

LAMBETH MEDICINES OPTIMISATION SECTION (MOS): 01 April 2023 to 31 March 2024

The MOS will run from 1st April 2023 to 31st March 2024. Total funds available for the MOS is £350,000. All payments to be made at practice level.

TABLE 1

| Priority | Threshold and/or Submission | Monitoring Date †Data for these measures will be captured through EMIS Web-EZ Analytics *Data for this measure will be captured through NHSBSA | Payment (at practice level) |
|---|--|--|--------------------------------|
| A. Medicines Value - Self-Care | ≤7.62% of patients (of practice list size) on total self-care products. | †January 2024 to March 2024 (Q4 2023-24) | 20% |
| B. Medicines Value - Low Priority Prescribing | ≤0.52% of patients (of practice list size) on NHSE/I Low Priority Prescribing medicines. | †January 2024 to March 2024 (Q4 2023-24) | 10% |
| C. Medicines Value - Optimise Rx Usage | (i) Optimise Rx Usage Checklist | Practice/PCN declaration completed and submitted by 31 March 2024 Monitor all thresholds †*January 2024 to March 2024 (Q4 2023-24) | 5% |
| | (ii) ≥50% reduction in spend on SEL IMOC Grey List medicines in Q4 2023/24 compared to Q4 2022/23 OR 0% of patients (of practice list size) on SEL IMOC Grey List medicines (medicines which are not recommended for routine prescribing) | | 5% |
| | (iii) ≤0.45% of patients (of practice list size) on specials OR ≥10% reduction of patients on Specials spend* in Q4 2023/24 compared to Q4 2022/23 | | 5% |
| | (iv) Actively engage in PSD service by committing to <u>timely</u> action of recommendations AND achieve <u>any</u> reduction of Oral Nutritional Supplements (ONS) and Cows Milk Product Allergy Products (CMPA) Total Spend per APU* in Q4 2023/24 compared to Q4 2022/23 | | 5% |
| D. Medicine Safety and Collaboration | Completion of Medicines Safety and wider PCN Collaboration Declaration AND Proactively undertake structured medication reviews of patients taking 120mg oral morphine equivalent or more for chronic pain | Practice/PCN declaration completed and submitted by 31 March 2024 | 25% |
| E. Overprescribing and Collaboration | Proactively undertake Structured Medication Reviews that includes Shared Decision Making [SCTID: 1239511000000100] AND show ANY reduction in the percentage of patients ≥75 years of age prescribed ≥10 unique medicines (of practice ≥75 years of age list size) from Q4 2023/24 compared to Q4 2022/23 | *January 2024 to March 2024 (Q4 2023-24) | 25% |

Explanatory Notes for Medicines Optimisation Section

The medicines optimisation section for 2023/24 endeavours to support general practice in Lambeth to prioritise elements of medicines optimisation within the Lambeth Together Strategic Health and Care Plan. It is ever more important that the NHS achieves the greatest value from finite prescribing funds whilst ensuring effective use of resources to deliver best patient outcomes whilst reducing health inequalities. The EZ Analytics Medicines Optimisation Dashboard will provide real-time data for practices to identify patients for review within the specified areas and OptimiseRx® will be refreshed to continue to be available to support prescribing decision making.

Medicines Value

Medicines are the 2nd highest area of spend within the NHS, and to ensure we can continue to invest in new medicines for a broader range of conditions and cohorts of patients, we need to ensure we can maximise value of existing prescribing through efficiencies and reduced waste. Many medicines offer poor or low value to the NHS, or are not recommended for prescribing.

A. Promote Self Care Products

The routine prescribing of items available over the counter (OTC) for self-care is NOT supported by NHS South East London ICB in line with [NHS England's national guidance](#) on 'Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for Clinical Commissioning Groups (CCGs)'. This guidance has been adopted locally and is available within the [South East London Integrated Medicines Committee \(SEL IMOC\) position statement for items available over the counter](#).

