

# Prescribing Quality Scheme 25/26

## Business Rules V1.0 April 2025

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

### Financial Stewardship

#### ■ - red box in patient status alerts in SystmOne

**Searches are in Dorset SystmOneGPs> PQS Finance 25/26.** 43p per weighted patient list is paid at mid-year where PCNs achieve budget target. Any subsequent underachievement will be deducted from quality improvement payments at year end. See specification for further details.

Measure	Whole system stewardship measures	Benchmark and resources
F1	<p><b>GLP-1 commencement: Start only after triple oral therapy failure in people with NICE BMI characteristics and contract with patients implemented<sup>1</sup></b></p> <p><b>Definitions</b></p> <p>Denominator: GLP-1 commenced in DM2 from 1 April 25 to 31 March 26</p> <p>Numerator: GLP-1 commenced in DM2 after triple oral therapy (prescribed in previous 90 days) from 1 April 25 to 31 March 26</p> <p><b>Exclusion</b></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>
F1	<p><b>GLP-1 review: Review at 6 months</b></p> <p><b>Definitions</b></p> <p>Denominator: Patients commenced GLP-1 in DM2 1 Oct 24 to 30 Sep 25</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</p>	<p>90% adherence</p> <p>Codes published in Ardens templates</p>

<sup>1</sup> [NG28 Visual summary on further treatment medicines for type 2 diabetes \(nice.org.uk\)](https://www.nice.org.uk/NG28)

	<p>medication review (XalfM), Diabetic 6-month review (XaKwQ), Diabetes type II review (XaMhK), Diabetes Year of Care annual review (Xaag1)</p> <p>Assessed 1 April 25 to 31 March 26</p> <p><b>Exclusion as above</b></p>	
<b>F1</b>	<p><b>GLP-1 review: Treatment change where targets not in line with NICE Guidance <u>11mol/mmol &amp; 3% weight loss.</u></b></p> <p><b>Definitions</b></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 24 to 30 Sep 25</p> <p>Numerator. Total number of patients still prescribed GLP-1 on 31 March 26 who have not met criteria compared with initiation is below 50% (requires assessment in DiiS dashboard to verify).</p> <p><b>Exclusion as above</b></p>	<p>70% adherence</p> <p><b>Patient agreements are now available as letter templates in SystmOne 'search GLP' for NHS Dorset or Ardens template.</b></p>
<b>F2</b>	<p>PCN engagement with recommended blood glucose meter manufacturer to switch and educate people to achieve 80% compliance with national recommendations<sup>2</sup></p> <p><b>Definitions</b></p> <p>Denominator: Total items for Blood glucose testing strips from 1 April 25 to 31 March 26</p> <p>Numerator: Total items for Blood glucose testing strips within NHSE recommendations 1 April 25 to 31 March 26*</p> <p>*Allows time for switching in first quarter of 25/26</p>	<p>80% compliance with national recommendations</p>
<b>F3</b>	<p><b>CGM prescribed in line with commissioning policy.</b></p> <p><b>Definition</b></p> <p>Prescribing in compliance with NHS Dorset commissioning policy <a href="https://nhsdorset.nhs.uk/about/policies/Prescribable-Continuous-Glucose-Monitoring-for-Adults-Children-and-Young-People.pdf">Prescribable-Continuous-Glucose-Monitoring-for-Adults-Children-and-Young-People.pdf</a> (<a href="https://nhsdorset.nhs.uk">nhsdorset.nhs.uk</a>)</p> <p>Assessed as of 31 March 26</p> <p>Use 'CGM- NHS Dorset v3' template in SystmOne to record compliance. For people considered exceptions Individual Funding Request process. <a href="https://nhsdorset.nhs.uk/about/policies/">https://nhsdorset.nhs.uk/about/policies/</a></p> <p><b>Exclusion</b></p> <p>Individual funding request approved <i>XaaUR</i></p>	<p>Review people in line with updated Commissioning Guidance</p> <p>Full compliance</p>
<b>F4</b>	<p>Change high protein oral nutrition to Fresubin Pro compact</p>	<p>80% compliance</p>

