

Reference: FOI.ICB-2526/053

Subject: GP Prescribing Quality Scheme/Prescribing Incentive Scheme

I can confirm that the ICB does hold the information requested; please see responses below:

QUESTION	RESPONSE
I am enquiring about the details of any prescribing quality scheme/ prescribing incentive scheme you have in place for financial year 2025/26 between your Health board / Integrated Care Board and you member GP practices within your area. Can you please provide the following information if possible:	
<ol style="list-style-type: none"> 1. When does the scheme run from and when does it end 2. What does the GP practice need to do to achieve as part of the scheme 3. What elements are within the scheme – can you be specific about the switches / reviews / medications included 4. Which practices have agreed to the scheme 5. What the payment is for the practice on achieving each element 	<ol style="list-style-type: none"> 1. 1st April 2025 to 31st March 2026 2. See Medicines Optimisation PQS agreement 25/26 enclosed 3. See Medicines Optimisation PQS agreement 4. As of 3rd June 25, 70 of the 74 GP practices are signed up to the PQS 25/26. 5. Practices are paid up to a maximum of £1 per registered patient for participation in the scheme (see Medicines Optimisation PQS agreement)

The information provided in this response is accurate as of 4 June 2025 and has been approved for release by Dr Joanne Medhurst, Chief Medical Officer for NHS Bristol, North Somerset and South Gloucestershire ICB.

Medicines Optimisation Prescribing Quality Scheme 2025/26

The BNSSG ICB Medicines Optimisation Prescribing Quality Scheme (PQS) is offered to all GP practices with the aims of improving the quality, safety and ensuring best value for primary care prescribing.

The scheme is a 12-month scheme where it is requested that practices focus the first few months of the year on ensuring cost effective prescribing in key areas as directed by the ICB Medicines Optimisation Team to enable savings to be continued throughout the year. Quality projects will be available in the first quarter and practices should plan implementation of these projects as soon as possible to maximise outcomes. The payment to practices and the value of the scheme will be up to a £1 per patient as per previous years.

The Prescribing Quality Scheme for 2025/26 has been developed whilst considering the response needed to support primary care with ongoing system pressures to ensure quality and safety with all medicines prescribed. Where possible the PQS has been aligned to the ICS Joint Forward Plan and supports national and local priorities.

The BNSSG Medicines Optimisation Team recognises the significant variation in prescribing between practices due to many influencing factors. These factors can include age and gender of patient, as reflected in the ASTRO-PU, but other factors such as deprivation and disease prevalence also influence prescribing patterns. We wish to work closely with GP practices to understand and reduce any unwarranted prescribing variation, which will achieve both financial stability and best practice prescribing. BNSSG ICB Medicines Optimisation Team are also committed to working towards reducing health inequalities. Projects will consider health inequalities and aim to identify actions that can be taken to support reducing the impact of health inequalities.

The BNSSG Joint Formulary is the evidence-based list of commissioned medicines, and it is expected all prescribers across all sectors within BNSSG support and adhere to this.

Medicines directly or indirectly account for approximately 25% of carbon emissions within the NHS. Most of these emissions result from the manufacture, procurement, transport and use of medicines. Effective medicines optimisation can have beneficial environmental impacts for the NHS such as:

- Reducing waste and prescribing, for example by reducing inappropriate polypharmacy through structured medication reviews and therefore demand and manufacturing of unnecessary medicines.
- Supporting patients to be treated in the right setting to reduce avoidable appointments.
- Where appropriate, through shared decision making with patients, switching medicines to suitable alternatives with lower carbon footprint.

As part of the PQS practices may be requested to respond to unplanned or ad hoc medicines optimisation work such as safety alerts or in year identified saving opportunities. The Medicines Optimisation Team has factored this in when planning projects as part of this year's

PQS and will review any additional requests and work with practices to ensure workload is manageable.

1. Financial Details

This agreement is to cover the period from 1st April 2025 to 31st March 2026.

The Provider is the GP Practice and the Commissioner is Bristol, North Somerset and South Gloucestershire ICB. If providers would like to work at PCN level to achieve the scheme this can also be considered, particularly if a PCN level budget is calculated.

Funding for the Prescribing Quality Scheme equates to £1 per actual patient on the practice list (payment will be split between different parts of the scheme).