Conditions for which over the counter (OTC) items should not routinely be prescribed in primary care are considered to be minor and self-limiting and hence, do not need treatment as they will heal or be cured of their own accord or lend themselves to self-care i.e. the person does not normally need to seek medical advice and can manage the condition by purchasing OTC products directly. The OTC products can be purchased without a prescription, sometimes at a lower cost than that which would be incurred by the NHS and/or there is little evidence of clinical effectiveness.

The national guidance applies to all patients, including those who would be exempt from paying prescription charges, unless they fall under the general exceptions and condition specific exceptions outlined within the [NHS England guidance](#) and the [SEL IMOC self-care FAQ for prescribers](#). To note that for vitamins, minerals, probiotics and those self-limiting conditions where there is limited evidence of clinical effectiveness for the treatments used (e.g. OTC items for cough, sore throat and infant colic), then the general exceptions do not apply.

The guidance applies to treatments for the following conditions:

| | | |
|--|--|----------------------------------|
| <i>Acute sore throat</i> | <i>Infrequent cold sores of the lip</i> | <i>Mouth ulcers</i> |
| <i>Minor burns and scalds</i> | <i>Sun protection</i> | <i>Ear wax</i> |
| <i>Conjunctivitis</i> | <i>Infrequent constipation</i> | <i>Nappy rash</i> |
| <i>Mild cystitis</i> | <i>Teething/mild toothache</i> | <i>Excessive sweating</i> |
| <i>Coughs, colds & nasal congestion</i> | <i>Infrequent migraine</i> | <i>Infant colic</i> |
| <i>Mild dry skin</i> | <i>Threadworms</i> | <i>Sunburn</i> |
| <i>Cradle cap</i> | <i>Insect bites and stings</i> | <i>Head lice</i> |
| <i>Mild irritant dermatitis</i> | <i>Travel sickness</i> | <i>Prevention of tooth decay</i> |
| <i>Dandruff</i> | <i>Mild acne</i> | <i>Indigestion and heartburn</i> |
| <i>Mild to moderate hayfever</i> | <i>Warts and verrucae</i> | <i>Ringworm/athletes foot</i> |
| <i>Diarrhoea (adults)</i> | <i>Haemorrhoids</i> | <i>Oral thrush</i> |
| <i>Dry eyes/sore tired eyes</i> | <i>Minor pain, discomfort and fever (e.g. aches and sprains, headache, period pain, back pain)</i> | <i>Vaginal Thrush</i> |
| Dietary supplementation with vitamins, minerals and probiotics | | <i>Scabies</i> |

Local and national resources available to support this can be accessed here:

- [SEL IMOC webpage](#) - position statements; frequently asked questions and decisions aids related to self-care, emollient and vitamin D prescribing guidelines
- [NHS England webpage](#) - easy read guide for patients

| Comparator | Numerator | Denominator | Achievement Criteria |
|--------------------------|--|--------------------|-----------------------------|
| Total self-care products | Patients prescribed self-care products | Practice List Size | ≤7.62% |

B. NHSE Low Priority Prescribing Medicines

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. Primary care prescribers are encouraged to review and de prescribe such medicines.

| Low Priority Prescribing Medicines (Phase 1 and Phase 3*) | | |
|---|-------------------------|---|
| Aliskiren | Herbal treatments | Paracetamol/tramadol |
| Amiodarone | Homeopathy | Pen needles |
| Bath and shower preparations | Lidocaine plasters | Perindopril arginine |
| Co-proxamol | Liothyronine | Rubefacients (excluding topical NSAIDs and capsaicin) |
| Doxazosin MR | Lutein and antioxidants | Silk garments |
| Dronedarone | Minocycline | Once daily tadalafil |
| Fentanyl IR | Omega 3 | Travel vaccines not allowed on the NHS |
| Glucosamine and Chondroitin | Oxycodone/naloxone | Trimipramine |

| Comparator | Numerator | Denominator | Achievement Criteria |
|---|---|--------------------|----------------------|
| NHSE Low Priority Prescribing medicines | Patients on NHSE LPP medicines (Phase 1 + Phase 3*) | Practice list size | ≤0.52% |

