

South East London CCG - Lewisham Medicines Optimisation Plan (MOP)

June 2022 – March 2023

Aim

- The Medicines Optimisation Plan (MOP) aims to support delivery of Quality, Innovation, Improvement and Productivity (QIPP) for 22-23.
- The MOP enables positive changes to practice prescribing with respect to medicines value, quality, and safety.
- The MOP will be delivered at practice level by **NHS South East London CCG – Lewisham** Medicines Optimisation Team (MOT).
- The MOP will run from June 2022 to 31st March 2023 and is tailored to this effect.

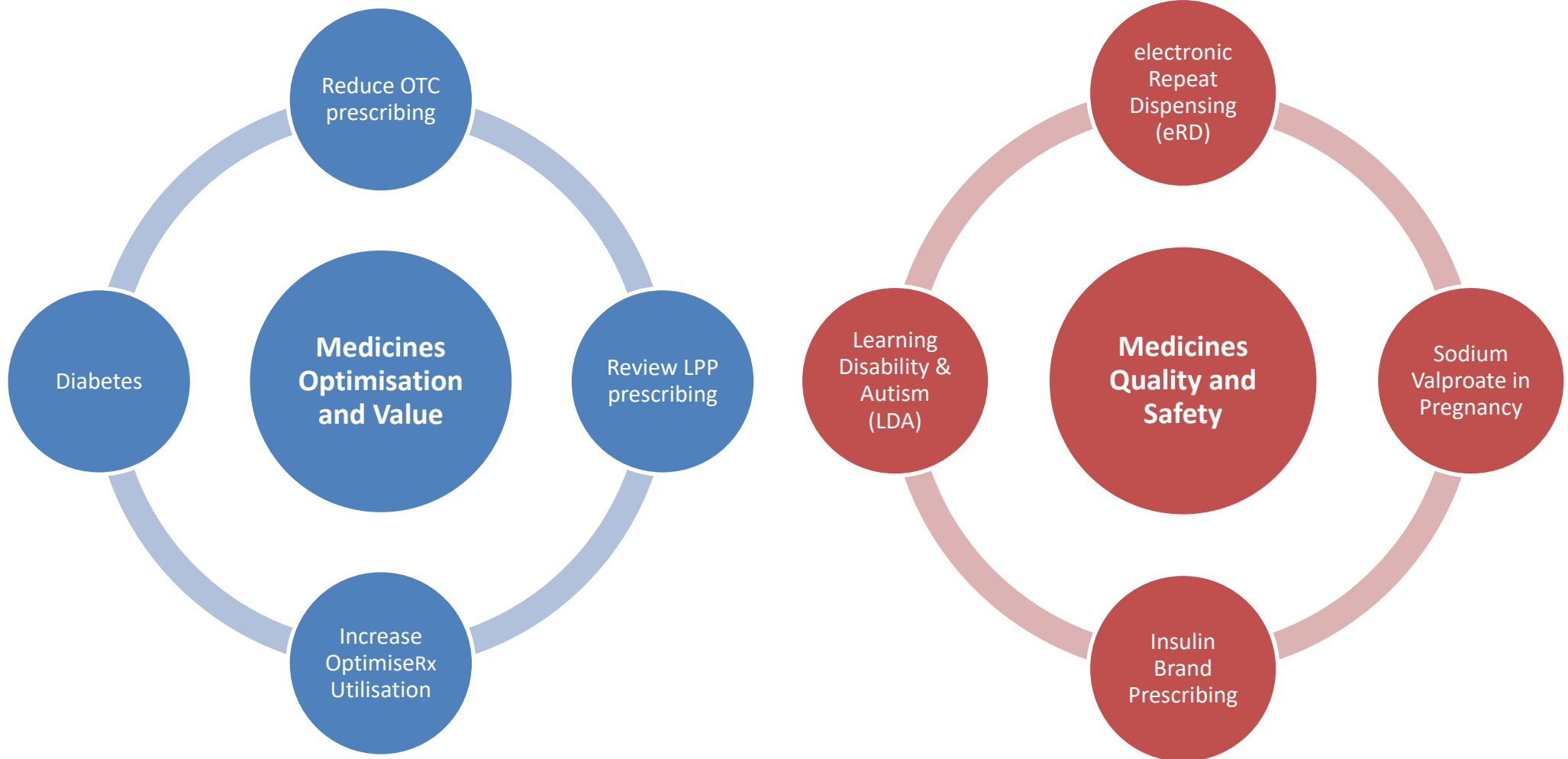
Background

- The MOP focuses on key areas of the QIPP to reduce unwarranted variation in prescribing, healthcare, quality and safety across Lewisham.
- Practices may work collaboratively within Primary Care Networks (PCNs), however the MOP will operate on a **practice-level basis**.
- Support will be available and provided by the MOT, including:
 - PCN and individual practice level support
 - Protocols, guidance, templates and supporting information
 - Relevant EMIS and ePACT2 searches
 - Monitor progress/achievement of scheme delivery
 - Review outcomes at year-end and calculate payments
- Achievement criteria are as set out as per below. Please note, achievement is based on a graded achievement basis, with a maximum payment threshold.
- Payments for achievements are at practice level.
- The 2022-23 scheme is particularly weighted towards OTC and LPP achievement.

Achievement

The total value of the MOP is **£100'000**. For 2022-23 an additional non-recurrent **£25'000** is available to share between practices that exceed targets related to over the counter (OTC) medicines below.

MOP Areas








Area 1 – Medicines Optimisation & Value

(1.) 20% or more reduction in Over-The-Counter (OTC) spend

PLAN		ACHIEVEMENT			
<p>Aim: To reduce the prescribing of Over The Counter (OTC) items that are used to treat minor illnesses which are often self-limiting and can be treated through self-care.</p> <p>Last year, Lewisham spent approximately £2.7 million (FY 20-21) on prescriptions for medicines which can be purchased over the counter from a pharmacy and other outlets.</p> <p>These prescriptions include items for a condition:</p> <ul style="list-style-type: none"> • That is considered to be self-limiting and so does not need treatment as it will heal of its own accord. • Which lends itself to self-care; that is that the person suffering does not normally need to seek medical care but may decide to seek help with symptom relief from a local pharmacy and use an over-the-counter medicine. <p>The guidance does not apply to:</p> <ul style="list-style-type: none"> • people with long-term or more complex conditions who will continue to get their usual prescriptions. • patients where the clinician considers that their ability to self-care is compromised as a consequence of medical, mental health or significant social vulnerability. These patients will continue to receive prescriptions for over-the-counter items subject to the item being clinically effective. 	