

Local Enhanced Service Specification:

Medicines Optimisation

Service Specification No.	
Service	Medicines Optimisation
Commissioner Lead	Lancashire and South Cumbria ICB
Provider Lead	GP Practices in Lancashire and South Cumbria
Period	1 st May 2025 – 31 st March 2026
Date of Review	To be reviewed annually
Version control	V8.2 28.08.2025

1. Population Needs and Background

NHS Lancashire and South Cumbria ICB covers 196 GP Practices and has a total registered population of 1,853,016 (as of Jan 2024) patients.

The scope of this specification will cover all the 196 practices and registered patients along with temporary residents (where appropriate) that live within the geographical area of Lancashire and South Cumbria.

The ambition of the commissioner is to secure the highest quality and most responsive services for local people that are clinically effective and safe but also importantly are consistent and equitable to the population that we serve.

2. Scope & Service Standards

Aim

The aim of the service is to deliver a universal enhanced offer to patients in Lancashire and South Cumbria, setting out a range of services that General Practice are expected to deliver to their registered and temporary registered patients.

To deliver high quality and responsive services for local people that improve patient outcomes and the experience of service delivery for both patients and the General Practice team.

Cost effective, evidence-based prescribing, to improve health outcomes and financial management, is a priority for Lancashire & South Cumbria Integrated Care Board (ICB), in line with the key objectives of the ICB:

- Improve outcomes in population health and healthcare.
- Tackle inequalities in outcomes, experience, and access.
- Enhance productivity and value for money.
- Help the NHS support broader social and economic development.

The Medicines Optimisation Strategy is focused on the guiding principles of Medicines Optimisation (MO) which are:

- Aim to understand the patient's experience
- Ensure evidence-based choice of medicines.
- Ensure safe use of medicines
- Make medicines optimisation part of routine practice.

There are four domains within the Medicines Optimisation component of the framework. Domain 1 must be completed in full to achieve any payment for the other 3 MO Domains.

- **Domain 1: Core Activities** – This covers the basic requirements of the practice, which should be embedded as part of good practice. Delivery of this domain is a compulsory gateway entry which requires engagement & development to enable access to the benefits of the wider workplan.
- **Domain 2: Value/QIPP** (quality, innovation, productivity and prevention)
- **Domain 3: Reduction in prescribing of dependence forming medicines** – This is an ICB priority and continues the work already started in some practices.
- **Domain 4: Medicines Quality & Safety** – Medicines can improve peoples' health, but they can also cause harm. The aim is to reduce avoidable harm from medication and work collaboratively to minimise risk to the patient.

A supporting pack of resources and information will be produced. The MO LES will be facilitated and supported by place-based MO Teams (MOT).

3. Domains

Delivery/Outcome 1	
1.Core Activities There are 9 core activities which must be met to progress in the payment-associated Domains 2, 3 and 4. These core activities are basic requirements.	
Objectives	
To engage with the Medicines Optimisation team to demonstrably improve safety, efficacy and value in the use of medicines. To reduce the number of GP consultations in relation to the 7 common conditions by referring to the Pharmacy First scheme	
Core Activities	
Core Activity	Evidence
Engage with the ICB Medicines Optimisation team in line with the local joint working agreement, including regular practice meetings and agreeing an action plan for the year.	All practices to meet with the MOT at least twice yearly. Practice action plan to be submitted by beginning of Q2
Appoint a GP Prescribing Lead and a Medicines Safety Lead (The Medicines Safety Lead can be the same person as the GP Prescribing Lead or can be another GP in the practice or a Pharmacist IP or Nurse IP), to support implementation of this LES.	Name of GP Prescribing Lead and Medicines Safety Lead to be supplied to place MO team by end of Q1. The Medicines Safety lead will be required to do a one-off training session.
Review medicines optimisation systems and processes in practice using the MO repeat prescribing health check document.	Completed health check to be returned by end of Q2, along with an agreed action plan covering a minimum of 3 actions
Update the MO team regularly on progress against the MO work plan	Savings information should be provided monthly. (a nil receipt >3xyear will

	result in non-payment). This requirement will be measured from 1st Aug 2025
All prescribing clinicians to utilise the OptimiseRx decision support software.	OptimiseRx acceptance rate should be equal to or above 25% on average for the period of 1 st August 2025 to 31 st March 2026
Practices to utilise Eclipse Live patient support platform, RADAR alerts.	A nominated clinician to attend Eclipse Live training. At least 90% of ICB local alerts (Red and Amber only) to be completed weekly. This requirement will be measured from 1 st Aug 2025 and training will be provided to practices.
Engage with the Pharmacy First scheme to optimise patient access.	Monitoring of practice referrals by MOT using national reporting systems.
Medicines Coordinator /Medicines Manager or equivalent to undertake and report monthly tasks and attend regular training as agreed locally. ICB resources will be provided for this role including workplan of monthly tasks, template JD, training and other support resources.	Training attendance to be monitored. Monthly task update to be provided to lead technician at place along with savings.
Complete a minimum of 3% (of weighted practice patient population) SMRs as per PCN network DES, and Eclipse risk stratification. Completed SMRs should also support the targets within this LES.	Eclipse SMR cohorts and DQ searches of patients eligible for SMRs (SNOMED code 1239511000000100)
Payment	45% (£2.50)

All of the above activities must be in place to achieve the 45% payment for this domain and also to achieve any payment from MO Domains 2,3&4.