<b>F5</b>	<b>When in place, work with ICB commissioned community dietician to perform systematic review of oral nutrition prescribing &amp; supported review.</b>	10% reduction in cost of sip feed prescribing
<b>F6</b>	Only Order What You Need – (campaign planned to include improved help community pharmacy)	Participate in proactive messaging to support campaign to key patient cohorts
<b>F7</b>	<b>Medicines of low clinical value (NHSE, 2018)</b> <b>Definitions</b> Denominator: Baseline prescribing (items) Q4 24/25 low clinical value items. Numerator: Prescribing (items) of low clinical value items Q4 25/26. Below 20pc centile as published by openprescribing.net.	75% reduction in patients prescribed these items or baseline below 20% centile of national comparators.  <b>Medicines list &amp; NHS Dorset statement</b> <a href="#">Low clinical value prescribing – NHS Dorset</a>
<b>F8</b>	<b>Low acuity prescribing (OTC prescribing NHSE, 2018 updated 2024<sup>3</sup>)</b> <b>Definitions</b> Denominator: Low acuity prescribing as defined as items that can be purchased for conditions listed in NHSE guidance. Baseline Q4 24/25 OTC cost per IMD score (Full list of medicines included in measure available in SystmOne searches in F8 folder) Numerator: Below £40 per year per patients*IMD score for whole financial year (1 April 25 to 31 Mar 26)	Achieve baseline below £40 per year per patients*IMD score. <b>Conditions list &amp; NHS Dorset statement</b> <a href="#">Over the counter medicines – NHS Dorset</a>
<b>F9</b>	Red drugs prescribed in primary care including weight management drugs <b>Exclusion</b> Out of area shared care arrangements	Review of all red drugs currently prescribed
<b>F10/11</b>	Drug formulation and presentation changes	Implementation of proposed changes listed within <a href="#">Medicines value website</a> , where appropriate
<b>F12</b>	<b>Apixaban &amp; Rivaroxaban first line for new AF</b> <b>Definitions</b> Denominator: All patients commenced DOAC for new AF 1 Apr 25 to 31 Mar 26	70% adherence

<sup>3</sup> [NHS England » Policy guidance: conditions for which over the counter items should not be routinely prescribed in primary care](#)

	Numerator: Patients prescribed Apixaban & Rivaroxaban for new AF 1 Apr 25 to 31 Mar 26	
<b>F13</b>	<p>Gluten free product prescribing review</p> <p>Gluten free prescribing policy currently under review.</p>	<p>Deprescribe Gluten free products</p> <p>100% compliance with updated ICB gluten free policy once published</p>

## Quality Improvement

A single payment of 25p per patient of this element of the scheme will be paid when PCNs meet the polypharmacy education criteria for their PCN list size by attending Health Innovation Wessex Polypharmacy Action Learning Sets.

Measure	Quality measure	Benchmark and resources
<b>Improve education in Polypharmacy</b>	<p>Attendance at Health Innovation Wessex Polypharmacy Action Learning Sets anytime during 2025 (3 x 2.5-hour sessions)</p> <p>4 prescribers including 2 GPs to HIW polypharmacy action learning sets PCN list size &lt; 25,000*</p> <p>OR</p> <p>5 prescribers including 3 GPs to HIW polypharmacy action learning sets PCN list size &gt; 25,000**</p> <p>Details of attendance should be uploaded with completion of a <a href="#">Microsoft Form</a></p> <p>*25% of whole funding paid after each prescriber completes course, **20% of whole funding paid after each prescriber completes course</p>	<p><a href="#">Polypharmacy Action Learning Sets - Film on Vimeo</a></p> <p><a href="#">Register for the polypharmacy - The Health Innovation Network</a></p>

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Q1 is compulsory in the scheme.

**Searches are found in Dorset SystmOneGPs> PQS Quality 25/26.** People who fall into more than one indicator group also found in searches.

