

**General Practice Prescribing Quality Scheme (PQS) 2024/2025 –**

**Briefing for Community Pharmacy**

This Prescribing Quality Scheme (PQS) has been designed to improve the quality and safety of prescribing in Primary Care. It is anticipated that all practices within BOB ICB will participate in the scheme.

Practices are encouraged to involve all relevant members of the practice team in the PQS. This includes GPs, Pharmacists, Nurses, Allied Healthcare Professionals and admin staff where appropriate. The scheme will run from the 1st April 2024 to the 31st March 2025.

**Dietetics target:** This target is **not optional**. If practices chose not to participate in this target, they will lose the points allocated for this target.

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| **Dietetics** | **Rationale** | **Useful resources for Community Pharmacy** |
| Identification of patients prescribed Ensure Plus Milkshake Style, Ensure Plus Advance and Ensure Compact. (There are 3 separate searches for this target)  Practices should review the patients and consider stopping supplementation where it is no longer clinically appropriate or switching to a more cost-effective formulary product. | Oral Nutritional Support is a priority area for the South-East region to identify and deliver savings to the wider system.  More cost-effective products have recently been added to the [BOB ICB ONS formulary](#_BOB_ICB_Adult)1 to replace the products previously recommended. | [BOB APC Adult Oral Nutritional Supplement (ONS) and Tube Feed Formulary](https://teamnet.clarity.co.uk/Library/ViewItem/156754f9-0cf5-4a23-85a6-ab1a01177022?uid=477767705&uid2=202442153649347) |

**Quality Improvement targets:** The practice must select **ONE** of the following 2 options.

**QI Option 1 – Chronic Obstructive Pulmonary Disease (COPD) Exacerbation Management**

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| **Respiratory** | **Rationale** | **Useful resources for Community Pharmacy** |
| The practice should undertake a quality improvement review of how they manage patients experiencing a COPD exacerbation.  This will involve reviewing a cohort of COPD patients who had at least 1 exacerbation in the last 12 months (number dependant on Practice list size and will be specified in the review documentation), carrying out a route cause analysis to identify areas requiring improvement to help minimise future exacerbations and submitting an action plan and final report. | COPD exacerbations are the second most common cause of emergency hospital admissions, accounting for 1 in 8 UK hospital admissions.2  Better management of patients post exacerbation, will help to reduce further exacerbations, hospital admissions and have a positive impact on the patient’s quality of life. | NICE Chronic Obstructive Pulmonary Disease guideline <https://www.nice.org.uk/guidance/ng115>  BOB ICB COPD management guideline is currently in the process of being updated and once approved will be available through the Buckinghamshire, Oxfordshire and Berkshire West formulary pages. |

**QI Option 2 – CD Prescription Requests**

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| **Patient Safety / Sustainability / Waste** | **Rationale** | **Useful resources for Community Pharmacy** |
| The practice should undertake a quality improvement review of how they manage requests for prescriptions of controlled drugs.  This will involve reviewing a cohort of patients who are currently prescribed a controlled drug (number dependant on Practice list size and will be specified in the review documentation). Reviewing the prescribing against set criteria as defined by MOT and submitting an action plan to address any issues identified with the practices repeat prescribing processes. | Lack of oversight and management of repeat prescribing processes can lead to overprescribing and misuse of medicines, waste which has a significant cost to the NHS, and diversion to illegal supply routes. Controlled drugs should have more stringent controls in place for prescribing as they may pose particular risks of serious harm or may be associated with overuse, misuse or addiction. | This is one of the [national medicines optimisation opportunities](https://www.england.nhs.uk/long-read/national-medicines-optimisation-opportunities-2023-24/) identified (problematic polypharmacy).  <https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-28-management-controlled-drugs>  The RPS/RCGP are developing a Repeat Prescribing Toolkit which is due to be launched Summer 2024. Details of this will be circulated in the BOB ICB Medicines Optimisation Bulletin when available. |

**Quality and Safety targets:** The practice should participate in **FOUR** Quality and Safety Targets from the options listed below. Practices cannot select a target where there are no patients identified.

