



North East and North Cumbria

Our Reference HM\North East and North
Cumbria ICB\FOI ICB608

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06 December 2023

Freedom of Information Act 2000 – Request for Information – NHS North East and North Cumbria Integrated Care Board (NENC ICB)

Thank you for your request received by North of England Commissioning Support (NECS) on 9 November 2023 for information held by NHS North East and North Cumbria Integrated Care Board (NENC ICB) under the provisions of the Freedom of Information Act 2000.

NENC ICB covers the areas of County Durham, Gateshead, Newcastle, North Cumbria, North Tyneside, Northumberland, South Tyneside, Sunderland and Tees Valley (which covers the 5 councils that make it up – Darlington, Hartlepool, Middlesbrough, Redcar & Cleveland and Stockton-on-Tees).

Your Request

Please can you provide the following information as an FOI:

- Have you run an incentive scheme (or similar) to effect change in prescribing with your GP practices since 2019?
- If so, please provide a copy of the document shared with your GP practices.
- Have you run an incentive scheme (or similar) to effect change in prescribing with your GP practices in 2023/24?
- If so, please provide a copy of the document shared with your GP practices.
- Do you intend running an incentive scheme (or similar) to effect change with your GP practices in 2024/25?

Our Response

County Durham place

Yes, we have ran MO based incentive schemes since 2019.

See attachments for 2023/24 scheme.

2024/25 is under discussion.

Newcastle Gateshead place

Yes



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Prescribing section of Prescribing section of Prescribing Engagem Prescribing Engagem Engagement Scheme

Yes



NGCCG Prescribing
Engagement Scheme

2024/25 is under discussion.

North Cumbria place

The incentive schemed run is as follows:

2018-2020



Quality
Improvement Schem

Scheme suspended 1-4-20 to 31-3-21.

2021-2022



2021-22 QIS Metrics
Summary.pdf

2022-2023



NCIIS CCG
Exec.docx

2023-2024



NENC Local
Incentive Scheme (N

The intention is to have a scheme next year.

North Tyneside place

Prescribing incentive schemes have been ran annually.

See attachments shared with practices from 20-19 onwards.

A scheme being ran for 2023/24.

The intention is to run a scheme in 2024/25

Northumberland place

Yes: Please see below:



19. 20 PMM SLA - Final.docx



20.21 PMM SLA (March 2020 v2).docx



21.22 PMM SLA - April 2021.docx



22.23 PMM SLA - Final version.docx

Yes: Please see below:



23.24 PMM SLA - final version.docx

The intention is to run a scheme in 2024/25.

South Tyneside place

South Tyneside has run the Better Outcomes Scheme in recent years including 2023/24. The scheme encourages practices to develop their own initiatives to improve healthcare provision to their population, including the prescribing of medicines. It has no individual targets or specified prescribing initiatives.

The latest copy of the scheme available to practices is:



Better Outcome Scheme (BOS) 2023-2.

A decision regarding incentives schemes for 2024/25 has yet to be made.

Sunderland place

Yes.

See attached.



QP 21 22 practice guidance.doc



Quality Premium 23-24 Final Practice.p2020-21



Quality Premium Detailed.doc



Sunderland General Practice Quality Prem



Sunderland General Practice Quality Prem



Sunderland Prescribing Engagem

Yes.

See attached.



PRESCRIBING FOCUS FOR PRACTICES 2021

2024/2025 is under discussion.

Tees Valley place

2019/20:

<p>Hartlepool Stockton Darlington</p>	<p>Medicines Optimisation: Prescribing Practices will undertake the following two audits:</p> <p>1. High dose opioids – reduction in high dose opioid prescribing (>120mg morphine equivalent) measured as ADQ/1000 patients Target:</p>	<p>£0.25/ head</p>
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	<p>Practices above the North East and North Cumbria CCG average – reduce to or below the regional average</p> <p>Practices below the North East and North Cumbria CCG average – reduce by 10% (baseline Q3 2018/19 data)</p> <p>Measurement: based on Q3 2019/20 prescribing data.</p> <p>2. Antibiotics – reduce or maintain total antibiotic prescribing to ≤ 0.965 items/STAR-PU.</p>	
Middlesbrough Redcar	<ul style="list-style-type: none"> Practice Prescribing Lead to meet quarterly with their allocated Medicines Optimisation Practice Pharmacist to review progress and agree actions related to the CCG prescribing workplan, including planned work for that quarter, and any outcomes from audits that the Medicines Optimisation (MO) team has completed in relation to diabetes, high dose opiate prescribing and respiratory medicine. Practices to achieve a 5% reduction in total antibiotic items/STAR-PU (baseline based on April 2018 to March 2019) or to be below national average for the period April 19 – March 20) by 31st March 2020. The 5% reduction target will be based on a 5% reduction in total antibiotics prescribed, measured as items/STAR-PU, covering the period April 2018 – March 2019, measured via EPACT2 prescribing data. The final achievement will be a measure of total antibiotic items measured as items/STAR-PU covering the period April 2019 – March 2020 measured via EPACT2 prescribing data. The MO team will measure practice antibiotic prescribing on a monthly basis and will provide data to practices, covering rolling 12 month data and target level to achieve 5% reduction. For example, the first monitoring data the practice received will be their prescribing for May 2018 – April 2019 compared to the target for April 2019 – March 2020. The following month will be June 2018 – May 2019 compared to the target. Final practice achievement data will not be available until the beginning of June 2020. For example, if a practice prescribed 1440 items/STAR-PU during April 18 – March 19; their indicator for April 19 – March 20 will be 1368 items/STAR-PU Practices to complete 1 antibiotic prescribing audit (relevant to the practice), an action plan and re audit. Medicines Optimisation Team to give guidance on the specific practice audit. Practices will need to conduct a practice specific audit on an area of antibiotic prescribing. Practices will need to produce an action plan based on the findings of the audit. Practices will need to re-audit to identify if the action plan has influenced antibiotic prescribing in that area. 	£0.50/ head

2020/21 for all:

<p>Medicines Optimisation: Prescribing</p> <p>1a. Each practice to nominate a lead for opioid prescribing and implementation of CROP (Campaign to Reduce Opioid Prescribing). The opioid lead must be employed by the practice and can be a GP or pharmacist and will be responsible for dissemination of CROP resources to clinicians and required to lead discussions within the practice. Practices to inform the CCG of the nominated opioid prescribing lead by 30/04/2020.</p> <p>1b. Practices to undertake an opioid focused discussion at a clinical meeting every quarter. This is to include discussion of CROP reports circulated to the practice and agreement of action points to address issues highlighted in the CROP reports. Practices should be</p>	<p>The CCG is amongst the highest in the UK for prescribing of opioids and gabapentinoids. Increased dose of opioids (especially greater than 120mg morphine equivalence daily) and concomitant medications including gabapentinoids increases risk to patients. Whilst opioids provide useful and effective analgesia in the short term for acute pain following trauma (including surgery) and cancer pain, the safety and efficacy of opioids for chronic non-cancer pain is uncertain. They can cause problems of tolerance, dependence and addiction.</p>	<p>Annual declaration.</p> <p>Practices to inform CCG of nominated opioid prescribing lead by 30/04/2020.</p> <p>CCG to evidence via NECS Meds Opt team and prescribing meeting attendance sheets</p>	<p>£0.26/ head</p> <p>£0.13 for indicator 1a & 1b; £0.13 for indicator 2</p>
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<p>able to evidence that discussions have taken place around opioid prescribing and CROP at 4 practice clinical meetings.</p> <p>2. Practices to attend and take part in a peer discussion of opioid prescribing at a CCG locality prescribing meeting. Each practice will be required to nominate one GP or pharmacist to attend the meeting during which they will be required to feedback to the wider group the practice level action plans for reducing opioid prescribing and progress made.</p>			
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2021/22 for all:

<p>Medicines Optimisation: Prescribing</p> <p>1a. Each practice to nominate a lead for opioid prescribing and implementation of CROP (Campaign to Reduce Opioid Prescribing). The opioid lead must be employed by the practice and can be a GP or pharmacist and will be responsible for dissemination of CROP resources to clinicians and required to lead discussions within the practice. Practices to inform the CCG of the nominated opioid prescribing lead by 30/05/2021.</p> <p>1b. Practices to undertake an opioid focused discussion at a clinical meeting every quarter. This is to include discussion of CROP reports circulated to the practice and agreement of action points to address issues highlighted in the CROP reports. Practices should be able to evidence that discussions have taken place around opioid prescribing and CROP at 4 practice clinical meetings.</p> <p>2. Practices to participate and take part in a peer discussion of opioid prescribing at a CCG locality prescribing meeting. Each practice will be required to nominate one GP or pharmacist to participate in the meeting during which they will be required to feedback to the wider group the practice level action plans for reducing opioid prescribing and progress made.</p>	<p>The CCG is amongst the highest in the UK for prescribing of opioids and gabapentinoids. Increased dose of opioids (especially greater than 120mg morphine equivalence daily) and concomitant medications including gabapentinoids increases risk to patients. Whilst opioids provide useful and effective analgesia in the short term for acute pain following trauma (including surgery) and cancer pain, the safety and efficacy of opioids for chronic non-cancer pain is uncertain. They can cause problems of tolerance, dependence and addiction.</p>	<p>Annual declaration.</p> <p>Practices to inform CCG of nominated opioid prescribing lead by 30/05/2021.</p> <p>CCG may evidence via NECS Meds Op team and prescribing meeting participation sheets</p>	<p>£0.26/ head</p> <p>£0.13 for indicator 1a & 1b; £0.13 for indicator 2</p>
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2022/23 for all:

<p>Medicines Optimisation: Prescribing</p>	<p>The CCG is amongst the highest in the UK for prescribing of opioids and gabapentinoids. Increased dose of opioids (especially greater than 120mg</p>	<p>Annual declaration.</p>	<p>£0.26/ head</p>
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<p>1. Each practice to ensure at least one clinical representative attends and participates in the opioid prescribing education session organised by the NECS Medicines Optimisation team (date to be confirmed but likely to be in Q2)</p> <p>2. Practice representatives should then feedback the key points to their clinical colleagues in the practice and should be able to evidence this if requested.</p>	<p>morphine equivalence daily) and concomitant medications including gabapentinoids increases risk to patients. Whilst opioids provide useful and effective analgesia in the short term for acute pain following trauma (including surgery) and cancer pain, the safety and efficacy of opioids for chronic non-cancer pain is uncertain. They can cause problems of tolerance, dependence and addiction.</p>	<p>CCG may evidence via meeting participation</p>	
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2023/24 for all:

<p>Medicines Optimisation: Opioid Prescribing</p> <p>Achievement - based on High dose opioid prescribing (>120mg morphine or equivalent) ADQ/STAR-PU – from RAIDR</p> <p>The payment will be applied on a sliding scale of achievement:</p> <ul style="list-style-type: none"> Practice below Tees Valley ICB average at Q3 23/24 (i.e practice indicator for Q3 23/24 must be at or below the Q3 23/24 TVICB average) – 0.25p Practice not achieving TVICB average but showing a 20% decrease Q3 22/23 compared to Q3 23/24 – 0.20p Practice not achieving TVICB average but showing a 10% decrease Q3 22/23 compared to Q3 23/24 – 0.12.5p 	<p>Tees Valley ICB continues to be amongst the highest in the UK for prescribing of high dose opioids. Increased dose of opioids (especially greater than 120mg morphine equivalence daily) and concomitant medications including gabapentinoids increases risk to patients. Whilst opioids provide useful and effective analgesia in the short term for acute pain following trauma (including surgery) and cancer pain, the safety and efficacy of opioids for chronic non-cancer pain is uncertain. They can cause problems of tolerance, dependence and addiction.</p>	<p>Via Meds Optimisation</p>	<p>£0.25/ head</p>
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24/25 – still to be decided.

In line with the Information Commissioner’s directive on the disclosure of information under the Freedom of Information Act 2000 your request will form part of our disclosure log. Therefore, a version of our response which will protect your anonymity will be posted on the NHS ICB website <https://northeastnorthcumbria.nhs.uk/>.

If you have any queries or wish to discuss the information supplied, please do not hesitate to contact me on the above telephone number or at the above address.

If you are unhappy with the service you have received in relation to your request and wish to make a complaint or request a review of our decision, you should write to the Senior Governance Manager using the contact details at the top of this letter quoting the appropriate reference number.

If you are not content with the outcome your complaint, you may apply directly to the Information Commissioner for a decision. Generally, the Information Commissioner cannot make a decision unless you have exhausted the complaints procedure provided by the North of England Commissioning Support Unit.

The Information Commissioner can be contacted at:

Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF

www.ico.org.uk

Any information we provide following your request under the Freedom of Information Act will not confer an automatic right for you to re-use that information, for example to publish it. If you wish to re-use the information that we provide and you do not specify this in your initial application for information then you must make a further request for its re-use as per the Re-Use of Public Sector Information Regulations 2015 www.legislation.gov.uk . This will not affect your initial information request.

Yours sincerely

Hilary Murphy

Hilary Murphy
Information Governance Officer