Measure	Quality measures	Benchmark and resources
<b>Q1</b>	<p><b>Problematic Polypharmacy in ≥65yrs</b></p> <p><b>Definitions</b></p> <p>Denominator: All patients who have had 10 repeat prescription items issued in a 30-day period ≥65years during 1 Apr 25 to 31 Mar 26</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 25 to 31 Mar 26 who have had a structured medication review</p>	<p>Structured medication review (Y282b) completed in 80% of eligible people</p>

	<p><b>Exclusion</b></p> <p>Invite for structured medication review declined after 2 invitations (XaJf5, Y35da)</p>	<p><a href="#">Polypharmacy guidance   Right Decisions (scot.nhs.uk)</a></p>
Q2	<p><b>Preventing Acute Kidney Injury</b></p> <p><b>Definitions</b></p> <p>Denominator: People prescribed oral NSAIDs twice in last 2 years at high &amp; highest risk of acute kidney injury (80yrs with either HTN, CKD, DM) during 25/26</p> <p>Numerator: People have a current repeat prescription template for oral NSAID in place OR had oral NSAID prescribed in previous 90 days with a high &amp; highest risk of acute kidney injury (80yrs with either HTN, CKD, DM) as of 31 March 26</p> <p><b>Exclusion</b></p> <p>Alternative treatment considered Xa48p (Ardens template NSAID monitoring)</p>	<p>Oral NSAID use in people over 80 with either HTN, CKD, DM is reduced by 50% from March 25 baseline.</p> <p>AND</p> <p>Education on sick day rules is provided to people in identified high risk categories (Xabuj Y3767)</p> <p>NSAID Ardens template (NSAID monitoring)</p>
Q3	<p><b>NSAIDs in high risk of bleeding (NG226)</b></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><b>Definitions</b></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 2025</p> <p>Numerator 1: Total number of people prescribed oral NSAIDs in last 90 days to people at high risk of bleeding as defined by PINCER investigators<sup>4</sup> as of 31 March 2026</p> <p>OR</p> <p>Numerator 2: Oral NSAID average daily quantity per STARPU as published by ePACT2 (NHSBSA)</p> <p><b>Exclusion</b></p> <p>Alternative treatment considered Xa48p, XaVwY NSAID risk assessment completed (Ardens template NSAID monitoring)</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 compared with March 25 baseline</p> <p>OR</p> <p>Reduce Oral NSAID use to below southwest regional average 1.13 ADQ/STARPU</p>
Q4	<p><b>Prescribing and Falls Prevention</b></p> <p><b>Definitions</b></p> <p>Denominator: Number of people coded with moderate or severe frailty, ≥80yrs, last systolic blood pressure &lt; 120mmHg prescribed a CVD hypotensive agent (Drugs in</p>	<p>Structured medication review completed</p>

<sup>4</sup> PINCER, 2015. [evidence-based-summaries-for-health-foundation-pincer-12-07-2018.pdf \(nottingham.ac.uk\)](#): page 9-10

	<p>BNF sections: hypertension &amp; heart failure, loop diuretics, nitrates, calcium channel blockers) in last 90 days.</p> <p>Numerator: Number of people in denominator group receiving a structured medication review on 31 March 26</p> <p><b>Exclusion</b></p> <p>People prescribed midodrine or fludrocortisone in last 90 days.</p> <p>Invite for structured medication review declined after 2 invitations (XaJf5, Y35da)</p>	(Y282b) in 50% of people at increased risk of falls due to hypotension
<b>Q5</b>	<p><b>CVD Prevent and Inequality in hypertension case finding.</b></p> <p><b>Definitions</b></p> <p>Numerator: People identified with NEW Hypertension diagnosis between 1 Apr 2025 and 31 March 2026 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><b>Exclusion</b></p> <p>Hypertension resolved (21261)</p>	<p>Electronic invites for target groups to support integrated neighbourhood approach to case identification.</p> <p>10 cases of HTN or AF per 10,000 identified.</p>
<b>Q6a</b>	<p><b>Improving antimicrobial stewardship – 5-day Amoxicillin prescribing</b></p> <p>Increase percentage of 5 day Amoxicillin prescribing. Data represented in the <a href="#">Optimising antimicrobial duration dashboard – Amoxicillin 500mg</a> published 6 weeks retrospectively on the PrescQIPP</p> <p><b>Exclusions</b></p> <p>Adults and children &lt; 20 years with infections other than sinusitis, sore throat, COPD infective exacerbation, acute cough, community acquired pneumonia</p>	<p>Target increase 5-day Amoxicillin prescribing to &gt;70% in Q4 25/26</p> <p>OR</p> <p>Increase 5-day Amoxicillin prescribing by 10% points in Q3 25/26 from Q3 24/25 PCN baseline. e.g. 55% to 65%</p>
<b>Q6b</b>	<p><b>Improving antimicrobial stewardship – 5 day Doxycycline prescribing</b></p> <p>Increase percentage of 5 day Amoxicillin prescribing. Data represented in the <a href="#">Optimising antimicrobial duration dashboard - Doxycycline 100mg capsules</a> published 6 weeks retrospectively on the PrescQIPP</p>	<p>Increase 5-day Doxycycline prescribing by 10% points in Q3 25/26 from Q3 24/25 PCN baseline. e.g. 55% to 65%</p>

