

Prescribing Quality Scheme 24/25

Business Rules V2.3 Sept 2024

(Queries should be raised using medicine.question@nhsdorset.nhs.uk, updates will be published where improvements are identified)

Financial Stewardship

■ - red box in patient status alerts in SystemOne

Searches are in Dorset SystemOneGPs> PQS Finance 24/25. 25p per weighted patient list is paid in advance in quarterly payments. See specification for further details.

Measure	Whole system stewardship measures	Benchmark and resources
F1	<p>Apixaban & Rivaroxaban first line for new AF</p> <p>Definitions</p> <p>Denominator: All patients commenced DOAC for new AF 1 Apr 24 to 31 Mar 25</p> <p>Numerator: Patients prescribed Apixaban & Rivaroxaban for new AF 1 Apr 24 to 31 Mar 25</p>	70% adherence
F2	<p>PCN engagement with recommended blood glucose meter manufacturer to switch_ and educate people to achieve 80% compliance with national recommendations¹</p> <p>Definitions</p> <p>Denominator: Total items for Blood glucose testing strips from 1 October 24 to 31 March 25</p> <p>Numerator: Total items for Blood glucose testing strips within NHSE recommendations 1 October 24 to 31 March 25*</p> <p>*Allows time for switching in first quarter of 24/25</p>	80% compliance with national recommendations
F3	<p>Medicines of low clinical value (NHSE, 2018)</p> <p>Definitions</p> <p>Denominator: Baseline prescribing (items) Q4 23/24 low clinical value items.</p> <p>Numerator: Prescribing (items) of low clinical value items Q4 24/25.</p> <p>Comparison reduced by 75% or below 20pc centile as published by openprescribing.net.</p>	<p>75% reduction in patients prescribed these items or baseline below 20% centile of national comparators.</p> <p>Medicines list & NHS Dorset statement</p> <p>Low clinical value prescribing – NHS Dorset</p>

¹ [NHS England » Commissioning recommendations following the national assessment of blood glucose and ketone meters, testing strips and lancets](#)

<p>F4</p>	<p>Low acuity prescribing (OTC prescribing NHSE,2018 updated 2024²)</p> <p>Definitions</p> <p>Denominator: Low acuity prescribing as defined as items that can be purchased for conditions listed in NHSE guidance. Baseline Q4 23/24 OTC cost per IMD score (Full list of medicines included in measure available in SystmOne searches in F4 folder)</p> <p>Numerator: Comparison reduced by 75% or below £24 per year per patients*IMD score for whole financial year (1 Apr 24 to 31 Mar 25)</p>	<p>75% reduction in patients prescribed these items or below £40 per year per patients*IMD score.</p> <p>Conditions list & NHS Dorset statement</p> <p>Over the counter medicines – NHS Dorset</p>
<p>F5</p>	<p>GLP-1 commencement: Start only after triple oral therapy failure in people with NICE BMI characteristics and contract with patients implemented³</p> <p>Definitions</p> <p>Denominator: GLP-1 commenced in DM2 from 1 April 24 to 31 Mar 25</p> <p>Numerator: GLP-1 commenced in DM2 after triple oral therapy (prescribed in previous 90 days)</p> <p>Exclusion</p> <p>Patient co-prescribed with insulin</p> <p>Patient prescribed GLP-1 by tier 3/4 weight management service (currently prescribed by the provider. Any changes a code will be published)</p> <p>GLP-1 privately prescribed, not on NHS (XaljL)</p>	<p>Patient agreements are now available as letter templates in SystmOne ‘search GLP’ for NHS Dorset or Ardens template.</p> <p>70% adherence</p>
	<p>GLP-1 review: Review at 6 months</p> <p>Definitions</p> <p>Denominator: Patients commenced GLP-1 in DM2 1 Oct 23 to 30 Sep 24</p> <p>Numerator: GLP-1 commenced in DM2 and reviewed at 6-9 months after commencement.</p> <p>Codes</p> <p>Diabetic monitoring (66A.), Diabetic annual review (66AS.), Seen in diabetic clinic (9N1Q.), Diabetes medication review (XalfM), Diabetic 6-month review (XaKwQ), Diabetes type II review (XaMhK), Diabetes Year of Care annual review (Xaag1)</p> <p>Assessed 1 Apr 24 to 31 March 25</p> <p>Exclusion as above</p>	<p>90% adherence</p> <p>Codes published in Ardens templates</p>

² [NHS England » Policy guidance: conditions for which over the counter items should not be routinely prescribed in primary care](#)

³ [NG28 Visual summary on further treatment medicines for type 2 diabetes \(nice.org.uk\)](#)

