NHS England

Medicines Optimisation

Supporting information for the prototype dashboard

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Medicines Optimisation Prototype Dashboard

Supporting information for the Medicines Optimisation Prototype Dashboard

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Foreword

Patients depend on medicines to help maintain health, prevent illness, manage chronic conditions and treat disease. Medicines are such an important part of what the NHS does to help patients and are therefore a very precious resource.

The journey from drug development to routine use in patient care can be a long, arduous and expensive one. So when that medicine is used, it is important for the patient, those who prescribe, dispense or administer the medicine, the NHS and the taxpayer that we are assured that the patient will derive the greatest benefit that those medicines have to offer and not suffer any avoidable harm.

Over the years, much work has been done to ensure medicines use is evidence based and cost effective. To date, there has been a focus on prescribing data (drug cost and volume) relating to drug choice and prescribing. However, relatively little work has been done outside of the academic setting on how well patients are supported to get the best from their medicines.

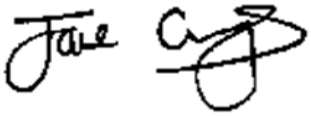
Evidence, both national and international, suggests that medicines use is "sub optimal". That is why we encouraged the development of principles to support medicines optimisation. Led by the Royal Pharmaceutical Society, but developed in collaboration with patients, the medical and nursing professions and the pharmaceutical industry, the principles offer a step change in the way that we think about medicines use in the NHS.

The principles can be found at http://www.england.nhs.uk/2013/05/02/med-opt/

Building on this excellent work, and developed in a collaborative manner, this "Medicines Optimisation Prototype Dashboard" brings together a range of medicines-related data in a way never previously done. We hope it will help CCGs explore how well their local populations are supported to optimise medicines use.

The dashboard is presented to allow local NHS organisations to develop improvements. It is not intended as a performance measurement tool and there are no targets.

We hope that CCGs and Trusts review this information together and agree how to use it locally. It will be important for Local Professional Networks, Strategic Clinical Networks and Academic Health Science Networks to use the indicators in their collaboration with patients, Clinical Commissioning Groups, Trusts and the Pharmaceutical Industry to support local improvement.



Sir Bruce Keogh
Medical Director
NHS England

Jane Cummings
Chief Nursing Officer
NHS England

Dr Keith Ridge CBE
Chief Pharmaceutical Officer
NHS England

Background

Medicines play a crucial role in maintaining health, preventing illness, managing chronic conditions and curing disease. In an era of significant economic, demographic and technological challenge it is crucial that patients get the best quality outcomes from medicines.

To date, pharmacists, working with health care professionals have delivered much to be proud about around evidence-based medicine, cost effective drug choices, and services in the community and recently around the QIPP agenda. An informed choice of medicine used appropriately within an agreed pathway can have a positive and life changing benefit for patients and represents good value for the NHS.

We now find ourselves facing unprecedented change in terms of the patient demographic, NHS infrastructure, NHS funding and the wider financial situation.

Against this background, we know that that there are areas where current use of medicines could be improved. For example:

- up to 50% of medicines are not taken as intended by the prescriber.
- between 5 to 8% of all unplanned hospital admissions are due to medication issues (this figure rises to 17% in the over 65s)[1]
- medicines waste is a significant issue (reported as £300 million in primary care alone, about half of which is avoidable) not to mention the estimated opportunity cost of the health gains foregone because of incorrect or inadequate medicines taking in just five therapeutic contexts that is in excess of £500 million per annum
- medication safety data indicates that we could do much better at reporting and preventing avoidable harm from medicines
- resistance to antimicrobial treatments presents a very real and significant threat to modern healthcare.
- multi-morbidity and polypharmacy increase clinical workload, so doctors, nurses and pharmacists need to work coherently as a team with a balanced clinical skill-mix. [1]