*See [NHSE Guidance on Low Priority Prescribing medicines](#)

C. Optimise Rx Usage

Practices are asked to maximise use of the OptimiseRx tool, focussing on messages relating to safety, best practice and efficiencies. Particular focus for compliance to messages are as follows:

| | | |
|---|-------------------------|---|
| All Low Priority Prescribing Medicines | All Grey List Medicines | Blood Glucose Test Strips >£9 per 50 |
| All Self-care medicines (including Vitamin B12) | All Red List Medicines | Pen Needles >£5 per 50 |
| All ONS & CMPA products | All Opioid medicines | Semaglutide injections (quantities above 1 pen per month) |
| All Special medicines | | Insulins prescribed generically |

| Achievement Criteria |
|---|
| (i) Optimise Rx Usage Checklist completed and submitted by 31 March 2024 |

C(ii) Grey List medicines (medicines which are not recommended for routine prescribing)

The South East London Integrated Medicines Optimisation Committee (SEL IMOC) has categorised a list of medicines, namely the Red, Amber, Green and Grey List ([RAGG list](#)). The purpose of the RAGG list is to promote safe, effective prescribing within the most appropriate setting by the most appropriate person. Grey List medicines: are medicines not recommended for routine prescribing in both primary and secondary care; have weak evidence of cost effectiveness, benefit and/or safety; are considered to not represent good value to the NHS; have not had a formulary application presented to the SEL Medicines and Pathways Group (MPRG) within the SEL IMOC specified timeframes. Hence, due to the aforementioned criteria there is a need to **review patients being prescribed 'Grey List' medicines** in primary care, in order, **to ascertain whether it is appropriate to continue prescribing**. The '[SEL Formulary Feedback Letter](#)' can be utilised to aid communication with secondary care clinicians.

| Comparator | Numerator |
|---------------------|---|
| Grey List medicines | ≥50% reduction of patients on grey list medicines spend* in Q4 2023/24 compared to Q4 2022/23 |

*Data will be captured through EPACKT2

OR

| Comparator | Numerator | Denominator | Achievement Criteria |
|---------------------|---------------------------------|--------------------|----------------------|
| Grey List medicines | Patients on Grey List medicines | Practice list size | 0% |

C(iii) Specials

Specials are special-order unlicensed medicines made to meet the needs of an individual patient. Unlicensed medicines may be prescribed in clinical situations where it is judged that, on the basis of available evidence, unlicensed use is in the best interest of the patient. As with any medicine, prescription of unlicensed medicines is the responsibility of the prescriber. A 'Special' is associated with somewhat more risk than prescribing a licensed medicine for a licensed indication. Prescribers should be satisfied that the patient's clinical needs cannot be met by a licensed medicine (for example, a different drug in the same class, or an alternative formulation).

There is no set pricing for pharmaceutical specials, and there is no national pricing structure governing these products or local regulation of the cost of products to the NHS. As use of specials increases, there is a growing financial burden on the NHS.

| Comparator | Numerator | Denominator | Achievement Criteria |
|------------|----------------------------------|--------------------|----------------------|
| 'Specials' | Patients on 'Specials' medicines | Practice list size | ≤0.45% |

OR

| Comparator | Achievement Criteria |
|------------|---|
| 'Specials' | ≥10% reduction of patients on specials spend* in Q4 2023/24 compared to Q4 2022/23 <small>*Data will be captured through EPACKT2</small> |

C(iv) Oral Nutritional Supplements (ONS) and Cows Milk Product Allergy Products (CMPA)

The Prescribing Support Dietitian service is commissioned in Lambeth and Southwark: the Cow's Milk Protein Allergy (CMPA) and Adult Oral Nutritional Supplement (ONS) Prescribing Support Dietitians support primary care teams including general practices. The service aims to improve health outcomes by maximising the quality of patient care whilst optimising value in a safe and evidence-based way. Ensuring clinically and cost effective CMPA and adult ONS prescribing to those who need them and for patients to have good quality dietetic care plans are vital. The service can be contacted at: gst-tr.prescribingsupportdietitians@nhs.net