**Q&S Option 1**

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| **Cardiovascular Disease** | **Rationale** | **Useful resources for Community Pharmacy** |
| Identification of primary prevention patients aged 18-75 with existing Chronic Kidney Disease stage 3 (CKD3) coded who are not currently prescribed a lipid lowering agent.  Practices should review the patients and consider initiating a cost-effective, evidence-based lipid lowering agent, where clinically appropriate. | The [NHS Long Term Plan](https://www.longtermplan.nhs.uk/)3 identifies cardiovascular disease as a clinical priority, and the single biggest condition where lives can be saved by the NHS over the next 10 years.  BOB ICB is below the national average for percentage of patients aged 18 and over with GP recorded CKD (G3a to G5), who are currently treated with lipid lowering therapy as shown on the [CVD Prevent](https://www.cvdprevent.nhs.uk/home) treatment indicator4. | <https://www.england.nhs.uk/aac/publication/summary-of-national-guidance-for-lipid-management/> - March 2024: A summary of national guidance for lipid management for prevention of cardiovascular disease (CVD), updated to take account of [NICE NG238](https://www.nice.org.uk/guidance/ng238/resources/nhs-england-lipid-management-national-treatment-algorithm-and-pathway-8777820925) December 2023 guidance.  <https://www.england.nhs.uk/aac/publication/statin-intolerance-pathway/>  This is one of the [national medicines optimisation opportunities](https://www.england.nhs.uk/long-read/national-medicines-optimisation-opportunities-2023-24/) identified. |

**Q&S Option 2**

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| **Respiratory** | **Rationale** | **Useful resources for Community Pharmacy** |
| Identification of asthmatic patients aged 6 years and over who have received 6 or more Short Acting Beta- agonists (SABA) inhalers in the previous 12 months.  Practices should review the patients to assess the patient’s condition and consider if the patient requires a step up in treatment to ensure better control of their Asthma and / or education on their disease management. | The [National Review of Asthma Deaths (NRAD)](https://www.rcplondon.ac.uk/projects/national-review-asthma-deaths)5 published in 2013 highlighted overuse of short-acting bronchodilators as a key indicator of poor asthma control and higher risk of exacerbation and death.  The impact on the environment can also be reduced by optimising treatment and patients using fewer inhalers to manage their condition. | This is one of the [national medicines optimisation opportunities](https://www.england.nhs.uk/long-read/national-medicines-optimisation-opportunities-2023-24/) identified: [11. Improving respiratory outcomes while reducing the carbon emissions from inhalers](https://www.england.nhs.uk/long-read/national-medicines-optimisation-opportunities-2023-24/#11-improving-respiratory-outcomes-while-reducing-the-carbon-emissions-from-inhalers).  [Asthma Slide Rule | Primary Care Respiratory Society (pcrs-uk.org)](https://www.pcrs-uk.org/resource/asthma-slide-rule) |

**Q&S Option 3 (There are 2 parts for this target)**

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| **Diabetes** | **Rationale** | **Useful resources for Community Pharmacy** |
| 1. Identification of patients with type 2 diabetes (T2DM) aged 18-75, on the coronary heart disease register, prescribed monotherapy with metformin.   Practices should review the patients and consider initiating a cost-effective, evidence based SGLT2 agent, where clinically appropriate.   1. Identification of patients with type 2 diabetes, prescribed a low dose SGLT2 and their latest HbA1C > 58 mmol.   Practices should review the patients and consider optimising the SGLT2 dose where clinically appropriate. | [NICE diabetes guideline](https://www.nice.org.uk/guidance/ng28)6 June 2022, makes a strong case for earlier use of SGLT2 agents due to their cardiovascular benefits. It recommends offering a SGLT2i to those with T2DM and pre-existing cardiovascular disease (CVD) and considering a SGLT2i for those with T2DM and a high cardiovascular risk (QRISK >10%).  [GP Evidence](#_GP_evidence_website)7 suggests that in patients with type 2 diabetes and established CVD, treating 100 patients with an SGLT2 for 4 years could prevent, 1.2 patients requiring hospitalisation for heart failure, 1.5 patients having a renal outcome, 1.2 patients having a myocardial infarction and 0.8 patients will avoid death compared with those who do not take an SGLT2i.  Optimising doses of SGLT2 in patients with uncontrolled type 2 diabetes should improve outcomes and reduce risk of other complication at no additional cost. | [NG28 Visual summary on choosing medicines for type 2 diabetes in adults (nice.org.uk)](file:///C:\Users\Janice.Craig\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\NG28%20Visual%20summary%20on%20choosing%20medicines%20for%20type%202%20diabetes%20in%20adults%20(nice.org.uk))  [NICE guidance NG28 - pharmacological therapies with cardiovascular and other benefits in people with type 2 diabetes](https://www.nice.org.uk/guidance/ng28/evidence/b-pharmacological-therapies-with-cardiovascular-and-other-benefits-in-people-with-type-2-diabetes-pdf-10956473392)  BOB ICB local guidance - SGLT2 Inhibitor Therapy Checklist is available on the formularies and includes ‘SGLT2i for type 2 diabetes’, ‘SGLT2i in heart failure and chronic kidney disease’ and ‘SGLT2i in diabetes patient information leaflet’. |