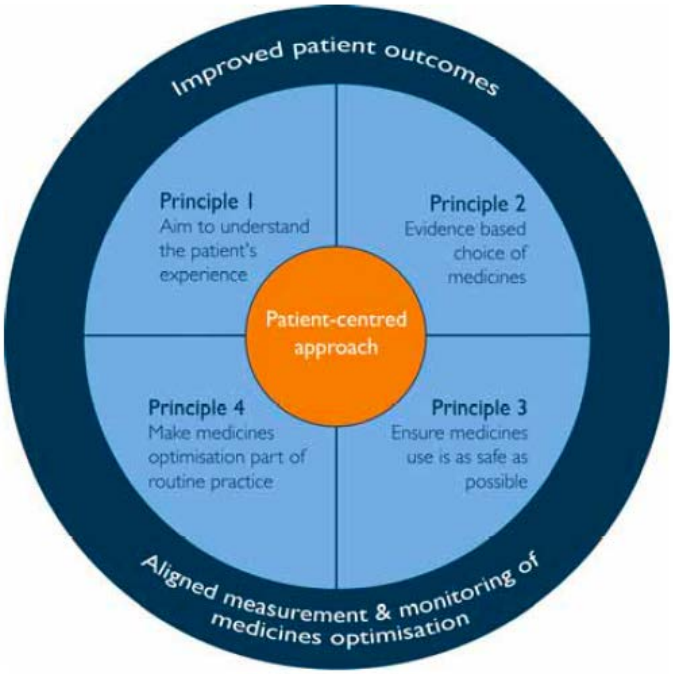
In May 2013, the Royal Pharmaceutical Society, working with NHS England, patient groups, other Royal Colleges and the Association of British Pharmaceutical Industry published "Medicines Optimisation: Helping patients to make the most of medicines. *Good practice guidance for healthcare professionals in England".*

This work highlighted that *"Medicines optimisation is about ensuring that the right patients get the right choice of medicine, at the right time. By focusing on patients and their experiences, the goal is to help patients to: improve their outcomes; take their medicines correctly; avoid taking unnecessary medicines; reduce wastage of medicines; and improve medicines safety. Ultimately medicines optimisation can help encourage patients to take ownership of their treatment."*
(*See* www.rpharms.com/medicines-safety/medicines-optimisation.asp)

NHS England via the National Medical Director, Chief Nursing Officer and Chief Pharmaceutical Officer publicly committed to the medicines optimisation agenda (www.rpharms.com/promoting-pharmacy-pdfs/helping-patients-make-the-most-of-their-medicines.pdf)

[1] http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/polypharmacy-and-medicines-optimisation-kingsfund-nov13.pdf

This document outlined four key principles of medicines optimisation:



It is now a priority for NHS England to implement these agreed principles within the NHS through its work on Medicines Optimisation.

Medicines Optimisation offers the opportunity to make a step change in how we improve the issues highlighted above.

NHS England recognises that we will need to engage with patients and the public in a way that few of us have to date. We will need to work more closely with patients to better understand their issues around medicines use and to co-develop solutions that better support them with their medicines-taking.

We will be challenged to work much more collaboratively across health and social care boundaries to ensure that there is adequate support right across the medicines pathway to secure the desired outcomes for the patients as well as delivering value for money for the NHS.

NHS England's patient/carer engagement work has started the process of better understanding medicines and medicine-taking from patient/ carer perspectives. It is the first step on the journey to deliver a programme to optimise the use of medicines, made even more important in that we have done it with patients and the public.
http://www.england.nhs.uk/wp-content/uploads/2014/04/mo-ws-report-02-14.pdf

As this is the beginning of this work, we welcome any feedback. Your comments and suggestions for future iterations can be sent to England.MODashboard@nhs.net

The evaluation of the contribution of this dashboard, combined with our understanding of medicines optimisation from the patients' perspective gained via our patient engagement work will inform the direction and development of the NHS England Medicines Optimisation work.

The importance of measurement in relation to medicines

Over the last 20 years or so, primary care in England has had access to accurate and robust prescribing data. Between 6 and 10 weeks (but usually around 6 weeks) after a medicine has been dispensed, we can, at a click see what was prescribed, how much was prescribed and of what drug, what dose and how much it cost. The presentation of prescribing data has evolved over this time and local and national NHS organisations have developed a range of tools, such as NHS Prescription Information Services Portal, which provide an invaluable tool for local NHS organisations to ensure prescribing is in line with the evidence base and in managing prescribing costs over the period.