- ONS are only prescribable on the NHS if they meet the specific criteria for the [Advisory Committee on Borderline Substances \(ACBS\)](#). Patients who do not meet the criteria should be advised to prepare homemade nourishing foods and drinks or purchase ONS over the counter. ONS should not be used as a substitute for the provision of fortified food and suitable snacks.
- Breast milk remains the optimal milk for infants. This should be promoted and encouraged where it is clinically safe to do so and the mother is in agreement. 34% of patients seen in the local Rapid Access Clinic (RAC) were confirmed NOT to have non IgE Cow's Milk Allergy, and therefore did not need any further CMPA.

| Comparator | Achievement Criteria |
|--|--|
| Oral Nutritional Supplements (ONS) and Cows Milk Product Allergy Products (CMPA) | <u>ANY</u> reduction Total Spend per APU* of ONS <u>and</u> CMPA in Q4 2023/24 compared to Q4 2022/23 <small>*Data will be captured through EPACKT2</small> |

D. Medicine Safety and Collaboration

Prescribing errors in general practice are an important and expensive preventable cause of safety incidents, morbidity, hospitalisations and deaths. Collaboration with community pharmacists will support medicines optimisation and medication harm reductions. Practices are asked to meet regularly within their wider primary care networks to develop a shared action plan delivering best practice around medicines and long term conditions across the network. This in turn will provide additional capacity in general practice to improve access in areas of high deprivation and high need.

A key aim of the NHS Patient Safety Strategy is to reduce avoidable medication related harm and is focused on high risk drugs, situations and vulnerable patients to achieve the following specific objectives: reduce medicine administration errors in care homes; reduce harm from opioid medicines by reducing high dose prescribing of opioids; reduce harm by reducing the prescription and supply of oral methotrexate 10mg; reduce severe harms associated with anticoagulants; reduce problematic polypharmacy for the most at-risk populations.

A Medicines Safety tab available within the Medicines Optimisation Dashboard by EZ Analytics and Optimise Rx messages will highlight examples of medicines which require monitoring or deemed high risk[†]. These tools will in turn identify priority patients for review.

| Achievement Criteria |
|---|
| Medicines Safety and PCN Collaboration Declaration completed and submitted by 31 March 2024 |

[†]Examples of medicines requiring monitoring or deemed 'high risk' are: ACE inhibitors/ ARBs; loop diuretics; amiodarone; DOACs; methotrexate; lithium; sodium valproate (and other antiepileptics use in pregnancy); antipsychotics use in patients with dementia; vitamin B12; short acting beta agonist inhalers (e.g. salbutamol); 120mg oral morphine equivalent or more for chronic pain

E. Overprescribing and Collaboration

Overprescribing is a complex issue, involving systems and culture as well as individuals, and tackling it needs a system-wide response, with clinicians and patients both receiving more support to ensure the NHS is getting prescribing right.

In September 2021, the Department of Health and Social Care published [Good for you, good for us, good for everybody](#): a plan to reduce overprescribing to make patient care better and safer, support the NHS, and reduce carbon emissions. The review was set up to develop **recommendations to reduce overprescribing, which is where people are given medicines they don't need or want, or which may do them harm**. The physical and mental impact on patients can lead to more hospital visits and preventable admissions, even premature deaths. There is also the cost in wasted medicines.

Overprescribing may disproportionately affect Black, Asian and Minority Ethnic communities and those who are more vulnerable, such as the elderly and those with disabilities. To reduce overprescribing: shared decision-making with patients; better guidance and support for clinicians; more alternatives to medicines, such as physical and social activities and talking therapies; and more Structured Medication Reviews (SMR) for those with long-term health conditions is needed. **It is critical to work on overprescribing to make the best use of NHS resources.**

We encourage regular structured medication reviews, especially those such as opioids and other high-risk medicines, and patients with polypharmacy (10 or more unique medicines). By ensuring medicines are being used appropriately, we can reduce adverse effects, hospitalisation and improve outcomes, especially for those with health inequalities.