**Q&S Option 4**

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| **Diabetes** | **Rationale** | **Useful resources for Community Pharmacy** |
| Identification of patients aged > 65 years, who are prescribed an oral non steroidal anti-inflammatory drug (NSAID) (exc. aspirin 75mg) and > 1 of the following medicines likely to cause kidney injury e.g., diuretic, ACEI/ARB, metformin.  Practices should undertake a structured medication review (SMR) on appropriate patients, consider if the NSAID continues to be appropriate and review all other medication prescribed. The practice should also educate the patient on the causes of Acute Kidney Injury (AKI) to help minimise the risk and the need to maintain fluid balance during episodes of acute illness etc. | Combinations of diuretics, ACEI/ARB, metformin and NSAIDs are associated with a higher risk of Acute Kidney Injury (AKI). Increasing the awareness of the risk associated with these medications and carrying out structured medication reviews in this targeted group will reduce the likelihood of developing AKI and patients requiring a hospital admission. | Addressing problematic polypharmacy is highlighted by NHS England in the [Medicines Optimisation Opportunities 2023/24](https://www.england.nhs.uk/long-read/national-medicines-optimisation-opportunities-2023-24/)8 guidance.  [Acute Kidney Injury toolkit: Introduction | RCGP Learning](https://elearning.rcgp.org.uk/mod/book/view.php?id=12897)  [Quick-reference-guide-FINAL.pdf (thinkkidneys.nhs.uk)](https://www.thinkkidneys.nhs.uk/aki/wp-content/uploads/sites/2/2017/06/Quick-reference-guide-FINAL.pdf) |

**Q&S Option 5**

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| **Antimicrobial Stewardship** | **Rationale** | **Useful resources for Community Pharmacy** |
| 75% of prescriptions for amoxicillin 500mg capsules should be for 5-day courses (15 capsules), for the 3-month period from 1st January 2025 to 31st March 2025. | Reducing the course length of antimicrobial prescribing has recently been highlighted by NHS England in the [Medicines Optimisation Opportunities 2023/24](https://www.england.nhs.uk/long-read/national-medicines-optimisation-opportunities-2023-24/)7 guidance.  Unnecessarily long courses of antimicrobials are one of the factors driving antimicrobial resistance and an increased risk of *Clostridioides difficile* infection in at-risk populations.  “Each additional day of antibiotic therapy is associated with a 4% increase in risk of side effects and a 3% increase in risk of resistance”.9 | This is one of the [national medicines optimisation opportunities](https://www.england.nhs.uk/long-read/national-medicines-optimisation-opportunities-2023-24/) identified.  Primary Care guidelines used across BOB - [SCAN Guidelines](https://viewer.microguide.global/SCAN/SCAN).  As per [Pharmacy First](https://cpe.org.uk/national-pharmacy-services/advanced-services/pharmacy-first-service/) acute otitis media clinical pathway the amoxicillin treatment duration is 5 days.  Sign up to be an Antibiotic Guardian <https://antibioticguardian.com/> |

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