Where payment is based on registered patient numbers at the GP practice, the patient numbers used will be those registered on ePACT2 in September 2025 (mid-point in the year).

While demographic growth has been added as part of the budget setting methodology for 2025/26, any significant changes in practice population in-year will be taken into consideration. The budget setting methodology will use weighted population to allow for better comparison, however actual population will also be reviewed to ensure fairness. Practice size will be reviewed in September 2025, comparing this to March 2025 list size to take into account significant changes in patient list size.

Calculations of payments due for achievements for the 2025/6 scheme will be made during June/July 2026 when full year ePACT2 prescribing monitoring data is available.

Practices, supported by the ICB Medicines Optimisation Pharmacists (MOPs) will need to continue to work to maximise potential savings by prescribing efficiently. MOPs working in each practice will continue to work closely with practice prescribing leads and PCN/practice members to identify and target areas of cost saving and items growth reduction.

If practices/PCNs are signed up to the repeat prescribing hub scheme and are also participating in the PQS then they will receive the financial payment for whichever scheme (i.e financial aspect of the PQS or the hub savings) gives the larger of the two payments, minus hub set up costs (for both parties), but not payments for both. Practices signed up to the repeat prescribing hub will continue to receive payment for completed quality and safety projects from the PQS.

2. Prescribing Quality Scheme Details

For 2025/26, the scheme will consist of two parts. Each part should be undertaken by practices in order to achieve the full scheme outcomes.

The different sections of the scheme have a quality, safety or cost saving focus, or a combination of all of these:

Part One: Achieving Financial Balance

Part Two: Quality and Safety Projects

Prioritisation

Cost saving work will be identified for implementation throughout the year by the BNSSG Medicines Optimisation Team and will need to be prioritised by the ICB Medicines Optimisation Pharmacist (MOP).

ICB MOPs will support each practice with safe, evidence based and cost-effective prescribing. This will include activities such as reviewing BNSSG Formulary red drugs, high-cost drugs, unlicensed 'specials' along with brand switching. These tasks are in addition to supporting the practice to undertake the quality projects of the Prescribing Quality Scheme.

Principal Pharmacists will ensure that they are in contact with practices and prescribing leads, along with GP/PCN and ICB employed pharmacists throughout the year to support them to achieve all aspects of the Prescribing Quality Scheme.

In order to deliver a successful scheme it will be important to:

- Design, share and implement a clear communication pathway across the practice and PCN to ensure that all health care professionals work closely together for shared agreed outcomes. A MOP and Practice Communications Plan template should be completed and submitted to the ICB if this has not been done.
- Ensure the ICB medicines optimisation pharmacist is embedded within the practice, having regular meetings with the prescribing lead and a clear communication pathway with the wider practice team to ensure project outcomes are sustained.

Part One – Achieving Financial Balance

The ICB primary care prescribing budget for 2025/26 has been uplifted from 2024/25 primary care spend to cover demographic growth and anticipated prescribing growth. A savings target has been applied to give an overall primary care prescribing budget for the year. It is vital that there is financial stability within the ICB and control of prescribing costs is always a key focus.

The Medicine Optimisation team in the ICB will continue to identify potential cost saving activities throughout the year and communicate these to the MOPs directly supported by the EMIS Cost Saving Dashboard or through project documentation. This will ensure that the most cost-effective choices are being prescribed and that best value from the medicines

is being achieved. The Cost Saving Dashboard found on EMIS will be regularly updated for 2025/26 to identify the most significant savings opportunities through switches that the MOPs will be reviewing and actioning following agreement with the practice. A document has also been produced to explain these switches and they will also be supported by messages on Scriptswitch. This work should be prioritised for implementation with the aim of aiding practices to prescribe within their allocated budget.

Cost saving activities will include, but are not limited to, the list below.

