PrescQIPP work plan 2021-22

Category (column 4)	Skills (S)	QIPP(Q)	Clinical (C)	Non-clinical (N)	Data (D)

Quarters*	Q1 = April to June 2021	Q2 = July to Sept 2021	Q3 = Oct to Dec 2021	Q4 = Jan to March 2022

*This is the approximate time a project will go into the QA process and not a publication date.

Area	Bulletin	Scope/Comments	Cat	Q1	Q2	Q3	Q4
Polypharmacy and deprescribing	Structured medication reviews	• Resources to support structured medication reviews including pre built clinical system searches to identify patients and aspects of SMRs pharmacy technicians can support practices with. • Bulletin to include the evidence base relating to the indicators in the PCN DES to support discussion with patients. • Will include identification, prioritisation, clinical considerations, and monitoring outcomes (evidence to log order to demonstrate patient outcomes after medication review and will consider outcomes such as reduced hospital admissions, quality of life etc if data available to demonstrate this.	C				
General	Recovery post COVID	• Focus on areas of prescribing which have seen significant changes such as the increases in prescribing related to COVID, e.g. oral cyanocobalamin, DOACs, 3C antibiotics, ONS etc. • Lots of these areas will have been tackled previously however COVID could have 'undone' some of the work done previously and therefore savings may be available by reviewing these changes. • Include data and top tips/quick wins on how to tackle some of these issues to help support the return to 'normal'. • Look at areas of prescribing where activity has deteriorated from previous years, e.g. therapeutic areas that need prioritising. Improving links across sectors; key information on particular focus medicines; review of patient information available and can this be improved; how best to engage with patients in a post COVID world; needs to be supported by solid clinical evidence to demonstrate it's not a cost cutting exercise.	Q				

Area	Bulletin	Scope/Comments	Cat	Q1	Q2	Q3	Q4
Polypharmacy and deprescribing	Structured medication review skills training	• A series of webinars on undertaking structured medication reviews, including case studies and training for pharmacy technicians (PTs) on aspects of SMRs PTs can support practices with. • Developing and implementing repeat prescribing protocol, synchronisation of meds, stopping overordering, identifying poor adherence to medicines.	S				
Polypharmacy and deprescribing	Anticholinergic burden and other deprescribing algorithms including nutrition (sip feeds)	• Deprescribing algorithms on how to safely stop medicines and clear boundaries around age groups and categories of medicines for areas not previously covered including a deprescribing algorithm for antidepressants in anxiety.	C				
Respiratory	Lowering the inhaler carbon footprint	• We already have a hot topics document on this which will be developed into a full PrescQIPP resource. Further implementation resources will be developed, such as additional infographics.	N				
Diabetes	Freestyle libre and diabetes testing strips.	• Commissioning guidance to ensure value for money. Need to evidence outcomes e.g reduction in hospital admissions and improved patient outcomes. Update to bulletin 212 to include new products and consider whether threshold needs to be lowered.	C				
Specials	Specials toolkit (including use of specials in children)	• Update the specials toolkit with a special focus on the use of specials in children and newly licenced medicines being launched to cover this age group. Tools to support discussion with specialists who initiate specials.	Q				
Data	Investment and impact fund indicators dashboard	• A national dashboard to support monitoring of the indicators in the IIF or a medicines management dashboard to include IIF and other indicators Scorecard/visual analytics to facilitate review of MO indicators in the PCN investment and impact fund at practice/PCN/CCG level.	D				
General	Integrating Pharmacy and medicines optimisation (IPMO)	• Resources and information sharing to support system working. Specifically how to combine drug budgets joining primary care and secondary care. • Role of the commissioning teams/how to work in a commissioning environment.	N				
Medicines safety	Medicines and falls	• Identifying patients on medicines that could contribute to the risk of falls. Review of EUGMS paper Fall-Risk-Increasing Drugs: A Systematic Review and Meta-analysis. • Includes an update to B87 care homes medicines and falls.	C				

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General	Working across boundaries/ strategic commissioning	• Cover things such as strategic commissioning (which data sets provide population level insights to medicines optimisation opportunities costing and benefits realisation across more extensive pathways/time periods/ patient journeys) and effective working communication. • Contracting for outcomes – resources for MM team who are working with contracts, not duplicating SPS document, but looking at outcomes KPIs etc Sharing examples of good practice - what models are out there. • Electronic prescribing in hospitals- on discharge- pharmacists look at them and tweak before they go out. • Look at the problems we see in primary care and consequences for patients. • Get buy in for patients. • Will hospital need some sort of investment to change what they are doing? • Template business cases as a support tool- for commissioner. • Addressing junior doctor training- making sure discharge is not a rushed last minute thing.	N				
Low priority prescribing	Low priority prescribing	• How to reduce prescribing of items in low priority prescribing guidance in difficult patients. Produce different strategies and provide successful case studies. Work with NHS England to update the national guidance. Includes updates to bulletins 203 and 134 and bulletin 227 self care guide to OTC products.	Q				
Woundcare	Optimising the use of wound management products	• Summary of key information/quick glance guide to wound care, with evidence of effectiveness and most cost effective product. and summary of other key info such as NICE, NCSO, MHRA guidance etc. • Update to PrescQIPP wound care tag listings. • Add information on how to safely intervene with local team producing a formulary, system1 formulary and care home order form to stream line ordering and cost effectiveness as dressings can be hard to find on the prescribing systems. • To include a webinar when bulletin launched discussing the key issues around optimising the use of dressings.	Q				