<p>Target: GP practices are asked for a minimum 20% reduction in OTC prescribing spend.</p> <p>Achieved by:</p> <ul style="list-style-type: none"> • reducing prescribing of OTC medications according to the conditions listed in the guidance. • focusing on the top 5 conditions for which they are high prescribers. 	<p>Minimum 20% reduction in spend</p> <p>(Baseline as per 'Baseline data' document)</p> <tr> <th colspan="2" data-bbox="71 1061 1818 1123">MONITORING</th> <td data-bbox="1818 1061 2150 1460"> <p>Evaluation of ePACT Monitored by Lewisham MOT</p> </td> </tr>	MONITORING		<p>Evaluation of ePACT Monitored by Lewisham MOT</p>
MONITORING		<p>Evaluation of ePACT Monitored by Lewisham MOT</p>			

<p>People who receive free prescriptions will not automatically be exempt from the guidance.</p> <p>For those patients who would normally receive medications free-of-charge, the Pharmacy First Scheme is available in Lewisham, where OTC medications continue to be available directly from the pharmacy free-of-charge.</p>		<table border="1"> <tr> <td data-bbox="1818 170 2150 295"></td> </tr> <tr> <td data-bbox="1818 295 2150 359">WEIGHTING</td> </tr> <tr> <td data-bbox="1818 359 2150 430">25%</td> </tr> </table>		WEIGHTING	25%
WEIGHTING					
25%					

SUPPORT

<p style="text-align: center;">South East London CCG Resources (via link below):</p> <p>Self Care (Over the Counter Medicines) – Local Resources - South East London CCG (selondonccg.nhs.uk) <i>(Inc. Posters, PILs, Self-Care FAQs and Self-care Decision Aid)</i></p> <p style="text-align: center;">NHSE/I guidance</p> <p>otc-guidance-for-ccgs.pdf (england.nhs.uk)</p>	<p style="text-align: center;">South East London CCG – Lewisham Resources</p> <p>OTC Leaflet:</p> <p style="text-align: center;"> Lewisham OTC Leaflet.pdf</p> <p>OTC Poster:</p> <p style="text-align: center;"> Lewisham Prescription A3 post</p>	<p style="text-align: center;">Lewisham CCG Position Statement on OTC Medication</p> <p style="text-align: center;"> Lewisham Position Statement_Self Care</p> <p style="text-align: center;">DATA/BASELINE</p> <p style="text-align: center;">  Lewisham OTC Spend 21-22 By PracSpend 21.22 (PCN Le [By PRACTICE] [By PCN]</p>	<p style="text-align: center;">Other helpful resources</p> <p>Treat Yourself Better</p> <p>Health A to Z - NHS (www.nhs.uk)</p> <p>Resources - Self Care Forum</p>
---	--	--	---

