

**Agenda Item 10**

Report to: (Board/Sub-Committee): Primary Care Commissioning Committee

Date of Meeting: 26th November 2019

Subject: PCN Supplementary Scheme for Medicines Optimisation

Presented by: Julie Wilson, Assistant Director Commissioning

**STATUS OF THE REPORT *(auto check relevant box****)*

For Information

For Discussion

For Approval / Ratification

Report Exempt from Public Disclosure  No  Yes

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| **PURPOSE OF REPORT:** | The CCG has previously offered a quality scheme to local practices, aimed at addressing local priorities and variation between practices. With the establishment of PCNs, the Committee has agreed to utilise the previous quality scheme funding to support PCN Supplementary Schemes, i.e. local schemes that set expectations over and above other existing requirements.  Benchmarking data was presented to local GP practices in April 2019, as part of a Primary Care Network development session and this identified potential opportunities to reduce variation between practices, with one of the most notable areas being in relation to prescribing. At that session, there was a general view that some improvement could be made in addressing this variation, particularly through the mechanism of the PCNs. At the start of this period, there was enthusiasm from PCNs regarding addressing the variation and the PCNs agreed to develop local proposals to be put forward for consideration by the CCG. However, there has been a lot of work for the PCNs to undertake in just establishing their day to day arrangements, which was underestimated at the beginning of the financial year. Whilst the enthusiasm remains, progress in developing local schemes has therefore been slower than anticipated, with the exception of one PCN which provided a very high level proposal (Meridian Health Group).  The CCG has therefore developed the attached proposal, which addresses local priorities and takes into account ideas discussed with the PCNs. This scheme is intended to ensure that patients’ needs are met; that the most efficacious treatment is provided; and that there is the most effective use of the NEL pound in relation to prescribing. The main focus is on reducing variation between practices.  As this scheme is being offered so late in the financial year, the proposal is to run it for a year from the beginning of December 2019 to the end November 2020. However, it will need to be reviewed in light of the new national PCN enhanced service for medicines optimisation, which is due to be implemented from April 2020, to ensure that duplication is avoided. A revised focus for the local scheme will need to be identified if the national scheme covers the same priority areas; we do not have detail at this time in order to understand the likelihood of this being case. However, there are potential areas of focus that are currently being discussed with NLAG for prescribing priorities in 2020/21, where joint working across the system will be required, and this could potentially be included within a revised focus next financial year.  There is also a potential overlap with the new QOF Quality Improvement Domain for Prescribing Safety. The scheme makes it clear where actions need to be over and above those already being taken as a requirement under the QOF QI domain.  The requirements of the PCNs under this supplementary scheme are summarised below:   * Engagement in CCG priorities in relation to quality and cost effectiveness, as outlined within the prescribing review meetings with the CCG’s Medicines Optimisation team. Measured through engagement in 2 x review meetings with the CCG’s MO team by 31st March 2020 and a 3rd review meeting by 30th November 2020, and containing spend within 2019/20 budget level or 2% tolerance. * Supporting the Antimicrobial Resistance (AMR) agenda\* * Tackling significant variation in prescribing through working together to identify where variation exists and developing an action plan highlighting findings of analysis of variation and action plans to address that variation and achieve safe prescribing   Recognising the additional work required, the CCG is proposing to provide upfront funding to support investment in additional resources. A gain share arrangement is also proposed for part 2 of the scheme, which focuses on addressing significant variation. However, this funding has been apportioned between the various requirements and consideration will be given to claw-back and/or placing a first call on any PCN gain share if improvements are not achieved.  \**Data is still awaited for the PCN specific target for this area at the time of writing this paper.* |
| **Recommendations:** | The PCCC is asked to:   * Review the attached draft scheme * Approve the proposed scheme |
| **Sub Committee Process and Assurance:** | N/A |
| ***Implications:*** |  |
| **Risk Assurance Framework Implications:** | There is a risk in relation to prescribing safety and costs if this is not a focus within PCNs. |
| **Legal Implications:** | N/A |
| **Equality Impact Assessment implications:** | An Equality Impact Analysis/Assessment is not required for this report  An Equality Impact Analysis/Assessment has been completed and approved by the EIA  Panel. As a result of performing the analysis/assessment there are no actions arising  from the analysis/assessment  An Equality Impact Analysis/Assessment has been completed and there are actions arising  from the analysis/assessment and these are included in section \_\_\_\_ of the enclosed report |
| **Finance Implications:** | It is proposed that this scheme is funded from within the PMS reinvestment envelope of £300k, which has already been approved by the PCCC to meet the costs of any local PCN supplementary schemes (replacing the former quality scheme). The total cost of the scheme, if all PCNs sign up, is circa £298k. |
| **Quality Implications:** | This report details a positive impact on quality.  The proposal put forwards, if agreed, would have a positive impact in terms of enabling providers to meet safe staffing targets. Retention and recruitment is forecast to be improved, which would have a positive impact on the safe delivery of local services.  This report details a neutral impact on quality.  The report will not make any impact on experience, safety or effectiveness.  This report details a negative impact on quality.  The report details the need for budgets to be significantly reduced. It is clear that the report summarises that quality will be negatively impacted by this as decisions to remove services/provide a lower level of provision to solely meet the ‘must do’s’ of provision in terms of meeting people’s needs has to be made. It is forecast that service user experience will be negatively impacted by this position. |
| **Procurement Decisions/Implications *(Care Contracting Committee):*** | N/A |
| **Engagement Implications:** | Engagement has been undertaken with the CCG’s quality team, the Medicines Optimisation support team and the PCNs in developing this scheme. |
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| **Conflicts of Interest** | *Have all conflicts and potential conflicts of interest been appropriately declared and entered in registers which are publicly available?*  Yes  No  **The GPs on the Committee have a conflict of interest in terms of being local GPs and being affected by any decision regarding this. They should be excluded from the decision making.** |
| **Links to CCG’s Strategic Objectives** | Sustainable services  Empowering people  Supporting communities  Delivering a fit for purpose organisation |
| **NHS Constitution:** | <https://www.gov.uk/government/publications/the-nhs-constitution-for-england> |
| **Appendices / attachments** | Attached draft Medicines Optimisation PCN Supplementary Scheme proposal. |