Delivery/Outcome 2
2.Value This element of the scheme promotes value in medicines optimisation through identifying opportunities for the use of lower cost medicines where there is good evidence to support their use, as well as good management of prescribing systems to ensure adherence with formulary and reduction in polypharmacy, overordering and waste.
Objectives To improve quality, innovation, productivity and prevention in prescribing and medicines use. This includes encouraging practices to manage their prescribing budget and achieve comparable cost- based ASTRO PUs, thus reducing variation across practices.
Indicator

<ul style="list-style-type: none"> Practices must work towards minimisation of cost growth, measured as % growth in NIC/ASTROPU Practices who are in the best performing quartile of practices in NIC/ASTROPU nationally (low is good) in the last quarter of 25/26 will receive full payment. Practices whose growth in NIC/ASTROPU is 3% less than average England % growth at 31st March 2026 will receive full payment. Practices whose growth is less than the England average but not as great as 3% below the average England % growth in NIC/ ASTROPU growth will be paid on a sliding scale e.g. if the practice is 1.5% below the average England % growth in NIC/ASTROPU they will receive half of the payment. Baseline will be set as quarter 4 2024/25. 	
Area	Cost Growth
Measure	% growth of NIC/ASTROPU to be 3% lower than national average as at Jan-Mar 26.
Payment	22% (£1.20)
Delivery/Outcome 3	
3. Dependence Forming Medicines	
<ul style="list-style-type: none"> Nationally LSC ICB is the highest prescriber of long-term opioids (greater than 3 months) as a percentage of all opioids. Total opioid prescribing in LSC ICB is 36% higher than national average. Total prescribing in LSC ICB of Gabapentinoids is also 36% higher than the national average. <p>Opioids increase the risk of mortality: Numbers Needed to Harm = 62 which means that for every 62 people who stop opioids (or do not start) 1 death is prevented.</p> <p>Opioids are beneficial in nociceptive pain e.g. acute tissue injury, but for long term treatment of non-cancer pain i.e. greater than 3 months, the evidence is lacking.</p>	
Objectives	
<p>The reduction of all dependence-forming medication, particularly polypharmacy with other dependence forming medicines, should be the overall objective.</p> <p>The aim, in time, is to reduce the Oral Morphine Equivalent (OME to 80mg) as a maximum dose in chronic non cancer pain.</p> <p>Practices should have a clear rationale for commencing an opioid and must ensure that opioids prescribed for non-cancer pain are reviewed within 3 months , to reduce the potential for dose escalation. Opioids should be regularly reviewed and deprescribed if they are ineffective.</p> <p>Practices should have a clear rationale for commencing Pregabalin and</p>	

Gabapentin in non-neuropathic pain with regular treatment reviews.		
Indicators		
<p>Volume of Opioids prescribed measured as Oral Morphine Equivalent per Analgesic STAR PU</p> <ul style="list-style-type: none"> Practices must reduce their Total Opioid prescribing (as oral morphine equivalence) per 1,000 STAR PUs (rolling 3 months) by 10%. Practices that are in the best performing quartile nationally in the last quarter (Q4 25/26) will receive full payment. Practices that decrease total OME/1000STAR PUs by 10% from baseline (measured at Q4 24 /25) will receive full payment. Practices that decrease total OME/1000STARPU by less than 10% will receive a proportion of this payment on a sliding scale. <p>Gabapentinoids measured as Average Daily Quantities per Analgesic STAR PU</p> <ul style="list-style-type: none"> Practices must reduce their prescribing of Gabapentinoids. This will be measured as ADQ per 1,000 STAR PUs of pregabalin and gabapentin (rolling 3 months). Practices that are in the best performing quartile nationally in the last quarter (Q4 25/26) will receive full payment. Practices that decrease total ADQ/1000STARPU by 10% from baseline (measured at Q4 24/25) will receive full payment. Practices that decrease total ADQ/1000STARPU by less than 10% will receive a proportion of this payment on a sliding scale. 		
Activity	Total Opioid Reductions	Pregabalin and Gabapentin reduction
Measure	10 % reduction of OME/1000 STARPU _s	10% reduction of ADQ/1000 STARPU _s
Payment	9% (£0.50)	9% (£0.50)
Delivery/Outcome 4		
<p>4.Medicines Safety and Antimicrobial Stewardship</p> <p>Medicines have a huge benefit to people’s health, but they can also cause harm. Better medicines safety can be achieved by having due regard to the following:</p> <ul style="list-style-type: none"> Reducing over-prescribing and inappropriate prescribing Reducing the avoidable harm caused by medicines. Using medicines only after all non-pharmaceutical options have been evaluated and self-care options considered. Ensure all prescribing should be a shared decision. Standardising and improving the value and outcomes of care. <p>Activities</p> <ol style="list-style-type: none"> Antimicrobial Stewardship - AMS Improving Medicines Safety through the effective implementation of MHRA drug safety alerts for teratogenic medicines, valproate and topiramate in line with the Pregnancy Prevention Programme (PPP). * 		

