The objectives of the LES are:

- 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 review practice processes around medicines reconciliation following hospital discharge or out patient clinic attendance