All structured medication reviews should be recorded in patients' records under SNOMED code 1239511000000100.

| <i>Comparator</i> | <i>Achievement Criteria</i> |
|---|---|
| Patients ≥75 years of age prescribed ≥10 unique medicines | Proactively undertake Structured Medication Reviews that includes Shared Decision Making [SCTID: 1239511000000100] <u>ANY</u> reduction in the percentage of patients years of age prescribed ≥10 unique medicines (of practice ≥75 years of age list size) from Q4 2023/24 compared to Q4 2022/23 <small>*Data will be captured through EPACT2</small> |

Appendix 1: Lambeth Medicines Optimisation Section 2023/24 Optimise Rx (ORx) Usage Checklist

The completion of this Optimise Rx Checklist of Compliance is required to fulfil the specified areas of the Medicines Optimisation Section. Submit to Lambeth Medicines and Long Term Conditions Team by 31 March 2024 at lambethmedicines@selondonics.nhs.uk

| Checklist of Practice Compliance <i>It is expected to be done FIVE times between April 2023 and March 2024</i> | | Yes (✓) or No (*)? <i>State dates of each action</i> |
|--|---|--|
| 1. | GP prescribing lead, Practice Pharmacists and Practice Manager are actively incorporated in practice/ clinical/ PCN Collaboration meetings by: | |
| | a) reviewing reports received from Optimise Rx - focus on drugs highlighted in Table A below, EZA Medicines Optimisation Dashboard and top rejected messages | |
| | b) discussing outcomes of reviewing Optimise Rx reports. <i>Does awareness need to be raised about implementing a particular guideline within the practice e.g. do all prescribers know about SEL IMOC Lidocaine Patches Deprescribing Guide?</i> | |
| | c) sharing outcomes with all prescribers within the practice and at wider PCN Collaboration meetings <i>e.g. how has the practice successfully implemented a reduction in lidocaine patches prescribing?</i> | |
| | d) feeding back to Lambeth Medicines and Long Term Conditions Team any findings in a timely manner via email to: lambethmedicines@selondonics.nhs.uk <i>e.g. messages popping up about lidocaine patches but still requested by acute trusts so feel we need to prescribe</i> | |
| 2. | a) reporting any technical issues to the Optimise Rx service desk promptly via: Tel: (+44 (0)1392 440 100) or online at https://www.fdbhealth.co.uk/about-us/contact-us <i>e.g. I don't get ORx messages pop-up</i> | |
| | b) communicating unresolved issues to the Medicines and Long Term Conditions Team via email to: lambethmedicines@selondonics.nhs.uk <i>e.g. ORx slows my whole EMIS system down</i> | |
| 3. | Any further end of year outcomes/ feedback | |

For post payment verification purposes, evidence may be required to be submitted

Table A – Drugs to focus discussions in Section 1 above

| | | |
|---|-------------------------|---|
| All Low Priority Prescribing Medicines | All Grey List Medicines | Blood Glucose Test Strips >£9 per 50 |
| All Self-care medicines (including Vitamin B12) | All Red List Medicines | Pen Needles >£5 per 50 |
| All ONS & CMPA products | All Opioid medicines | Semaglutide injections (quantities above 1 pen per month) |
| All Special medicines | | Insulins prescribed generically |

Appendix 2: Lambeth Medicines Optimisation Section 2023/24 Medicines Safety and PCN Collaboration Declaration

The completion of this Medicines Safety and PCN Collaboration Declaration is required to fulfil the specified areas of the Medicines Optimisation Section. Submit to Lambeth Medicines and Long Term Conditions Team by 31 March 2024 at lambethmedicines@selondonics.nhs.uk.