- Working through and actioning switches highlighted on the Cost Saving Dashboard.
- Engagement and acceptance of Scriptswitch (SS) messages relating to most cost-effective prescribing choices – The Medicines Optimisation Team will feedback to practices their SS performance.
- Switching to biosimilar insulins where appropriate
- Continued review of medicines which are part of the NHSE 'drugs of low priority for NHS funding' guidance ([NHS England » Items which should not be routinely prescribed in primary care](#))
- Supporting the self-care agenda and following the [BNSSG self care guidance for prescribers](#). and NHS England conditions for which OTC items should not be routinely prescribed in primary care guidance ([NHS England » Policy guidance: conditions for which over the counter items should not be routinely prescribed in primary care](#))
- Ensuring the appropriate cost-effective prescribing of appliances as guided by the Medicines Optimisation Team including formulary adherence and cost effective switches.
- Initiating and where appropriate switching to apixaban or rivaroxaban as the direct-acting oral anticoagulants (DOACs) with the lowest acquisition cost, for the treatment of people with non-valvular atrial fibrillation (AF).
- Reviewing methylphenidate prescribing to ensure it is consistent with local guidance and provides the best value for our population.
- Cost-effective inhaler prescribing
- Review of dipeptidyl peptidase 4 (DPP-4) inhibitors in treatment of diabetes and switch to most cost-effective product (sitagliptin)
- Review of carbocisteine prescribing
- Encouraging branded prescribing of enoxaparin to ensure consistency of device for patients and promoting Inhixa® as the most cost-effective brand.
- Specific tasks directed by the ICB Medicines Optimisation Team including review of areas where practices benchmark high across BNSSG or nationally. These will be tailored to individual practices or PCNs.
- Implementation of BNSSG ICB medicines prescribing guidelines and policies. This includes the adherence to the BNSSG Joint Formulary and prescribing as per the Traffic Light System. Adherence to the formulary will be monitored, with an aim to achieving a minimum of 90% adherence of all prescribing.

Payment for Part One

Practices will be paid **up to 50pence per registered patient**.

For 2025/26 all GP practices will be set a 'fair share' prescribing budget.

The methodology for setting this budget considers as many factors as possible which create prescribing variation between practices. The methodology creates a percentage of the whole budget each practice will be allocated (taking into account their list size, demographics, disease prevalence and prescribing of High-Cost Drugs).

Further information regarding the full budget setting methodology can be obtained from the Medicines Optimisation Team.

For those practices not achieving the fair share budget set, a review of their achievement in the cost saving work that has been directed by the ICB will also be undertaken. This will include a review of the savings potential that the practice could engage in and how this impacts their overall financial position. A part payment (25p) of this element of the scheme will be paid based on the achievement of work (80%) related to the Cost Saving Dashboard, completion of key cost saving projects and adherence to the formulary (most practices are already achieving this), which will be reviewed at the end of the year. The Medicines Optimisation Team will develop some key Performance Indicators to measure this achievement against which will be transparent for all practices who can work towards achieving these, which will contribute to their achievement of financial balance. This part payment will remunerate the practices for their engagement in this work, ensuring they have been making cost effective choices and switches for these medications. Continual review with Medicine Optimisation Pharmacists as to how well a practice is doing in relation to cost saving opportunities will occur throughout the financial year to support their feedback to their practices.

Please note for practices/PCNs that have signed up to the repeat prescribing hub scheme they will receive payment for whichever scheme (i.e financial aspect of the PQS or the hub savings) gives the larger of the two payments, minus hub set up costs (for both parties) but will not receive payment for both.

Payment Schedule:

	Pence per registered patient
Achieve 25/26 allocated budget	50p
Up to 0.5% over the allocated budget	40p
>0.5% - 1% over the allocated budget	30p
>1% over the allocated budget but achievement of cost saving KPIs	25p

Part Two – Quality & Safety Projects

Practices will be requested to complete projects that align with local priorities. Where practices benchmark favourably for a project and have identified another specific area the practice/PCN would like to focus on, this should be discussed with the Principal Pharmacist to agree if the project is suitable and the intended outputs. Standard criteria and documentation for listed projects will be produced by the Medicines Optimisation Team, but practices will be required to design and develop their own project criteria and documentation if they choose to review a local priority.

ICB MOPs will continue to coordinate the quality projects and support practices to complete them. However, the MOPs will be tasked with prioritising cost saving work throughout the year. It is requested that the practice prescribing lead and MOP meet early in the year once the projects are available to agree how each project will be undertaken and continue to meet regularly throughout the year to review progress of projects. A project lead clinician should be identified to be responsible for completion of each project area with the MOP acting as support specifically around the searches and initial data collection.