However, in recent times, as the NHS has, rightly, become more focussed on patient experience, patient outcomes and inefficiencies, but the focus on medicines has remained largely around cost and not value or outcomes or, most importantly, how well a patient was able to get the most benefit from their medicine. The medicines optimisation work aims to shift the focus from **looking solely at the spend on medicines in isolation toward a more balanced view of the value of medicines and a better understanding of the outcomes derived from using them**. This Prototype Medicines Optimisation Dashboard aims to help CCGs explore how well placed they are to optimise the use of medicines across their locality. This work will also be important in developing a joint approach to working in partnership with the pharmaceutical industry, giving us a set of common goals. It will also inform how schemes such as the Pharmaceutical Pricing Regulation Scheme (2) are implemented.

The dashboard is a **prototype**. It is by no means the final product but the first of what we hope will be a series of iterations aimed at moving the focus towards understanding how well patients in a CCG area are supported to get the most from their medicines and thereby use them as intended, suffer no harm and ultimately derive the most benefit that medicines have to offer.

Many of the things we'd like to measure such as "how many people are admitted to hospital because of problems with their medicines" are not routinely collected. Therefore, this is a prototype dashboard of measures aimed at bringing the medicines related data we do currently have in one place.

This is not measurement for performance. Many of the indicators are proxy indicators to help stimulate debate locally about how well local patients are supported to use their medicines. There are no targets.

We believe that CCGs are more likely to deliver against the priorities identified in their strategic plans if they make the most of the medicines prescribed by the CCG. For example there is evidence to show that where primary care has made a concerted effort to utilise the respiratory medicines use review service provided by community pharmacies to support patients to use their inhaled medicines properly, scores of quality of life measures and rates of unplanned hospital admissions for asthma and COPD were improved. (3)

(2) The Pharmaceutical Price Regulation Scheme (PPRS) is a non-contractual voluntary scheme between UK Government and Industry covering all the relevant key issues that underpin the pricing of the majority of NHS branded medicines1. It runs for 5 years, and the most recent agreement was put in place on 1st January 2014. https://www.gov.uk/government/publications/pharmaceutical-price-regulation-scheme-2014

(3) Evaluation of the improved inhaler technique programme. http://www.tvhiec.org.uk/programmes/care-closer-to-home/inhaler-technique-improvement-training/

Future development of the dashboard

We are well aware that some of the measures are not perfect. Over time, we aim to improve the way that medicines-related data are collected and therefore create a more robust data set. But we hope that this work stimulates thinking and ultimately leads to improvements for patients in their experience of taking medicines.

We are interested in the impact that this work has on CCGs. A small scale study will formally evaluate this but if you have any insights you'd like to share please email England.MODashboard@nhs.net. For the indicators that are identified by CCGs as being helpful to improvement, we can, over time, build in trend data. However, all of the data sources are described in the specification so CCGs can look at their performance in any specific indicator over time.

As part of the development of this work we considered a range of indicators. Those selected are the ones considered to be the most robust and suitable for this first iteration. However, a number of indicators were very close to inclusion and will be worked on further to include in the next iteration of the dashboard. Examples include:

- Use of the NHS Improvement/ PRIMIS GRASP-AF tool
- Hospital Episode Statistics (HES) – respiratory admissions (asthma/COPD) or diabetes
- Uptake of NICE approved medicines
- Patient experience
- Use of the STOPP/ START criteria
- Indicator 5.4 NHS Outcomes framework - reducing medication errors causing severe harm - 1) measure of medication errors causing serious harm 2) measure of hospital admissions from an adverse drug reaction.
- Percentage of omitted and delayed doses during an inpatient hospital stay.

As we develop this work, we hope that future iterations will explore even broader areas such as

- Problematic polypharmacy – as recently described by the Kings Fund. For example the proportion of patients on five or more medicines
- The impact of inappropriate use of medicines in particular groups such as children, people with learning difficulties or those with mental health problems.
- The prescribing of medicines causing acute kidney injury
- The prescribing of medicines known to increase the risk of falls
- The effect of workforce on medicines optimisation
- Action to prevent delayed and omitted doses
- Adherence to NICE guidelines and technology appraisals
- Over time we aim for all metrics used in the dashboard to be quality assured by the Health and Social Care Information centre.