3. Improving Quality of review and prescribing of Asthma Medicines			
Objectives			
<ul style="list-style-type: none"> • Improve medicines safety. • Improve quality of practice in antibiotic prescribing in line with guidance. • Improve quality of prescribing of respiratory medicines in line with guidance. 			
Indicators			
Activity	Pregnancy Prevention Programme (PPP)*	Antibiotic items per 1000 STAR PU Rolling 12 months	Asthma
Measure	Target to achieve 95% of female patients prescribed valproate or topiramate, to have the required coding and risk forms as detailed in local ICB resources/ guidance. 100% is expected in line with best practice.	Reduction in antibiotic Items Apr 25 – Mar 26 to below or at national target or achieve 10% relative reduction compared to practice baseline Apr 24 – Mar 25.	Aim to reduce Short Acting Beta-2 Agonist (SABA) overuse. Target to ensure at least 90% of patients on the QOF Asthma Register as at 31 st March 2026 receive five or less SABA inhalers over the previous 12 months
% of Payment	5.6% (£0.30)	3.8% (£0.20)	5.6% (£0.30)
<p><i>*Practices will be expected to comply with/undertake activities (e.g. coding, completion of relevant sections of ARAF form and escalation to secondary care) in line with pathways developed by the MO team:</i></p> <ul style="list-style-type: none"> • MO LSC ICB Topiramate Pathway is available and has been circulated in the GP Newsletter/Bulletin and can be accessed/obtained from the following intranet link. Topiramate – Lancashire and South Cumbria Primary Care Intranet • Valproate pathways are in development and when approved can be accessed/obtained from your locality Medicines Optimisation Team. 			
4. Applicable quality requirements and CQUIN goals			
Applicable Quality Requirements			
n/a			
Applicable CQUIN goals			
n/a			
5. Location of Provider Premises			

Service delivery must be from the premises identified within the providers` NHS Contract or where the service has been sub-contracted, the premises must be in suitable premises for delivery of the services set out in the specification.

6. Finance

Payment

£5.50 per weighted head of population

LES	Delivery/Outcome	Cost/ head (£)	% of scheme (rounded for indicative purposes only)	Payment basis
Core	Includes: OptimiseRx, Eclipse, SMRs, Medicines coordinators/Managers or equivalent, engagement with Medicines Optimisation team	2.50	45%	Capitation
Value		1.20	22%	Outcomes
Drugs of dependence	Opioids 10% ↓	0.50	9%	Outcomes
	Gabapentinoids 10%↓	0.50	9%	Outcomes
Safety and quality Reduce avoidable harm	Antimicrobials	0.20	3.8%	Outcomes
	Respiratory safety	0.30	5.6%	Outcomes
	Pregnancy prevention	0.30	5.6%	Outcomes

Payment schedule

£5.50 for full year assuming full achievement

£5.04 (pro rata from May25-March 26) – 45.81p per month

Breakdown:

Core

- £2.50 (£2.29 in 2025/26) as a 100% payment in equal 11ths
- 20.81p paid each month
- Assumes full compliance – may be clawed back if practices have not engaged or delivered core tasks

Outcomes based (Value, Drugs of dependence, safety)

- £3 (£2.75) based on activity.
- 50% paid for months 2-5 due to uncertainty of delivery (due to 8 week delay on EPACT data)
 - 12.5p paid each month
 - Achievement in Quarter 1 will be reconciled in month 5 (August)
 - Adjusted payments made in month 6 (September) based on verified YTD performance

- Quarterly (Sept, Dec, Mar, Jun) reviews of achievement and payment reconciliations each quarter thereafter.

Fraud Policy

In the event of suspected fraud or other illegality being uncovered at any stage the ICB will implement the ICB Fraud Policy and will investigate.

Information supporting reported activity and monitoring information must be made available to the ICB or its representatives upon request.

Failure to provide this information, or the provision of incomplete or inaccurate information, may result in suspension of payments or clawback, as well as further investigation by the ICB and its representatives.