Each of the projects below will have a written project pack (including relevant EMIS web searches) and a template for submission detailing outcomes of the project and will act as evidence of completion of the review.

Payment for Part Two

Practices will be paid **50 pence per registered patient in total** for undertaking all projects as described.

If a practice feels that a particular project below offers limited value to their practice demographics it may be possible for the practice to undertake a different project specific to them. This would have to be agreed by the ICB Medicines Optimisation Team.

Projects Summaries

Review area & remuneration

Quality improvement project

Medicines Safety

This project aims to continue to promote medicines safety and reduce the potential harm associated with medicines.

Safety work will include:

- Continued use and embedding of the Medicines Safety Dashboard (MSD). This will include the addition of updated indicators. This dashboard runs alongside Eclipse Radar to identify patients at risk of harm from their medicines.
- Continued use and embedding of Eclipse Radar, a risk stratification tool to review patients highlighted as potentially

	at risk from their medicines. Expecting all practices to have a robust process in place for reviewing these high-risk patients
Antimicrobial Stewardship	This project promotes a continued awareness of antimicrobial stewardship with a focus on prescribing in children as this is a national priority. Locally, there is practice variation and a significant increase in prescribing since pre-pandemic rates. The project will identify practice in known areas of stewardship for example otitis media as well as having a focus on lower respiratory tract infections. Alternative practice specific projects will be developed where a focus on prescribing in children is not required.
Respiratory	Asthma A project to promote and embed the updated Asthma guidelines for adults and children over 16 years. Review patients at risk of exacerbation to improve asthma care and outcomes by following the national and local guidance. A teaching session will be provided as part of this project.
Project choice	Practices will be required to complete one project either: Cardiovascular <ul style="list-style-type: none"> An extension of the hypertension CVD project (as a system BNSSG GP practices still benchmarks low nationally for this CVD prevent indicator). It is intended to learn from outcomes of the hypertension project in 24/25 and take this learning forward to work with individual practices to support and understand how improvements can be made in the future. <p style="text-align: center;">or</p> Chronic Kidney Disease (CKD) reviews <ul style="list-style-type: none"> If a practice is benchmarking well for hypertension targets an alternative option to do a CKD project/review to aid understanding of value and what further project work is required in future years. This project aims to optimise medicines in patients with CKD to improve medicines safety, reduce the risk of acute kidney injury and ensure prescribing is aligned to national and best practice guidance
Standard projects will be produced for these topics by the Medicines Optimisation Team, however, if there are specific areas which a PCN or practice would like to focus on these should be discussed your Principal Pharmacist and the project will need to developed and written by the practice/PCN.	

Prescribing Quality Scheme payments

Payments for the scheme will be made to practices that have achieved objectives and met the targets set for each of the parts of the scheme.

All payments under the scheme will go into the general practice funds and not to individuals. The awards will be awarded to practices proportional to practice list size based on the practice population figure held by the NHS business Services Authority for September 2026.

Awards must be used to reimburse the practices for expenditure on goods or services that were purchased with the aim of improving quality of patient care and experience at the practice. In general terms, capital costs or one-off costs can be claimed, whereas revenue costs (for example consumables and other recurring expenditure) should not be. This is because reimbursement of expenditure via this scheme cannot be relied on in future years.

Examples of items this could be spent on includes: new equipment (couches, chairs, medical equipment, IT hardware and software), training costs, refurbishment (waiting room, consulting room etc). If it is planned to spend over £5000 on a single item, it should be ensured that there is evidence available of three or more quotes so the preferred supplier can be justified.

Once money is received by the practice, they will be required to confirm receipt of the payment by email to the ICB Medicines Optimisation team and that it will be spent on items as detailed above. Full details of all the items purchased will not be required.

Medicines Optimisation Prescribing Quality Scheme – Practice Agreement

Practice Name:

Notification of the Prescribing Quality Scheme payment due to practices will be given in July 2026 following publication of March 2026 ePACT2 data.

We agree to participate in the Medicines Optimisation Prescribing Quality Scheme for 2025/26.

Signature on behalf of the GP Practice

Name.....Date.....

Signature.....

Position:.....

Signature on behalf of Bristol, North Somerset, South Gloucestershire Integrated Care Board

Date:.....

Name & Position:.....

Signature.....

Please return this completed form to: bnssg.medicines-optimisation@nhs.net