# Local Enhanced Service Specification:

## Medicines Optimisation

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| **Service Specification No.** | |
| **Service** | Medicines Optimisation |
| **Commissioner Lead** | Lancashire and South Cumbria ICB |
| **Provider Lead** | GP Practices in Lancashire and South Cumbria |
| **Period** | 1st April 2026 – 31st March 2027 |
| **Date of Review** | To be reviewed annually |
| **Version control** | Final V1.0 19.03.26 cm |

## 1. Population Needs and Background

NHS Lancashire and South Cumbria ICB covers 195 GP Practices and has a total weighted population of 1,988,701 (as of Jan 2026) patients.

The scope of this specification will cover all the 195 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 three domains within the Medicines Optimisation component of the framework.

- **Domain 1**: **Reducing inequalities and variation** – Practice specific outcomes targets
- **Domain 2**: **Value**
- **Domain 3**: **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). And it is expected that practices will meet face to face regularly (at least twice a year) with the Medicines Optimisation Team to discuss performance.

**3. Domains**

| **Delivery/Outcome 1** | |
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| **Reducing inequalities and variation**<br>Key practice specific outcomes to be agreed with the practice alongside basic engagement activities | |
| **Objectives** | |
| To engage with the Medicines Optimisation team to demonstrably improve safety, efficacy and value in the use of medicines. | |
| **Core Activities** | |
| **Core Activity** | **Evidence** |
| 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 Medicines Optimisation team by end of Q1. The Medicines Safety lead will be required to do a one-off training session.<br><br>All practices to meet with the MOT at least twice yearly. |

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| Update the MO team regularly on progress against the MO work plan | Savings information should be provided monthly |
| Outcome targets in 3 areas value, drugs of dependence & quality and safety<br>To address areas of greatest opportunity for improvement – distance from national benchmarks | Agree outcome targets from a basket of key national priorities and based on improving current practice performance, see Appendix 1. |
| **Payment** | **£1.00 per target achieved, £3.00 in total**<br><br>**A sliding scale will apply for all variation targets where practices will receive a proportion of the maximum payment for progress towards the target. (excludes Valproate/Topiramate)** |

| **Delivery/Outcome 2** | |
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| **Value**<br><br>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** | |
| All prescribing clinicians to utilise the OptimiseRx decision support software. | OptimiseRx acceptance rate for value messages only should be equal to or above 25% on average for the period of 1st May 2026 to 31st March 2027. |
| **Payment** | **£0.50** |
| Medicines Coordinator /Medicines Manager or equivalent to undertake and report monthly tasks and attend regular training as agreed locally.<br><br>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.<br><br>Monthly task update to be provided to place MO team along with completion of savings log, any nil receipt may result in a pro-rata payment reduction. |
| **Payment** | **£0.70** |

**Delivery/Outcome 3**

**Medicines Quality and Safety**

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:

- 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

Problematic polypharmacy as an avoidable harm, especially in older and frail people. Polypharmacy continues to rise year on year despite efforts to address this.

**Activities**

- Utilise Eclipse RADAR alerts
- Complete SMRs with a focus on with medicines that increase patient risk, as identified through Eclipse and reducing number of patients on 10 or more medicines. Especially those over 65yrs of age.

**Objectives**

- Improve medicines safety

**Indicators**

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| Complete SMR's for a minimum of **5%** of the weighted population in line with PCN DES, prioritising those on opioids and other high-risk medicines identified through Eclipse SMR risk stratification and EMIS searches . It is advised that the ICB local EMIS template for SMRs is used. | Eclipse SMR cohorts and DQ searches of patients eligible for SMRs **(SNOMED code 1239511000000100 )** A case study of an SMR should be prepared and discussed with the MOT at a practice meeting. |
| **Payment** | **£0.80** |
| 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) to be completed weekly. |
| **Payment** | **£0.50** |