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Opthalmology	Management of dry eyes in primary care/eye preparations	• Update to bulletin 202 - eye preparations, plus practices to review all prescribing for those without a diagnosis • For dry eye, review all those with less than 4-5 issues per year. (This can be changed, but logic that if the practice usually issues two monthly Rx then 6 could be an accepted amount indicating regular need). Lower usage would indicate less severe dry eye which can be managed OTC .Patients should not have more than one type of product, i.e 2 types of drops or ointment. • Develop formulary and include drop capacity of each formulation to obtain idea of how long one bottle should last and frequency of administration. Reviews of patients to include appropriately prescribed quantities hence drop capacity and dosage for each product on the formulary would be useful. Products with long life should be not be prescribed for issue each month or two months, as the cost benefit of a longer shelf life product is lost and alternative lower cost products which can be discarded at the end of each month should be used. • Prescribers to check if any prescribed medications (antihistamines/ anticholinergics) could be reviewed to improve symptoms of dry eye. • Value of different strengths of lubricants i.e can a higher strength product be used for a mild to moderate level of dry eye, of often the higher strength product is cheaper. 0.1% product vs 0.2%	C Q				
Biosimilars	Biosimilars	• Update all biosimilars resources (bulletins 102, 111, 130 154) and incorporate new biosimilars. Incorporate implementation tools such as patient information for all biosimilars. • For Biosimilar insulins – to assess the products available and to look at the evidence to ensure the products are in fact similar to the originator product. - horizon scanning is needed to identify any new products for any originator insulins and when they will be available - produce data to show savings opportunities. • Produce tools for implementation such as switch protocols if patients are to be switched.	C				

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Adherence and waste	7 day prescriptions/ use of monitored dosage systems	• Suitability for 7 day scripts, regional guidance (e.g. GMMMG, Pan Mersey), Audit material. • Include: practice level data, appropriate medicines for 7 day scripts, quantities, suitability for compliance aid, briefing on legal position/best practice recommendations, resources to help reduce inappropriate 7 day prescribing. • Support tools to include help with community pharmacy engagement advice, clinical system searches to help identify patients, patient information leaflets/ letters. • Include an update to the use of monitored dose systems care homes bulletin 134.	N				X
Skills training	Leadership skills to support a move to system working	• Development of leadership skills to support system working including working in a virtual environment. This course will cover CCG, ICS and PCN level training and consist of a series of 12 webinars at PCN level as well as a higher level training course for small cohorts which will be funded separately. • As this is a large course it will account for the full 20% skills course allocation.	S	X	X	X	X
Dermatology	Cost effective prescribing choices in dermatology	• A bulletin looking at cost effective and patient cantered treatment choices for different dermatology indications. • Include treatment pathways and deprescribing algorithms for each condition. The resource will target prescribing in the more common conditions such as eczema and psoriasis. • This would also incorporate an update to the dermatology specials bulletin 168.	C				X
Antimicrobial stewardship	Antimicrobial stewardship	• Update to bulletin 177	C			X	
Care homes	Using multidisciplinary teams effectively in care homes	• Update to bulletin 151	C				X
Menopause	Menopause	• Update to bulletin 182	C	X			

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Mental health	Prescribing in ADHD	• Clearly separate out childrens ADHD and adult ADHD as two separate cohorts. NICE guidance on ADHD in adults. Proper review of patients with a view to stopping treatment. Update to bulletin 158.	C				
Care homes	Implementing NICE guidance in care homes	• Update to bulletin 173	N				
General	Commissioning high cost drugs and services	• Update to bulletin 156	N				
Low priority prescribing	Dosulepin	• Update to bulletin 126	Q				
Low priority prescribing	Silk and antimicrobial garments	• Update to bulletin 160	Q				
Low priority prescribing	Lidocaine plasters	• Update to bulletin 200	Q				
Low priority prescribing	Trimipramine	• Update to bulletin 204	Q				
PROP-List	Rectal irrigation	• Update to bulletin 171	Q				
PROP-List	Barrier products	• Update to bulletin 181	Q				

Reserve list

Area	Bulletin	Scope/Comments	Cat	Q1	Q2	Q3	Q4
Data	Top 100 of "Most expensive patients in CCG"	• Produce a list of the 100 most expensive patients in each CCG. Then we can identify them and refer them to a specialist secondary care "HIT" team to take the work off the GPs back, as these patient will need lots of secondary input, which is often why they became such a drain on the NHS in the first place. **NOTE: Unless we have access to the patient identifiable data from the NHSBSA, we will not be able to produce this resource. We are currently going through the process to try and access this data. Delivery may not be possible until Q4.**	D				