| Medicines Safety and Wider PCN Collaboration | | |
|--|---------|--------------|
| Action | Yes/ No | Key Outcomes |
| <p>1. Develop a shared action plan between the practice, PCN and the PCN lead/ local community pharmacist around developing safe and efficient processes. <i>Developing a best practice process with the multi-disciplinary team by discussing, agreeing and implementing the below can support implementation, shared learning and improvement in delivering better patient health outcomes and reducing health inequalities:</i></p> | | |
| <p>(i) Deprescribing is incorporated when reviewing medicines <i>For example: reducing prescribing of dependency forming medicines such as opioids in chronic pain management</i></p> | | |
| <p>(ii) Robust systems are in place to minimise medication harm (see SPS website). For example medicines to focus on are:</p> <ul style="list-style-type: none"> ✓ ACE inhibitors/ ARBs ✓ loop diuretics ✓ amiodarone ✓ DOACs ✓ methotrexate ✓ lithium ✓ sodium valproate (and other antiepileptics use in pregnancy) ✓ other high risk medicines ✓ antipsychotics use in patients with dementia ✓ vitamin B12 ✓ Short acting beta agonist inhalers (e.g. salbutamol) ✓ patients taking 120mg oral morphine equivalent or more for chronic pain | | |
| <p>(iii) Repatriation of SEL IMOC Red List Drugs due to high level of monitoring requirements needed and utilise SEL IMOC Formulary Feedback Letter</p> | | |
| <p>(iv) Reporting and learning from prescribing/ medicines incidents via DCIQ: NHS South East London ICS Quality Alerts Reporting Form</p> | | |
| <p>(v) Practice Repeat Prescribing processes to be updated accordingly</p> | | |
| <p>2. Attend Medicines and Prescribing Network meetings primarily for practice / PCN pharmacists</p> | | |
| <p><i>(i) to support personal development and clinical supervision</i></p> | | |
| <p><i>(ii) to deliver the above developed shared action plan</i></p> | | |
| <p><i>(iii) to share learning and best practice on medicines safety by attending quarterly face to face network meetings at PCN or borough level</i></p> | | |
| <p>3. Arrange and participate in quarterly PCN meetings with member practices</p> | | |
| <p><i>(i) Include/invite the PCN Community Pharmacy lead (if this position is vacant, actively work to identify a Community Pharmacist lead)</i></p> | | |
| <p><i>(ii) Share key learning points relating to Optimise Rx findings, medicines safety, overprescribing, shared decision making and case review learning</i></p> | | |
| <p><i>Please share any findings or learning points to spread across PCNs</i></p> | | |

For post payment verification purposes, submission of practice action plan may be required.

APPENDIX 3: DETAILS AND REQUIREMENTS OF THE MEDICINES OPTIMISATION SECTION (MOS)

The requirements are:

1. Practices (with GP Prescribing Lead) to meet with a Commissioning Pharmacist at least annually to discuss requirements of the Scheme for the financial year, individually or as a PCN. Meetings will be beneficial if the practice is forecast to overspend on their allocated prescribing budget.
2. Individual practices to review current prescribing practice in the areas set out in Table 1.
3. Individual practices to strive to meet the achievement criteria by the measuring period as set out in Table 1.
4. Individual practices to return any necessary submissions for the audits/ reviews undertaken by the specified dates to lambethmedicines@selondonics.nhs.uk

APPENDIX 4: MONITORING ARRANGEMENTS

1. NHS South East London ICB (NHS SEL ICB) and practices will monitor and evaluate the progress of the individual practices (contractors) against the specified achievement thresholds, quarterly via the Medicines Optimisation Dashboard on EZ Analytics.
2. Where any anomalies arise regarding individual practice prescribing, NHS SEL ICB will expect the individual practice(s) to discuss an action plan addressing these with their clinical commissioning pharmacist and share a summary of completed actions with the Lambeth Medicines and Long Term Conditions Team at monthly/quarterly intervals during the financial year. The interval time will be agreed between the practice and clinical commissioning pharmacist based on the scale of anomalies.
3. Achievement of the 'Measures' will be assessed via data from the Medicines Optimisation Dashboard (EZ Analytics) and NHS Business Service Authority Prescription Services, PrescQIPP, EMIS Enterprise and submission of the appropriate paperwork outlined in Table 1. Submission dates differ depending on the indicator and are summarised in Table 1.
4. Full audits/ reviews must be retained by the practice for clinical governance purposes and any appeals made with regards to payments.

