

Primary Care Commissioning Committee

21 December 2016

Details	Part 1	✓	Part 2		Agenda Item No.	9
Title of Paper:	Quality Premium indicators for hypertension and antibiotics 2016/17					
Board Member:	Margaret O'Dwyer, Director of Commissioning					
Author:	Jeanette Tilstone Head of Medicines Optimisation					
Presenter:	Amy Lepiorz, Deputy Director of Primary Care					
Please indicate:	For Decision		For Information	X	For Discussion	

Executive Summary

Summary	<p>Improving antibiotic prescribing in primary care is one of the four nationally mandated quality premium (QP) measures for 2016/17. Hypertension was chosen as one of the three local measures and specifically aimed to increase reported prevalence of hypertension on GP registers as a percentage of estimated prevalence.</p> <p>This report details the action plans in place and progress towards achievement of these targets.</p>					
Risk	High		Medium		Low	X
	<p>Please indicate above the overall level of risk associated with the paper then state here what the risks are and how this paper aims to address them. If the above summary itself is around managing risk etc. state "Included in Summary". NB Risks can include failure to act and lost opportunities.</p>					
Recommendations	The Primary Care Commissioning Committee is asked to note the progress towards achievement of these two Quality Premium targets for 2016/17.					

Strategic themes

To deliver improved outcomes and reduce health inequalities for patients through better preventative strategies	X
To deliver service re-design in priority areas through innovation	X
To develop primary care to become excellent and high performing commissioners	X
To develop the CCG leadership to work with the Local Authority to be excellent integrated commissioners	X
To develop robust and effective working relationships with all stakeholders and partners to drive integrated commissioning	
To deliver long term financial sustainability through effective commissioning and innovative investment across the wider system	
To develop and influence the provider landscape through development of a Locality Care Organisation (LCO)	
Equality Analysis Assessed?	Supports NHS Bury CCG Governance arrangements

Quality Premium indicators for hypertension and antibiotics 2016/17

1. Introduction and background

Improving antibiotic prescribing in primary care is one of the four nationally mandated quality premium (QP) measures for 2016/17 and consists of two targets:

- a) reduction in the number of antibiotics prescribed in primary care
- b) reduction in the proportion of broad spectrum antibiotics prescribed in primary care

Hypertension was chosen as one of the three local measures and specifically aimed to increase reported prevalence of hypertension on GP registers as a percentage of estimated prevalence.

Each of the hypertension and antibiotics indicators is worth 10% of the total QP reward available. The full quality premium guidance for 2016/17 can be found here:

<https://www.england.nhs.uk/wp-content/uploads/2016/03/quality-prem-guid-2016-17.pdf>

Specific detail and progress toward targets is summarised below.

2. Further information

	Hypertension	Antibiotics
What is the aim?	<p>Our target is to increase reported prevalence of hypertension to 58% of estimated prevalence for 16/17 (against a baseline of 54.6% for 15/16).</p> <p>In real terms:</p> <ul style="list-style-type: none"> • Public Health data estimates that Bury has 48,800 people with hypertension – significantly higher than the English average value • Data from Bury GP practice registers (15/16) shows we have 26,644 people with hypertension – similar to the English average value. <p>In 15/16 we had 26,644 patients on practice hypertension registers. By March 2017 we need to identify approximately another 1500 patients across Bury and ensure these are added to practice hypertension registers.</p>	<p>Overall antibiotic prescribing rates</p> <p>The target has been set on a 4% reduction from the financial year 2013-14 baseline data value, or to below the England mean CCG value of 1.161 for each CCG, whichever represents the smallest reduction.</p> <p>This means Bury CCG's antibiotic prescribing rate must not exceed 1.220 items / STAR PU for April 16 – Mar 17.</p> <p>Broad spectrum antibiotic prescribing</p> <p>The target has been set on a 20% reduction from the financial year 2014-15 baseline data value, or to be 10% or below, whichever represents the smallest reduction.</p> <p>This means Bury CCG's broad spectrum antibiotic prescribing (as a percentage of total antibiotic prescribing) must not exceed 10%.</p>
Action plan for achievement:	<p>A working group and action plan was developed to:</p> <ul style="list-style-type: none"> • Identify existing patients not currently recorded on practice registers • Identify new patients via NHS health checks and follow up • Raise public awareness • Engage community pharmacy • Deliver education and training to 	<p>Between April 2015 and August 2016 a 12% reduction in antibiotic prescribing rates in Bury had already been achieved by:</p> <ul style="list-style-type: none"> • updating the primary care prescribing guidelines and training of practice staff on responsible antibiotic prescribing; • provision of national tools to support GPs in the face of patient demand (e.g. TARGET toolkit); • regular audits and feedback to prescribers

	GP practices	<p>to evidence inappropriate prescribing;</p> <ul style="list-style-type: none"> • providing benchmarking data at monthly sector meetings to ensure this initiative retained a high profile; • working with local microbiologists and urologists to reduce long term prophylaxis for UTIs. <p>Continuing this strategy and working across Greater Manchester to increase public awareness around the importance of antimicrobial stewardship is anticipated to maintain the current reduction in prescribing rates.</p>																
Progress towards achievement of targets: latest data	December 2016	September 2016*																
	<table border="1"> <thead> <tr> <th></th> <th>Number of patients identified and added to practice registers</th> </tr> </thead> <tbody> <tr> <td>Sept</td> <td>555</td> </tr> <tr> <td>October</td> <td>613</td> </tr> <tr> <td>November</td> <td>290</td> </tr> </tbody> </table> <p>1458 patients added as at 5.12.16; prevalence had increased to 56.5% by mid October 16.</p>		Number of patients identified and added to practice registers	Sept	555	October	613	November	290	<table border="1"> <thead> <tr> <th>TARGET 16/17</th> <th>Number of antibacterial items per STAR-PU</th> <th>% of cefs, quins & co-amox</th> </tr> </thead> <tbody> <tr> <td></td> <td>≤1.219</td> <td><10.0</td> </tr> <tr> <td>Oct 2015 to Sep 2016</td> <td>1.155</td> <td>5.974</td> </tr> </tbody> </table> <p>* Latest prescribing data available</p>	TARGET 16/17	Number of antibacterial items per STAR-PU	% of cefs, quins & co-amox		≤1.219	<10.0	Oct 2015 to Sep 2016	1.155
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Confidence in achieving target by 31st March 2017	High. We are awaiting updated prevalence data to reflect the ~750 patients added to practice registers since mid-October 2016.	Medium – high. Although we are already meeting this target, prescribing rates could increase adversely during the winter months.																

3. Recommendations

The Primary Care Commissioning Committee is asked to note the progress towards achievement of these two Quality Premium targets for 2016/17.

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