How to use

Each Indicator should be viewed in conjunction with the specification. This sets out a description of the metric, the rationale for its inclusion, a description of what we are aiming to demonstrate by its inclusion, its limitations as well as an indication of any future improvements we foresee for the metric.

The indicators included in this first version

Safe prescribing in the community setting
PINCER: percentage of practices accessing PINCER audit software; by CCG areas and AT

Support for patients with long-term conditions
QOF: % underlying achievement for QOF indicator Epilepsy 8; by CCG and AT; 2012 - 2013
QOF: % underlying achievement for QOF indicator MH18 (Mental Health 18) ; by CCG and AT; 2012 - 2013
QOF: % underlying achievement for QOF indicator DM26 (Diabetes Mellitus 26); by CCG and AT; 2012 - 2013
QOF: % underlying achievement for QOF indicator AF7 (Atrial Fibrillation 7); by CCG and AT; 2012 - 2013
QOF: % underlying achievement for QOF indicator OST3 (Osteoporosis 3); by CCG and AT; 2012 - 2013
QOF: % practices that achieve maximum points for QOF indicator E8 (Epilepsy 8); by CCG and AT; 2012 - 2013
QOF: % practices that achieve maximum points for QOF indicator MH18 (Mental Health 18); by CCG and AT; 2012 - 2013
QOF: % practices that achieve maximum points for QOF indicator DM26 (Diabetes Mellitus 26); by CCG and AT; 2012 - 2013
QOF: % practices that achieve maximum points for QOF indicator AF7 (Atrial Fibrillation 7); by CCG and AT; 2012 - 2013
QOF: % practices that achieve maximum points for QOF indicator OST3 (Osteoporosis 3); by CCG and AT; 2012 - 2013

QIPP Prescribing Indicators
QIPP: NSAIDs - Ibuprofen and Naproxen % items; by CCG area and AT; January to March 2014
QIPP: Cephalosporins and Quinolones % items; by CCG area and AT; January to March 2014
QIPP: Antibacterial items per STAR-PU; by CCG area and AT; January to March 2014

Community-based support for patients taking medicines
New Medicine Service Uptake: % of pharmacies conducting NMS; by AT; April 2013 – March 2014
New Medicine Service Volume: number of NMS per 1,000 dispensed items; by AT; April 2013 – March 2014
Medicine Use Review Uptake: % of pharmacies conducting MUR; by AT; April 2013 – March 2014
Medicine Use Review Volume: number of MUR per 1,000 dispensed items; by AT; April 2013 – March 2014

Access to repeat medicines
Volume of Repeat Dispensing: % of repeat dispensing items; by CCG and AT; April 2013 – March 2014
Volume of Electronic Repeat Dispensing: % of all items prescribed as electronic repeat dispensing as a proportion of all electronic prescriptions; by CCG and AT; January - March 2014
Electronic Prescribing: % of practices enabled for EPS; by CCG and AT; March 2014
Electronic Prescribing: % of practices undertaking EPS; by CCG and AT; January – March 2014
Electronic Prescribing: % of all items supplied electronically; by CCG and AT; April 2013 – March 2014

Medication safety in the hospital setting

Medicine Reconciliation: % patients receiving medicines reconciliation within 24 hours; by NHS Hospital Trust; April 2013 – March 2014

Patient Safety: number of medication related never events by main provider; by NHS Hospital Trust; 2013-2014

Patient safety; medication safety incident reporting (a) rate of total reporting of medication incidents to NRLS 01Apr2013 and 30Sep2013 (Reported to the NRLS by 30 Nov2013).

Patient safety; medication safety incident reporting (b) percentage of reported medication incidents that are harmful 01 Apr2013 and 30 Sep2013 (Reported to the NRLS by 30 Nov 2013).

Summary Care Record: % of trusts viewing the summary care record; by NHS Hospital Trust; and AT; as at 23rd May 2014.

