

Our ref: FOI ID 5539

18th August 2015

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NHS South Sefton CCG

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Re: Freedom of Information Request

Please find below the response to your recent Freedom of Information request regarding GP referrals and prescribing services within NHS South Sefton CCG.

Request/[Response](#):

- a) Does the CCG currently operate any schemes for GPs which include a 'maximum number of referrals' as a target?

(Please list all relevant, including schemes to be implemented in the next year)

- a. Which procedures does this scheme target?

(Please list all relevant)

- b. Are there any incentives or sanctions linked to achieving these targets?

(Please give details. This could include a payment per patient for achieving targets, or loss of payments for exceeding them, but does not have to be financial)

[Please note NHS South Sefton CCG does not operate a GP referral scheme.](#)

- b) Does the CCG have similar targets for prescribing, excluding schemes to switch from branded drugs to generics?

(Please list all relevant, including schemes to be implemented in the next year)

- a. Which conditions or medicines does this scheme target?

(Please list all relevant)

Are there any incentives or sanctions linked to achieving these targets?

(Please give details. This could include a payment per patient for achieving targets)

Chair: Dr Craig Gillespie
Chief Officer: Fiona Clark

Please see attached [Appendix 1](#).

PRESCRIBING QUALITY SCHEME 2015-16

- The average practice list size in South Sefton CCG is 4836 patients. If the average practice were to achieve all 50 points they would receive £4836.

Management of the practice prescribing budget	Points available	Responsibilities	How can this be demonstrated
Evidence of engaging with CCG medicines management (MM) team with medicines optimisation recommendations/work.	10	MM team to identify and support GP practices with medicines optimisation work. MM team to utilise skill mix to maximise outcomes where supported by the practice.	Agreement to complete/support work recommended by MMT. Agreement and outcomes documented in quarterly medicines management meetings with the practice. Prescribing support software reports .
Planning and management			
Regular prescribers to attend 75% of quarterly meetings with medicines management.	5	MM team to arrange quarterly meeting with the practice. MM team to produce minutes and provide copies of the minutes to the practice.	Record of GP attendance and minutes of the meetings
Review and ratify medicines management policies for the GP practice for: <ul style="list-style-type: none"> Controlled Drugs Maintaining the Cold Chain: Safe Handling of Medicines requiring Cold Storage Prescribing policy: Including repeat prescribing and security of controlled stationery Safe and secure handling and storage of medicines 	5	MM team to support practices	Review and ratification recorded in quarterly meeting minutes.
Completion of a cold chain audit	5	GP practice to complete audit and discuss results at quarterly meeting.	Audit results to be discussed at quarterly meeting and recorded in the minutes
Review of Practice			
Analyse and reflect on a near miss or significant event related to medicines management. Identify areas for improvement and implement changes.	5	GP practice/MM team to identify significant event. Jointly analyse event and GP practice record event via datix.	Incident to be analysed and recorded in quarterly meeting minutes. Analysis to include: <ul style="list-style-type: none"> •title of the event •date of the event

			<ul style="list-style-type: none"> •date the event was discussed and the roles of those present •description of the event •what went well? •what could have been done differently? •reflections on the event in terms of knowledge, skills and performance •reflections on the event in terms of safety and quality •reflections on the event in terms of communication, partnership and teamwork •reflection on the event in terms of maintaining trust <p>what changes have been carried out and their effect</p> <p>Incident to be recorded on datix.</p>
Review of PINCER audit results by clinicians	5	Data facilitators to run PINCER audit on clinical system. Results to be reviewed by MM team/clinicians.	Audit results and actions to be discussed at quarterly meeting and recorded in the minutes
Review of GRASP Heart Failure audit	10	Data facilitators to run GRASP software on clinical system. Results to be reviewed by MM team/clinicians.	Audit results and actions to be discussed at quarterly meeting and recorded in the minutes
Antimicrobial audit Undertake clinical audit of antimicrobial prescribing for one week every 6 months.	5	MMT to complete audit of cephalosporins, quinolones and co-amoxiclav during a week compared to the locally adopted Antimicrobial Guidelines. MMT team to discuss audit results with the GP practice. GP practice to peer review results with locality.	Practice audit results to be discussed and documented in quarterly meeting minutes. Peer review of audit results at locality meeting.