(2.) Increase OptimiseRx Utilisation

PLAN

Aim: To utilise and increase OptimiseRx usage within all practices for optimal, safe, evidence-based, and cost-effective prescribing

OptimiseRx is the new decision support software implemented in Lewisham that works at the point at which a drug is prescribed on the GP Clinical system (EMIS). It automatically displays a recommendation or information on the medication.

Currently the overall acceptance rate for all messages is 16.5% (FY 2021-22), which achieve savings of approximately £165k

The Lewisham Medicines Optimisation Team would like to improve the interaction and utilisation by practices with OptimiseRx, achieving a target graded % increase which is dependent on their current PCN OptimiseRx average acceptance rates.

Target: increase OptimiseRx utilisation to a Lewisham borough average of 20% resulting in safer, higher quality and clinically cost-effective prescribing.

Practices that are below the current CCG average to increase utilisation by at least 30%. Practices that are above the current CCG average to increase utilisation by at least 15%.

ACHIEVEMENT

Practices work to achieve their OptimiseRx target acceptance rate as per 'OptimiseRx Practice Targets' document.

MONITORING

OptimiseRx utilisation dashboard by Lewisham MOT

WEIGHTING

5%

SUPPORT

Lewisham Medicines Optimisation Team Support

The Lewisham Medicines Optimisation Team is available to assist practices/PCNs to increase OptimiseRx utilisation.

OptimiseRx Utilisation

PCN Level:



OptimiseRx Utilisation Dashboa

OptimiseRx Utilisation

Practice Level:



OptimiseRx Practice Level Utilisation 202

Individual Practice Target Acceptance Rates:



OptimiseRx Practice Targets.xlsx

Practices that have not enabled OptimiseRx:



Practices that have not enabled Optimi:

(3.) Diabetes Monitoring & Pen Needles

PLAN		ACHIEVEMENT	
<p>Aim: To implement cost effective prescribing of disposable pen needles, safety pen needles and Blood Glucose Monitoring Strips (BGTS).</p> <p>Within the Lewisham borough area, approximately:</p> <ul style="list-style-type: none"> £16k is spent on pen needles which are priced at >£5 per 100 needles £60k is spent on safety pen needles £270k is spent on Blood Glucose Monitoring Devices where the price of 50 testing strips is >£9 per 50 strips. <i>* include all diabetic patients</i> 	<p>Pen Needles: Practices to switch patients prescribed pen needles that cost >£5 per 100 needles to pen needles <£5 per 100 needles.</p> <p>Target: to reduce spend by at least 30%</p> <p>Safety Pen Needles: Practices to review all patients prescribed safety pen needles. If still indicated after review, then to switch the patient to a more cost-effective alternative.</p> <p>Target: to reduce spend by at least 10%</p> <p>Blood Glucose Testing Strips (BGTS): Practices to review Type 2 Diabetic patients being prescribed Blood Glucose Testing Strips (BGTS) with a cost of >£9 per 50 strips.</p> <p>For those patients indicated to continue BGTS, to switch to an appropriate BGTS device where BGTS testing strips cost <£9 per 50 strips.</p> <p>Target: to reduce spend by at least 10%</p>	<p>Aim to reduce spend:</p> <ul style="list-style-type: none"> By at least 30% on pen needles By at least 10% on Safety pen needles By at least 10% on BGTS <p>As compared to 'baseline' documents</p>	
		MONITORING	<p>Evaluation by ePACT monitoring by CCG</p>
		WEIGHTING	<p>10%</p>

SUPPORT

PEN NEEDLES:

Lewisham Pen Needles Information Sheet:



Pen needles Fact Sheet Revised - Lewi

List of Pen Needles with an Acquisition cost of <£5 per 100 needles:



Pen Needles with a Low Acquisition Cost

Pen Needles Switch Patient Template Letter:



Template patient letters for pen need

PEN NEEDLES:

NHSE/I Guidance on Items Not Recommended to be Routinely Prescribed in Primary Care (link):

[NHS England » Items which should not be routinely prescribed in primary care: Guidance for CCGs](#)

Pen Needles >£5 per 100 needles Baseline Data:



Pen Needles Spend 21-22 - All Practices

SAFETY PEN NEEDLES:

Lewisham Safety Pen Needles Information Sheet:



Safety Pen Needles Fact Sheet v2 2021-2

Pen Needles Switch Patient Template Letter:



Template patient letters for pen need

All Safety Pen Needles Baseline Data:



Safety Pen Needles Spend 21-22 - All Pr

BLOOD GLUCOSE TESTING STRIPS (BGTS):

Blood Glucose testing Strips Information Sheet:



BGTS Fact Sheet v1 2022-23 (Lewisham).