	<p><b>Exclusions</b></p> <p>Adults and children &lt; 20 years with infections other than COPD infective exacerbation, acute cough, human and animal bites, sinusitis, community acquired pneumonia pneumonia</p>	
Q7a	<p><b>RCGP &amp; RPS Repeat Prescribing Toolkit Part A (counts as 1 measure)</b></p> <p>Submit Action Plan following audit of repeat prescribing processes and their approval for ongoing management.</p>	<p><a href="#">Repeat Prescribing Toolkit</a></p> <p><a href="#">Repeat prescribing self-assessment and action plan toolkit</a></p>
Q7b	<p><b>RCGP &amp; RPS Repeat Prescribing Toolkit Part B (counts as 1 measure)</b></p> <p>Denominator: Number of patients ordering &gt; 14 issues of a medicine within a 12-month period</p> <p>Numerator: Number of patients in denominator group receiving a Medicine list reviewed for inefficient use/unwanted medicines 1<sup>st</sup> April 25 – 31<sup>st</sup> March 26</p> <p><b>Exclusions</b></p> <p>Invite for medication review declined after 2 invitations (XaJf5)</p> <p>Dispensing review of use of medicines declined XaMzC</p>	<p>Medication overordering review (Y06af) completed (by pharmacy technician or pharmacist) for 50% of people overordering medicines, encourage nomination of pharmacy contractor</p>
Q8	<p><b>Chronic Pain &amp; Dependence Forming Medicines</b></p> <p><b>Definitions</b></p> <p>(i) People prescribed strong opioids in combination with gabapentinoids or benzodiazepines in the last 30 days are invited for structured medication review 1<sup>st</sup> April 25 – 31<sup>st</sup> March 26.</p> <p><b>Exclusion</b></p> <p>Invite for structured medication review declined after 2 invitations (XaJf5, Y35da)</p> <p>OR</p> <p><b>Definitions</b></p> <p>(ii) Denominator: People prescribed morphine equivalence of <math>\geq 120\text{mg}^5</math> per day in 90 days before 1 April 2025</p> <p>Numerator: People prescribed morphine equivalence of <math>\geq 120\text{mg}</math> per day in 90 days before 31 March 2026</p>	<p>50% of people prescribed strong opioids in combination with gabapentinoids or benzodiazepines receive a structured medication review (Y282b).</p> <p>OR</p> <p>Reduce High dose morphine <math>\geq 120\text{mg}</math> per day by 25%</p>
Q9	<p>Improving inhaler therapy following 2025 Dorset Asthma Guidelines</p>	<p>50% of people receive an asthma medication</p>

<sup>5</sup> Wessex Palliative Care Handbook. Morphine conversion tables included. Available at [Wessex palliative care handbook.pdf \(hee.nhs.uk\)](#), page 14.



	<p><b>Denominator :</b></p> <p>People with asthma prescribed 6 or more SABA inhalers within last 12 months AND an ACT score &lt;15 adults, or &lt;12 paediatrics.</p> <p>Numerator: Number of people in denominator group receiving an asthma medication review (XalfK) on 31 March 26</p> <p><b>Exclusions:</b></p> <p>Invite for medication review declined after 2 invitations (XaJf5)</p>	<p>review aiming for improved control (XalfK)</p> <p>OR</p> <p>40% reduction in total SABA inhaler use in target population</p>
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