## 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 |
|---|---|---|---|---|
| **Variation** | Drugs of dependence outcome target | £1.00 | 18% | Outcome |
| | Value outcome target | £1.00 | 18% | |
| | Safety Outcome targets | £1.00 | 18% | |
| | NB safety target to be split between Antibiotics and Valproate/Topiramate | 60p;40p | | |
| **Value** | OptimiseRx | £0.50 | 9% | Outcomes |
| | Meds Co workplan | £0.70 | 13% | Outcomes |
| **Quality and safety** | Eclipse | £0.50 | 9% | Outcomes |
| | SMRs | £0.80 | 15% | Coding and outcomes |
| Total | | £5.50 | | |

**Payment schedule**

£5.50 for full year assuming full achievement

**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.

## Appendix 1

Outcome target selection for practice selection in Domain 1- Variation

The MO team will select targets for practices in areas where they have the greatest inequalities and variation from best practices benchmarks.

| Target | Measure | Area |
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| **Drugs of dependence** | | |
| Opioid prescribing | Volume of Opioids prescribed measured as Oral Morphine Equivalent per Analgesic STAR PU<br>• Practices must reduce their Total Opioid prescribing by ≥ 10%.<br>• Practices that are in the best performing quartile in the ICB must reduce their Total Opioid prescribing by ≥ 5% | Drugs of dependence |
| Gabapentinoid prescribing | Gabapentinoids measured as Average Daily Quantities per Analgesic STAR PU<br>Practices must reduce their gabapentinoid prescribing by ≥ 10%.<br>Practices that are in the best performing quartile in the ICB must reduce their gabapentinoid prescribing by ≥ 5% | Drugs of dependence |
| **Value** | | |
| Reduction in low priority LPP including Over the Counter Preparations | Low Priority Prescribing (Includes OTC preparations) Total Actual Cost per 1000 patients<br>• Practices must reduce their Low Priority Prescribing by ≥ 20% or reach the ICB top quartile (whichever is smaller) | Value |
| SGLT2 prescribing | Number of Prescription items for SGLT2s other than Dapagliflozin.<br>• Practices must reduce the number of items by ≥ 80% | Value |

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| Prescribing of Oral nutritional supplements | Total Actual Cost of non-first line preparations per weighted population<br>• Practices must reduce their spend on non-first line preparations by ≥ 50% | Value |
| **Quality and safety** | | |
| Antibiotic prescribing<br>a) Volume indicator<br><br>b) Antibiotic prescribing for children (0-9 years)<br>c) Broad Spectrum prescribing – proportion of co-amoxiclav, cephalosporin and quinolone items | a) Antibiotic items per 1000 STAR PU - Rolling 12 months<br>• To decrease antibiotic Items to below or at national target (0.871) or achieve ≥ 10% relative reduction<br>b) Percentage of children (aged 0 – 9) prescribed at least one antibiotic in the last 12 months to be at or below 25%<br>c) The number of Broad-Spectrum Items as a proportion of all antimicrobials prescribed<br>• To decrease the proportion prescribed to ≤ 10% or achieve ≥ 10% relative reduction | Quality and safety |
| Valproate or Topiramate (Teratogenic drugs) | 85% female patients prescribed Valproate or Topiramate have an appropriate SNOMED code for the pregnancy prevention programme and ARAF completed. | Quality and safety |

## APPENDIX 2a – SMR LES DATA QUALITY GUIDANCE

### CLAIM CODE

| Code | Description |
|---|---|
| 1239511000000100 | Structured Medication Review |

### GUIDES AVAILABLE

Guides for the following can be found on the GP Intranet/Learning Academy/DQ Specialist:

**ML DQ SMR Guide**

For activating the template launcher: **LSC ICB LES Protocol Guide**

### TEMPLATES

The template for the SMR LES is available through your shared folder in Resource Publisher and is titled **ML ICB Structured Medication Review v2.0**. Emails will be sent whenever the template is updated. Please ensure that you keep Resource Publisher refreshed to ensure that you are using the most up to date template.