	<p>GLP-1 review: Treatment change where targets not in line with NICE Guidance <u>11mol/mmol & 3% weight loss.</u></p> <p>Definitions</p> <p>GLP-1 prescribed in line with NICE NG28 where patients meet treatment targets in DM2.</p> <p>Denominator. All patients prescribed GLP-1 from 1 Oct 23 to 30 Sep 24</p> <p>Numerator. Total number of patients still prescribed GLP-1 on 31 March 25 who have not met criteria compared with initiation is below 50% (requires assessment in DiiS dashboard to verify. Track progress in GLP-1 Overview - Power BI</p> <p>Exclusion as above</p>	<p>50% adherence</p> <p>Patient agreements are now available as letter templates in SystemOne 'search GLP' for NHS Dorset or Ardens template.</p>
F6	<p>CGM prescribed in line with commissioning policy.</p> <p>Definition</p> <p>Prescribing in compliance with NHS Dorset commissioning policy Prescribable-Continuous-Glucose-Monitoring-for-Adults-Children-and-Young-People.pdf (nhsdorset.nhs.uk)</p> <p>Assessed as of 31 Mar 25</p> <p>Use 'CGM- NHS Dorset v3' template in SystemOne to record compliance. For people considered exceptions Individual Funding Request process. https://nhsdorset.nhs.uk/about/policies/</p> <p>Exclusion</p> <p>Individual funding request approved <i>XaaUR</i></p>	<p>Review people in line with updated Commissioning Guidance</p>
F7	<p>Work with ICB commissioned community dietician to perform systematic review oral nutrition prescribing & supported review.</p> <p>Definition</p> <p>Recruitment to be confirmed. If not achieved, then cost efficiency switch option will be provided</p>	<p>15% reduction in cost sip feed prescribing</p>

Quality Improvement

 - green box in patient status alerts in SystemOne

Q1 is compulsory in the scheme.

Searches are found in Dorset SystemOneGPs> PQS Quality 24/25. People who fall into more than one indicator group also found in searches.

Measure	Quality measures	Benchmark and resources
Q1	<p>Problematic Polypharmacy in ≥65yrs</p> <p>Definitions</p> <p>Denominator: All patients who have had 10 repeat prescription items issued in a 30-day period ≥65years during 1 Apr 24 to 31 Mar 25</p> <p>Numerator: All patients in the denominator population who have had 10 repeat prescription items issued in a 30-day period ≥65years and during 1 Apr 24 to 31 Mar 25 who have had a structured medication review (Y282b)</p> <p>Exclusion</p> <p>Invited for structured medication review x 2 then declined review (XaJf5, Y35da)</p>	<p>80% adherence</p> <p>Polypharmacy guidance Right Decisions (scot.nhs.uk)</p>
Q2	<p>Preventing Acute Kidney Injury</p> <p>Definitions</p> <p>Denominator: People prescribed oral NSAIDs twice in last 2 years at high & highest risk of acute kidney injury (80yrs with either HTN, CKD, DM) during 23/24</p> <p>Numerator: People have a current repeat prescription template for oral NSAID in place OR had oral NSAID prescribed in 90 days with a high & highest risk of acute kidney injury (80yrs with either HTN, CKD, DM) as of 31 March 25</p> <p>Exclusion</p> <p>NSAID Ardens template (NSAID monitoring) Alternative treatment considered Xa48p</p>	<p>Oral NSAID use in people over 80 with either HTN, CKD, DM is reduced by 50% from baseline.</p> <p>NSAID Ardens template (NSAID monitoring)</p>
Q3	<p>NSAIDs in high risk of bleeding (NG226)</p> <p><i>Dorset is the highest prescriber of NSAIDs in England. This measure looks at those who are at highest risk of harm to review.</i></p> <p>Definitions</p> <p>Denominator 1: Total number of people prescribed oral NSAIDs in last 90 days to people at high risk of bleeding as defined by PINCER investigators as of 31 March 2024</p> <p>Numerator 1: Total number of people prescribed oral NSAIDs in last 90 days to people at high risk of bleeding</p>	<p><i>Topical NSAIDs are available as an option on formulary.</i></p> <p>Oral NSAID use reduced by 10% in people at high risk of GI bleeding.</p> <p>OR</p> <p>Reduce Oral NSAID use is to below southwest</p>