Self-monitoring of blood glucose protocol for T2DM not on insulin:



Protocol for Self Monitoring of Blood

BGTS >£9 per 50 strips Baseline Data::



Blood Glucose Test Strips (BGTS) Spend

List of BGTS with an Acquisition cost of <£9 per 50 strips:



Blood Glucose Test Strips with a Low Ac

(4.) Items That Should Not Routinely be Prescribed in Primary Care (LPP)

PLAN

Aim: To reduce the prescribing of items which should not routinely be prescribed in primary care

In 2021 - 2022 Lewisham spent approximately **£570k** on prescriptions for medicines which should not routinely be prescribed in primary care.

The medicines/therapies that are included within have limited use within Primary Care and therefore are not recommended to be prescribed.

Some patients are receiving medicines which have been proven to be relatively ineffective or in some cases potentially harmful, and/or for which there are other more effective, safer and/or cheaper alternatives; there are also products which are no longer appropriate to be prescribed on the NHS.

Top 10 areas apart from Lidocaine plasters (in order of spend) include:

Trimipramine
Omega 3 fatty acids
Bath and shower Emollients
Co-Proxamol
Rubefacients
Silk Garments
Liothyronine
Doxazosin MR
Dosulepin
Immediate release Fentanyl

Target:

At least 25% reduction in Lidocaine plasters prescribing

At least 50% reduction in top 10 spend areas.

ACHIEVEMENT

Practices reduce spend on Lidocaine plasters by at least 25% and other areas by at least 50% as compared against the 'baseline document'.

MONITORING

Evaluation of ePACT.
 Monitored by Lewisham
 MOT

WEIGHTING

20%

SUPPORT

National Guidance

[items-which-should-not-routinely-be-prescribed-in-primary-care-v2.1.pdf \(england.nhs.uk\)](#)

BASELINE/REVIEW SUMMARY FORM

Baseline:



LPP Baseline 21-22.xlsx

Review Summary Form:



Review Summary Form.docx

Rubefaciants

MOP Guidance:



Rubefaciants MOP Guidance 2022-23.d

Co - Proxamol

MOP Guidance:



Co - Proxamol MOP Guidance - 2022-23.

Spend by Practice:



Co-Proxamol Spend 21-22 Baseline - All F

Silk Garments

MOP Guidance:



MOP Guidance - Silk Garments 2022-:

Spend by Practice:



Silk Garments - BASELINE - 21-22 - A

Bath & Shower Emollients

Emollients Guideline:



Primary Care Emollients Guideline

Dermatology Guideline:



Primary Care Dermatology Guidel

Spend by Practice:



Bath & Shower Emollient Baseline C

Liothyronine

SEL Liothyronine in hypothyroidism Position Statement:



APC-Position-Statement-PS-021-Liothyronine

Spend by Practice:



Liothyronine - BASELINE - 21-22 - A

Emollients Patient Information Leaflet:



Emollients-patient-information-leaflet-J

Bath & Shower Emollients Patient Letter Template:



Emollients (bath and shower)-patient

Doxazosin MR

MOP Guidance:



Doxazosin MOP Guidance.docx

Doxazosin Patient Letter Template:



Doxazosin Patient Letter.docx

Spend by Practice:



Doxazosin Baseline Cost by Practice 21-

Omega-3 Fatty Acids

Omega 3 Prescribing MOP Guidance



Omega 3 Fatty Acids MOP Guidance

Omega-3 Patient Letter Template:



Omega 3 Patient Letters 2022.docx

Spend by Practice:



Omega 3 - 21-22 - BASELINE -All Practic

Dosulepin

MOP Guidance:











Dosulepin MOP Guidance.docx

Spend by Practice:



Dosulepin - Baseline - 21-22 - All

<p>Immediate Release Fentanyl</p> <p><u>MOP Guidance:</u></p>  <p>Immediate Release Fentanyl - MOP Guide</p> <p><u>Spend by Practice:</u></p>  <p>IR Fentanyl Spend - 21-22 - All Practices.</p>	<p>Lidocaine Plasters</p> <p><u>MOP Guidance:</u></p>  <p>MOP Guidance - Lidocaine Plasters 2021-22</p> <p><u>SEL CCG Position Statement:</u></p>  <p>APC-Position-statement-PS-011-Lidocaine</p> <p><u>Lidocaine Deprescribing Guide:</u></p>			
<p>Trimipramine</p> <p><u>MOP Guidance:</u></p>  <p>Medicine Optimisation Guidance</p> <p><u>Spend by Practice:</u></p>  <p>Trimipramine - 21-22 - All Practices.</p>	<p> Lidocaine-Plasters-Deprescribing-Guide</p> <p><u>Spend by Practice:</u></p>  <p>Lidocaine Spend 21-22 - All Practices.</p>			

Area 2 – Medicines Quality & Safety

(1.) electronic Repeat Dispensing (eRD)

PLAN

Aim: To increase eRD utilisation by practice for appropriate patients

Electronic repeat dispensing (eRD) provides an efficient way to supply patients with repeat medication without the GP needing to sign repeat prescriptions each time.

It allows the GP to authorise and issue a batch of repeat prescriptions to the patient's nominated pharmacy, at specified intervals, until such time as the patient needs to be reviewed. This has significant benefits to practices and patients as a time saving measure.

Electronic repeat dispensing (eRD) is an integral part of EPS, which offers many extra benefits over paper repeat dispensing and repeat prescribing.

- Two-thirds of prescriptions issued in primary care are repeat prescriptions. These repeat prescriptions account for nearly 80% of NHS medicine costs for primary care
- 410 million repeat prescriptions are generated every year, nationally, - equivalent to an average of more than 375 per GP per week
- it's estimated that up to 330 million, or 80%, of all repeat prescriptions could eventually be replaced with eRD
- this could save 2.7 million hours of GP and practice time, nationally.

Target:

The recommendations being made, are for:

- Practices to identify appropriate patients suitable for eRD in accordance with the Lewisham eRD guidance.
- Practices to have **any whole point % increase** in eRD as compared to the baseline.
- Practices identify a clinician eRD champion.

The eRD champion to attend an eRD learning/training event and/or complete the eRD e-Learning module

ACHIEVEMENT

Any whole point % increase to eRD by practice

Named eRD (Clinician) champion

Certificate demonstrating completion of eRD e-learning module and/or attendance to an eRD learning/education event or equivalent

MONITORING

NHS Digital / NHSBSA eRD Dashboards by Lewisham MOT

WEIGHTING

5%

SUPPORT

Lewisham Support Materials

Lewisham eRD Guidance:



eRD Guidance FINAL -Lewisham CC

Local eRD FAQs:



FAQ electronic repeat prescribing e

NHSBSA Support Materials

eRD Pocket Guide



eRD Pocket Guide_v0.2.docx

NHSE/I Support Materials

NHSE/I Guidance:



NHSE electronic-repeat-di

eRD Toolkit:

<https://digital.nhs.uk/services/electronic-prescription-service/electronic-repeat-dispensing-for-prescribers/maximising-electronic-repeat-dispensing>

NHSE/I eRD Prescriber Quick Guide:



prescriber_quick_guide NHSE.pdf

eRD Prescriber Guide:



eRD Prescriber Guide NHSE.pdf

NHSE/I Support Materials

eRD Presentation Slides:



erd_toolkit_presentation.pptx

Explaining eRD to patients:

<https://digital.nhs.uk/services/electronic-prescription-service/explaining-electronic-repeat-dispensing-to-patients>

eRD e-Learning Module:

<https://learning.necsu.nhs.uk/nhs-digital-electronic-repeat-dispensing-elearning/>

