Reference: FOI.ICB-2627/105

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 2026/27 between your Integrated Care Board and your member GP practices within your area. Can you please provide the following information if possible:	
1. When does the scheme run from and when does it end	1st April 2026 – 31st March 2027
2. What does the GP practice need to do to achieve as part of the scheme	See Prescribing Quality Scheme Local Enhanced Service (PQS LES) enclosed.
3. What elements are within the scheme – can you be specific about the switches / reviews / medications included	See Prescribing Quality Scheme Local Enhanced Service enclosed
4. Which practices have agreed to the scheme	As of 10th June, 67 out of 70 practices have reported their intention to participate in this year's PQS LES

5. What the payment is for the practice on achieving each element	See Prescribing Quality Scheme Local Enhanced Service enclosed

The information provided in this response is accurate as of 11 June 2026 and has been approved for release by Dr Geeta Iyer, Deputy Chief Medical Officer for NHS Bristol, North Somerset and South Gloucestershire ICB.

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	TBC
Service	Medicines Optimisation Prescribing Quality Scheme 2026/27
Commissioner Lead	Medicines Optimisation Team, NHS Bristol, North Somerset and South Gloucestershire Integrated Care Board (BNSSG ICB)
Provider Lead	As per provider signatory
Period	1st April 2026 to 31st March 2027
Date of Review	N/A

1. Population Needs

The BNSSG ICB Medicines Optimisation Prescribing Quality Scheme (PQS) is offered to all GP practices with the aim 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 the 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 £1 per patient as per previous years.

The Prescribing Quality Scheme for 2026/27 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 Strategic Commissioning Population Health Plan and supports national and local priorities. The PQS is expected to be an enhancement and complement long term conditions management in primary care, but not duplicate work funded through other mechanisms such as Quality Outcomes Framework (QOF).

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 cared decision 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 adhoc 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.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	**Preventing people from dying prematurely**	✓
Domain 2	**Enhancing quality of life for people with long-term conditions**	✓
Domain 3	**Helping people to recover from episodes of ill-health or following injury**	✓
Domain 4	**Ensuring people have a positive experience of care**	✓
Domain 5	**Treating and caring for people in safe environment and protecting them from avoidable harm**	✓

3. Scope

3.1 Aims and objectives of service

The aims and objectives of this service are:

- To improve the quality and safety of primary care prescribing
- To reduce unwarranted prescribing variation, reduce inequalities and improve consistency in care and outcomes.
- Reduce avoidable harms from medicines for the population.
- Ensure best value for primary care prescribing
- To achieve primary care prescribing budget balance and support the ICB to achieve the overall control total budget.
- Support ICB priorities to improve outcomes for long term conditions and reduce avoidable admissions.

3.2 Service description

For 2026/27 the scheme will consist of two parts. Each part should be undertaken by practices 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.

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. The MOP and Practice Communications Plan template should be completed and submitted to the ICB by the end of quarter 1.
- 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 2026/27 has been adjusted from 2025/26 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 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 updated for 2026/27 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 provide regular feedback to practices on 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)
- Encouraging branded prescribing of enoxaparin to ensure consistency of device for patients and promoting Inhixa® as the most cost-effective brand.
- Vitamin B12 review to ensure prescribing aligns with national guidance
- Initiating and, where clinically appropriate, switching to dapagliflozin as the sodium-glucose transporter 2 inhibitor (SGLT2i) with lowest acquisition cost for heart failure and diabetes.
- Switch to most cost-effective brand of denosumab.
- Review of flash glucose monitor use to check ongoing prescribing aligns with national and local guidance
- 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.

Part Two – Quality & Safety Projects

Practices will be requested to complete projects that align with local priorities. Where practices benchmark favorably 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.

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: • A review of the Eclipse amber 'admission avoidance' alerts 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 • Discontinuation of insulin detemir (Levemir®) Penfill cartridges and Flexpen – review of patients and change to an alternative insulin
Respiratory	**Chronic Obstructive Pulmonary Disease (COPD)** Holistic review of high-risk patients to optimise treatment, including smoking cessation, referral to pulmonary rehabilitation, vaccinations and optimising inhaler therapy. This project will also include a review of patients prescribing long-term antibiotics for prevention of exacerbations to ensure they remain clinically appropriate and promote good antimicrobial stewardship.

Polypharmacy	**Structured Medication Reviews (SMRs)** This project will aim to improve patient safety and outcomes by optimising medication use, reducing harm from problematic polypharmacy, reducing costs and empowering patients through shared decision making, leading to better adherence and potentially avoiding hospital admissions. Use of Eclipse Live will be encouraged to risk stratify patients that would most benefit from an SMR. Practices may also use their own local data and intelligence to identify a suitable cohort for review.
Cardiovascular - Heart Failure	A project to promote and embed the updated NICE chronic heart failure guidelines for adults. Risk stratifying patients and reviewing higher risk patients to encourage the four-pillar medication approach (ACE inhibitor, beta-blocker, SGLT2i and MRA) in accordance with the most up to date evidence base.
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.	

3.3 Population covered

This LES is available for all BNSSG GP Practices, and the projects will provide details for eligible for patient cohorts.

3.4 Any acceptance and exclusion criteria and thresholds

Exclusion criteria and thresholds will be provided for each individual project.

3.5 Finance

Funding for the Prescribing Quality Scheme equates to £1 per 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 2026 (mid-point in the year).

While demographic growth has been added as part of the budget setting methodology for 2026/27, 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 2026, comparing this to March 2026 list size to consider significant changes in patient list size.

Calculations of payments due for achievements for the 2026/27 scheme will be made during June/July 2027 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.

Payment for Part One

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

For 2026/27 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. Practice Prescribing Leads should engage with their Medicine Optimisation Pharmacists on a regular basis and discuss the latest financial position.

Payment Schedule for part One:

	Pence per registered patient
Achieve 26/27 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

Payment Schedule for Part Two.

Project	**Payment**
Medicines Safety Projects (inc. Eclipse RADAR)	9p / per registered patient
Discontinuation of insulin detemir (Levemir®)	£49 per switch
Respiratory (COPD)	12p / per registered patient
Polypharmacy SMRs	12p / per registered patient
Heart Failure	12p / per registered patient

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.

Payment through the scheme should be reinvested to improve the quality of patient care and experience at the practice.

3.6 Activity recording and monitoring

Each project will contain details of the information that should be shared and submitted to the ICB. This will include evidence required and a provided proforma that should be completed at the end of the project. All submissions should be emailed to bnssg.medicines-optimisation@nhs.net.

For relevant projects practices will be provided with prescribing data to monitor progress.

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

This information will be available in each project document

4.3 Applicable local standards

The Bristol, North Somerset, & South Gloucestershire (BNSSG) Joint Formulary https://www.bnssgformulary.nhs.uk/

5. Applicable quality requirements and CQUIN goals

N/A

6. Location of Provider Premises