Ensuring availability of novel, NICE approved medicines

Uptake of Novel Oral Anticoagulants (NOACs) : Number of prescription items for apixaban, dabigatran etexilate and rivaroxaban as a percentage of the total number of prescription items for apixaban, dabigatran etexilate, rivaroxaban and warfarin sodium, by CCGs and AT; January to March 2014.

Specifications of Metrics for Prototype Dashboard

Safe prescribing in the community setting

Use of the PINCER software was chosen to ensure that CCGs are making the most of the software that has been demonstrated to improve medication safety in the primary care setting.

Metric Title: Practices accessing PINCER audit software	
Description	Percentage of practices accessing PRIMIS PINCER audit software.
Rationale	Medication errors are an important cause of potentially avoidable morbidity and mortality in primary and secondary care. The PINCER study showed that the PINCER intervention is more effective than simple feedback for reduction of the numbers of patients at risk from hazardous prescribing and inadequate blood-test monitoring of medicines in general practice. The inclusion of this metric is intended to encourage all practices to engage with the PINCER tool to identify at risk patients who are being prescribed drugs that are commonly and consistently associated with medication errors so that corrective action can be taken to reduce the risk of occurrence of these errors. The PINCER audit tool is freely available to all basic and full PRIMIS Hub members. Over time, the Medicines Optimisation dashboard would aim to include the PINCER safety indicators to support the NHS outcome of reducing harm from medication errors.
Narrative	Medication errors are common in primary care and are associated with considerable risk of patient harm. Pharmacist-led, information technology-based intervention is more effective than simple feedback in reducing the number of patients at risk of measures related to hazardous prescribing and inadequate blood-test monitoring of medicines in general practices with computerised clinical records. http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(11)61817-5/abstract The aim of the PINCER audit tool is to identify at-risk patients who are being prescribed drugs that are commonly and consistently associated with medication errors so that corrective action can be taken to reduce the risk of occurrence of these errors. The PINCER audit tool is freely available to all basic and full PRIMIS Hub members.
Definition	**Description**: Number of GP practices in the CCG who are engaged with the PINCER tool as a percentage of the total number of practices in the CCG. Pharmacy led IT-based intervention to reduce medication errors (PINCER) linked outcomes.

	Numerator: Total number of practices within each CCG that have the PINCER library installed. **Denominator**: Total number of practices within each CCG.
Source	PINCER query library
Limitation	This indicator is included to support improvement. It is not measurement for performance. There are no targets.
Geography	CCG
Data Frequency	Snapshot can be updated periodically
Data period for first Dashboard	As at 31st March 2014
Coverage	England; 1290 GP Practices covering 176 CCGs currently downloaded PINCER software
Outcome	Reduction in avoidable medication safety errors in primary care.
OF Domain	5
MO Principle	Safety

Support for those with long-term conditions

These indicators were selected to highlight areas where there is significant variation in outcomes for certain patients with long term conditions. Good achievement would indicate that patients in these groups are supported to adhere to their medication regimes and or are monitored frequently to reduce safety issues.

Metric Title: QOF Epilepsy 8: % underlying achievement at CCG level	
Description	Percentage underlying achievement at CCG level for QOF indicator Epilepsy 8 (EPILEPSY 8). EPILEPSY 8: The percentage of patients aged 18 years and over on **drug treatment** for epilepsy who have been seizure free for the last 12 months recorded in the preceding 15 months.
Rationale	Seizure control gives some indication of how effective the management of epilepsy is. Patients with epilepsy on drug treatment who are free from seizures is an indication of effective choice and use of medicines.
Narrative	The Quality and Outcomes Framework (QOF) rewards contractors for the provision of quality care and helps to standardise improvements in the delivery of primary medical services. Contractor participation in QOF is voluntary. Within the QOF there are a number of indicators that are associated with the effective and/or appropriate use of medicines. NB: QOF points are awarded for an achievement of 45 to 70% for Epilepsy 8 with a maximum of 6 points awarded for achievement of 70% or more. This particular indicator was chosen as a proxy marker to demonstrate good adherence to medication regimes. The assumption is that in order to stay seizure free, the prescriber, patient and pharmacist must work collaboratively to support the patients to achieve this aim. The higher the proportion of patients who are seizure free could indicate a CCG with good practices in place. Data available annually back to 2004/05
Definition	**Description**: The metric will show the percentage underlying achievement (net of exceptions) at CCG against the QOF indicator EPILEPSY 8 i.e. the percentage of patients aged 18 years and over on drug treatment for epilepsy being seizure free for the last 12 months as recorded in the preceding 15 months. **Numerator**: Total number of patients within a CCG on drug treatment for epilepsy being seizure free for the last 12 months recorded in the preceding 15 months.