	<p>as defined by PINCER investigators⁴ as of 31 March 2025</p> <p>OR</p> <p>Numerator 2: Oral NSAID average daily quantity per STARPU as published by ePACT2 (NHSBSA)</p>	<p>regional average 1.13 ADQ/STARPU</p>
Q4	<p>Prescribing and Falls Prevention</p> <p>Definitions</p> <p>Denominator: Number of people coded with moderate or severe ≥ 80 yrs, last systolic blood pressure < 120 mmHg prescribed a CVD hypotensive agent (Drugs in BNF sections: hypertension & heart failure, loop diuretics, nitrates, calcium channel blockers) in last 90 days.</p> <p>Exclusion</p> <p>People prescribed midodrine or fludrocortisone in last 90 days.</p> <p>Invited for structured medication review x 2 then declined review (XaJf5, Y35da)</p>	<p>Structured medication review for 50% of people at increased risk of falls due to hypotension</p>
Q5	<p>CVD Prevent and Inequality in hypertension case finding.</p> <p>Definitions</p> <p>Numerator: People identified with NEW Hypertension diagnosis between 1 Apr 2024 and 31 March 2025 and have a Blood pressure measurement submitted by community pharmacy in the previous 6 months recorded manually (Y3c03 community pharmacy blood pressure assessment scheme OR Ya11C Community Pharmacy Blood Pressure Check Service) via GP Connect service.</p> <p>Exclusion</p> <p>Hypertension resolved (21261)</p>	<p>Electronic invites for target groups to support integrated neighbourhood approach to case identification.</p> <p>5 cases of HTN or AF per 10,000 identified.</p>
Q6	<p>Mental Health CVD monitoring and prevention</p> <p>Definitions</p> <p>Denominator: People ≥ 18 yrs identified on SMI register not on a CVD register and QRISK score $> 20\%$ as of 31 March 2025</p> <p>Numerator: People prescribed lipid lowering therapy in last 90 days as of 31 March 2025</p> <p>Exclusion</p> <p>Invited for structured medication review x 2 then declined review (XaJf5, Y35da) or lipid lowering therapy declined (XaIN3, XaIII)</p>	<p>60% Percentage of patients aged 18 and over with no GP recorded CVD and a GP recorded QRISK score of 20% or more on lipid lowering therapy</p>

⁴ PINCER, 2015. [evidence-based-summaries-for-health-foundation-pincer-12-07-2018.pdf](https://www.nottingham.ac.uk/~/media/pdf/evidence-based-summaries-for-health-foundation-pincer-12-07-2018.pdf) (nottingham.ac.uk): page 9-10

<p>Q7</p>	<p>Improving antimicrobial stewardship</p> <p><i>Definitions</i></p> <p>Denominator: Items /STARPU January - March 2024</p> <p>Numerator: Items /STARPU January - March 2025</p>	<p>Reduce antibiotic prescribing by 0.1 items/STARPU from baseline.</p> <p>OR</p> <p>to national target of 0.871 items/STARPU</p>
<p>Q8</p>	<p>High Risk Drug Monitoring</p> <p><i>Definitions</i></p> <p>Denominator 1: Current active repeat prescription template for Methotrexate, Mercaptopurine, Azathioprine issued in last 90 days.</p> <p>Numerator 1: Number of people having FBC / LFT / U&E in last 90 days as of 31 March 2025</p> <p>AND</p> <p>Denominator 2: Current active repeat prescription template for DOAC issued in last 90 days.</p> <p>Numerator 2: Number of people having weight, FBC / LFT / U&E in last 12 months and dosed accurately as per summary of product characteristics⁵ as of 31 March 2025</p>	<p>Compliance rate of 85% with DMARD monitoring on patient list</p> <p>(Audit data may replace extract for East practices where ICE resulted are not downloaded)</p> <p>AND</p> <p>85% annual assessment of weight, bloods, and dosing accuracy of DOAC therapy</p>
<p>Q9</p>	<p>Chronic Pain & Dependence Forming Medicines</p> <p><i>Definitions</i></p> <p>(i) People prescribed strong opioids in combination with gabapentinoids or benzodiazepines in the last 30 days are invited for structured medication review.</p> <p><i>Exclusion</i></p> <p>Invited for structured medication review x 2 then declined review (XaJf5, Y35da)</p> <p>OR</p> <p><i>Definitions</i></p> <p>(ii) Denominator: People prescribed morphine equivalence of $\geq 120\text{mg}^6$ per day in 90 days before 1 April 2024</p> <p>Numerator: People prescribed morphine equivalence of $\geq 120\text{mg}$ per day in 90 days before 31 March 2025</p>	<p>50% of people receive a structured medication review.</p> <p>OR</p> <p>Reduce High dose morphine $\geq 120\text{mg}$ per day by 25%</p>

⁵ Electronic medicines compendium. Available at: <https://www.medicines.org.uk/emc>

⁶ Wessex Palliative Care Handbook. Morphine conversion tables included. Available at [Wessex palliative care handbook.pdf \(hee.nhs.uk\)](#), page 14.