APPENDIX 5: PAYMENT STRUCTURE

On successful achievement of all improvement areas within the Scheme, £350,000 will be proportionally allocated to individual practices (based on practice average ASTRO-PUs in Quarter 4 January to March 2023/24).

1. Payments for the Medicines Optimisation Section during 2023/24 will be as weighted within Table 1
2. Payments will be made upon achievement of the criteria for each individual measure by the monitoring period as set out in Table 1.
3. Payments will not increase if other contractors do not achieve specified submissions and/ or thresholds as specified within Table 1.
4. There will be no additional payment for performance above or beyond the achievement thresholds.
5. All payments will be determined following the publication and verification of the Medicines Optimisation Dashboard (EZ Analytics) and NHS BSA data during June 2024.
6. Practices (GP prescribing lead and Practice Manager) will be emailed a Summary of Achievement by Friday 26 July 2024. Any appeals with regards to non-achievement of submissions and/ or thresholds need to be made in writing using the exception reporting proforma to the NHS SEL ICB (Lambeth), Medicines and Long Term Conditions Team by Friday 16 August 2024. Appeals will be taken to the Lambeth Medicines and Clinical Pathway Group (or equivalent group) in August/ September 2024 for a final decision. Appeal outcomes will be emailed to any appealing practice (GP prescribing lead and Practice Manager) by end of October 2024
7. NHS SEL ICB maintains the right to claw back or suspend payments under this scheme should there be any cause for concern in relation to the terms of the scheme not being maintained or if there are grounds for concern around the validity of the data. These issues will be discussed with the LMC and/or relevant PCN
8. Genuine unforeseen changes in practice structure (e.g. list size increase, patients prescribed high cost/high volume medicines) will be acknowledged when reviewing performance against allocation and prescribing thresholds. Practices that do not meet the thresholds despite best endeavours or due to special circumstances may receive an appropriate payment with validated reasons agreed by the Lambeth Medicines and Clinical Pathway Group (or equivalent group).

APPENDIX 6: INVOICING FOR PAYMENT

1. Upon receipt of Summary of Achievement, practices will be paid the amount of money outlined in the Summary using the IPF Payment Method by end of October 2024.
2. Practices who have submitted an appeal against non-achievement, shall have payment after hearing the outcome of the appeal and by end of November 2024.

APPENDIX 7: REFERENCES AND RESOURCES

Self-Care references [accessed 03.03.2023]

- Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for CCGs, NHS England and NHS Clinical Commissioners, April 2018
<https://www.england.nhs.uk/wp-content/uploads/2018/03/otc-guidance-for-ccgs.pdf>
- Lambeth Position Statement Items Available Over the Counter for Self-Care, NHS SEL CCG, September 2021
https://selondonccg.nhs.uk/wp-content/uploads/dlm_uploads/2021/09/Lambeth-Position-Statement-for-Self-care-Medicines-FINAL.pdf
- South East London Integrated Medicines Optimisation Committee statement for items available over-the-counter (OTC) for self-care, February 2019
https://selondonccg.nhs.uk/wp-content/uploads/dlm_uploads/2021/09/APC-Position-Statement-PS-013-Self-Care-FINAL-February-2019.pdf
- Self-care: Frequently asked questions about changes to prescribing of over the counter (OTC) medicines and products in South East London, April 2019
https://selondonccg.nhs.uk/wp-content/uploads/dlm_uploads/2021/09/Self-care-FAQs-for-Prescribers-April-2019.pdf

NHSE/ Low Priority Prescribing [accessed 03.03.2023]