A template picker is also available to support the selection of the appropriate template. Instructions on how to enable these protocols are provided in the guide referenced above.

### SEARCHES

All searches for the SMR LES are available through Enterprise Searches & Reports, the CCG tab at the bottom of Population Reporting. Searches are managed by the Data Quality Team and emails will be sent from the Data Quality Team regarding the location and when any searches have been updated. Any updated searches will be available in the same place. Searches need to be copied and pasted into your practices folder to be able to use them.

### DATA EXTRACTS

All data is extracted based on left/deceased patients and the code above being added to the patients record once within the specified timeframe.

### CONSULTATION TYPES

All SMRs should be carried out on a face to face or telephone. Searches are based on a face to face or telephone consultation type.

All other consultation types will appear in the ACTION searches as CHECK consultation type, and these should be reviewed. If you find any activity in the Action/Check Consultation Type searches that should count towards claims, add a new consultation to the patient's record (on the same date as the excluded one) using an acceptable consultation type and the correct claim code(s). This keeps the original consultation unchanged and ensures the patient appears in the claims searches.

## DATA QUALITY CONTACT DETAILS

All requests for support or query resolution should be logged on the Self-Service Portal at: https://sunrise-saas.com/mlcsu/SContacts/

For any urgent queries please ring: **0300 555 0212**

**APPENDIX 2b v1.1 – Topiramate & Valproate LES - DATA QUALITY GUIDANCE**

## CLAIM CODES

One codes below needs to be used for recording Activity towards Pregnancy Prevention Programme and Annual Risk Awareness respectively. Please see below codes for Topiramate and Valproate

| Code | Description |
|---|---|
| **PPP Coding for both Topiramate and Valproate** | |
| 1129791000000104 | Pregnancy Prevention Programme not needed |
| 1129771000000103 | Pregnancy Prevention Programme started |
| 1129761000000105 | Pregnancy Prevention Programme |
| 1129801000000100 | Pregnancy Prevention Programme declined |
| 1129841000000102 | Pregnancy Prevention Programme discontinued |
| **ARAF Coding for Topiramate** | |
| 2181271000000102 | Topiramate Pregnancy Prevention Programme Annual Risk Awareness Form Completed |
| **ARAF Coding for Valproate** | |
| 1366401000000107 | Valproate Annual Risk Acknowledgement Form Completed |
| **Referral Codes** | |
| 1366381000000107 | Referral for completion of Valproate Annual Risk Acknowledgement Form |
| 183521007 | Referral to neurology service |

## GUIDES AVAILABLE

Guides for the following can be found on the GP Intranet/Learning Academy/DQ Specialist:

**ML DQ Topiramate and Valproate LES Guide**

For activating the template launcher: **LSC ICB LES Protocol Guide**

## TEMPLATES

The template for the Topiramate LES is available through your shared folder in Resource Publisher and is titled **ML ICB Topiramate and Valproate v2.1**. Emails will be sent when the template is updated. Please ensure that you keep Resource Publisher refreshed to ensure that you are using the most up to date template.

A template picker is also available to support the selection of the appropriate template. Instructions on how to enable these protocols are provided in the guide referenced above.

## SEARCHES

All searches for the Topiramate and Valproate LES are available through Enterprise Searches & Reports, the CCG tab at the bottom of Population Reporting. Searches are managed by the Data Quality Team and emails will be sent from the Data Quality Team regarding the location and when any searches have been updated. Any updated searches will be available in the same place. Searches need to be copied and pasted into your practices folder to be able to use them.

## DATA EXTRACTS

All data is extracted based on left/deceased patients and the codes above being added to the patients record within the specified timeframe.

## DATA QUALITY CONTACT DETAILS

All requests for support or query resolution should be logged on the Self-Service Portal at: https://sunrise-saas.com/mlcsu/SContacts/

For any urgent queries please ring: **0300 555 0212**