Baseline Data -eRD Utilisation – April 2022



eRD Utilisation - April 2022.xlsx

(2.) Sodium Valproate in Pregnancy

PLAN		ACHIEVEMENT
<p style="text-align: center;">Aim:</p> <p>Aim: To review patients who are taking sodium valproate and have the potential to become pregnant and ensuring they are on highly effective contraception.</p> <p>Valproate is highly teratogenic, and evidence supports that use in pregnancy leads to neurodevelopmental disorders. Up to 40% of babies are at risk of developmental disorders and 10% at risk of birth defects.</p> <p>Valproate must no longer be used in any woman or girl able to have children unless she has a pregnancy prevention programme in place. This is designed to make sure patients are fully aware of the risks and the need to avoid becoming pregnant.</p>	<p style="text-align: center;">Target:</p> <ol style="list-style-type: none"> 1. Identify and recall <u>all</u> women and girls on valproate (sodium valproate, semi sodium valproate, valproic acid) who may be of childbearing potential. 2. For patients previously recalled, to check that patients continue to meet the conditions of the Pregnancy Prevention Programme. 3. To ensure safe systems are in place to identify and refer new at-risk patients being prescribed valproate. 4. Provide the Patient Guide to the patient (or her parents or responsible person as necessary). 5. Check they have been reviewed by a specialist in the last year (i.e., they have an in-date "Risk Acknowledgement Form") and are on highly effective contraception 	<p>All eligible patients contacted for review.</p>
		MONITORING
		<p>Evaluation of ePACT/EMIS Monitored by Lewisham MOT</p>
		WEIGHTING
		<p>10%</p>

SUPPORT

**Medicines Optimisation
Guidance**



Sodium Valproate
MOP Guidance.docx

**Online information Pack
Resources**

Online Information pack:

<https://www.gov.uk/drug-safety-update/valproate-medicines-epilim-depakote-pregnancy-prevention-programme-materials-online>

Video:

[Valproate – pregnancy prevention programme - YouTube](#)

Re-ordering Information Packs:

If you require more copies or if you have not received a pack, please contact the Sanofi medical information department without delay on 0845 372 7101 or email UK-Medicalinformation@sanofi.com

**Gov.UK Drug Safety
Update Info**

<https://www.gov.uk/drug-safety-update/valproate-medicines-epilim-depakote-contraindicated-in-women-and-girls-of-childbearing-potential-unless-conditions-of-pregnancy-prevention-programme-are-met>

(3.) Insulin Brand Prescribing

PLAN					ACHIEVEMENT
<p>Aim:</p> <p>Aim: All insulins to be prescribed by brand name.</p> <p>60% of 16,600 insulin related adverse effects were due to the wrong insulin product being used, omitted or delayed doses and wrong insulin dose. (2011 NPSA)</p> <p>Patients should be supported at each point of contact to ensure they have the right insulin (including the right device) at the right dose, the right way and at the right time. Where any discrepancies arise, check with the patient, initiating team, GP practice or other documentation ,such as the insulin passport.</p>		<p>Target:</p> <ul style="list-style-type: none"> All insulins should be prescribed by brand Adhere to the Insulin Safety guidance (below). 			<p>All insulins to be prescribed by BRAND and in accordance to the 'Insulin Safety Guidance'</p>
					MONITORING
					ePACT2
					WEIGHTING
					5%
SUPPORT					
<p>SEL – Insulin Safety Guidance</p> <p>SEL-prescribing-and-dispensing-insulin-safely-FINAL-Feb-2022.pdf (selondonccg.nhs.uk)</p>					

(4.) LDA

PLAN

Aim:

Aim: To review the quality of prescribing of psychotropic medicines in people with Learning Disabilities and/or Autism (LDA) by ensuring the indications and efficacy of the psychotropic drugs are regularly reviewed.

Patients with a Learning Disability and Autism (LDA) are recognised as a priority due to unmet medicine related needs, such as overuse of psychotropic medicines as identified by the national 'Stopping Over Medication of People with a learning disability, autism or both' (STOMP) programme.

STOMP was set up in 2016 by NHS England, which identified a high level of inappropriate use of these medicines in the LDA community, typically for behaviour that challenges. 'Supporting Treatment and Appropriate Medication in Paediatrics' (STAMP) was also started in 2018 to ensure children and young people can obtain the medication they need to have a good life.

Target:

- LDA patients are coded correctly on EMIS.
- Review eligible patients and record intervention made on the 'Data Collection Sheet – LDA'.

ACHIEVEMENT

All LDA patients coded correctly on EMIS

'Data Collection Sheet – LDA' received detailing actions/interventions made.
do not include any patient Confidential Information

MONITORING

'Data Collection Sheet - LDA'
 EMIS

WEIGHTING

20%

SUPPORT

**Medicines Optimisation
Guidance**



LDA MOP Guidance
v2.docx

**'Data Collection Sheet –
LDA'**



Data Collection
Sheet - LDA.xlsx

**NHSEI STOMP
Guidance**



stomp-gp-prescribi
ng-v17.pdf

SEL CCG STOMP Guidance



STOMP-and-STAMP
-Guidance-SEL-FINA