Grey List/ Red List references [accessed 03.03.2023]

- [SEL Red Amber Green Grey \(RAGG\) List Definitions](#)
- NHSE [Responsibility for prescribing between Primary & Secondary/Tertiary Care](#)

Specials references [accessed 03.03.2023]

- PrescQIPP [NHS Bulletin B159 Specials Prescribing Optimisation Tool List](#) (SPOT-List) September 2016.
- PrescQIPP [NHS Bulletin 301 Specials bulletin](#) November 2022

Oral Nutritional Supplements (ONS) and Cows Milk Product Allergy Products (CMPA) references [accessed 03.03.2023]

- [SEL Malnutrition and ONS Guide](#)
- [PrescQIPP Nutrition Webkit](#)

Blood Glucose Test Strips references [accessed 03.03.2023]

- [Items which should not routinely be prescribed in primary care: an update and a consultation on further guidance for CCGs](#). Version number: 1 First published: 28 Nov 2018 NHS England Gateway publication number: 08625
- www.nice.org.uk/guidance/ng28/chapter/1-Recommendations#self-monitoring-of-blood-glucose
- [South East London Blood Glucose Control Management Pathway for Adults with Type 2 Diabetes Mellitus](#)
- [Self-monitoring of Blood Glucose \(SMBG\) in Adults and Young People - Frequency of Monitoring Guidance](#)

Branded prescribing of insulin references [accessed 03.03.2023]

- [Insulin Safety – Prescribing & Dispensing Insulin Safely](#)

Pen Needles references [accessed 03.03.2023]

SEL Pen Needles Factsheet <https://selondonccg.nhs.uk/download/11616/?tmstv=1677854409>
SEL Pen Needles Patient Letter Template <https://selondonccg.nhs.uk/download/11619/?tmstv=1677854409>

Semaglutide reference [accessed 03.03.2023]

BNF [Semaglutide | Drugs | BNF | NICE](#)
SPC Ozempic™ <https://www.medicines.org.uk/emc/search?q=ozempic>

Medicines Safety references [accessed 03.03.2023]

- Medication Without Harm Available from: <https://www.who.int/publications/i/item/WHO-HIS-SDS-2017.6>
- Department of Health and Social Care. [The Report of the Short Life Working Group on reducing medication-related harm](#). Available from:
- NHS England & the British Medical Association. [A five-year framework for GP contract reform to implement the NHS Long Term Plan](#).
- [SEL Datix Reporting](#)
- [NHSE Sodium Valproate Prescribing Safety](#)
- PrescQIPP Pain Webkit at: <https://www.prescqipp.info/our-resources/webkits/pain/>

Overprescribing references [accessed 03.03.2023]

- [Good for you, good for us, good for everybody](#): a plan to reduce overprescribing to make patient care better and safer, support the NHS, and reduce carbon emissions
- NICE guidance NG5. [Medicines optimisation: the same and effective use of medicines to enable to the best possible outcomes](#).

APPENDIX 6: ABBREVIATIONS

SEL IMOC - South East London Integrated Medicines Optimisation Committee
EMIS – Egton Medical Information Systems
ePACT2 – electronic Prescribing Analysis Cost Tool 2
MHRA – Medicines and Healthcare products Regulatory Agency
NHS BSA – NHS Business Services Authority
NICE - National Institute for Health and Care Excellence
PrescQIPP – PrescQIPP Community Interest Company
QIPP – Quality, Innovation, Productivity and Prevention
NHSE – National Health Service England

APPENDIX 7: GLOSSARY OF PRESCRIBING ANALYSIS TERMS

Prescription Items The number of prescription items is a measure of the frequency of prescribing. A prescription item refers to a single medicine which may be prescribed along with other medicines on the same prescription form i.e. it is a measure of number of medicines and not number of prescription forms (which may include more than one medicine).
A prescription item does not provide information on the quantity prescribed or duration of treatment e.g. an item maybe for one, two, three or more month's treatment.