	Denominator: Total number of patients (net of exceptions) within a CCG on drug treatment for epilepsy.
Source	QOF CCG level tables. HSCIC website http://www.hscic.gov.uk/catalogue/PUB12262
Limitation	This indicator is included to support improvement. It is not measurement for performance. There are no targets.
Data Frequency	Annually, financial year Available November for previous financial year
Data period for first Dashboard	April 2012 to March 2013
Coverage	England
Outcome	Effective use of medicines to improve patient's health and well-being.
OF Domain	1,2,4,5
MO Principle	Patient experience/safety

Metric Title: QOF Mental Health 18: % underlying achievement at CCG level	
Description	Percentage underlying achievement at CCG level for QOF indicator Mental Health 18 (MH18) MH18: The percentage of patients on **lithium** therapy with a record of lithium levels in the therapeutic range within the preceding 4 months.
Rationale	Lithium monitoring is essential due to the narrow therapeutic range of serum lithium and the potential toxicity from intercurrent illness, declining renal function or co-prescription of drugs, for example thiazide diuretics or non-steroidal anti-inflammatory drugs (NSAIDS), which may reduce lithium excretion.
Narrative	The Quality and Outcomes Framework (QOF) rewards contractors for the provision of quality care and helps to standardise improvements in the delivery of primary medical services. Contractor participation in QOF is voluntary. Within the QOF there are a number of indicators that are associated with the effective and/or appropriate use of medicines. NB: QOF points are awarded for an achievement of 50 to 90% for MH18 with a maximum of 2 points awarded for achievement of 90% or more. This particular indicator was chosen as a proxy marker to demonstrate good adherence to medication regimes. The assumption is that in order to stay within therapeutic range, the prescriber, patient and pharmacist must work collaboratively to support the patients to achieve this aim. The higher the proportion of patients who are within range could indicate a CCG with good practices in place. Data available annually back to 2004/05
Definition	**Description**: The metric will show the percentage underlying achievement (net of exceptions) at CCG against the QOF indicator MH18 i.e. the percentage of patients within a CCG who are on lithium therapy and have a record of lithium levels in the therapeutic range within the preceding 4 months. **Numerator**: Total number of patients within a CCG on lithium therapy with a record of lithium levels in the therapeutic range within the preceding 4 months. **Denominator**: Total number of patients (net of exceptions) within a CCG on lithium therapy.
Source	QOF CCG level tables. HSCIC website http://www.hscic.gov.uk/catalogue/PUB12262
Limitation	This indicator is included to support improvement. It is not measurement for performance. There are no targets.

Data Frequency	Annually, financial year Available November for previous financial year
Data period for first Dashboard	April 2012 to March 2013
Coverage	England
Outcome	Safe and effective use of medicines to improve patient's health and well-being.
OF Domain	1,2,4,5
MO Principle	Patient experience/safety

Metric Title: QOF Diabetes Mellitus 26: % underlying achievement at CCG level	
Description	Percentage underlying achievement at CCG level for QOF indicator Diabetes Mellitus 26 (DM26). DM26: The percentage of patients with diabetes in whom the last IFCC-HbA1c is 59 mmol/mol or less in the preceding 15 months.
Rationale	The three target levels for HbA1c (59, 64 and 75 mmol/mol) in the QOF are designed to provide an incentive to improve glycaemic control across the distribution of HbA1c values. The lower level may not be achievable or appropriate for all patients. Above 59mmol/mol there is a near linear relationship between glycaemic control and death rate in patients with type 2 diabetes. The use of medicines contributes significantly to glycaemic control. It is important however, that clinicians avoid pursuing highly intensive management to levels of less than 48mmol/mol (NICE CG 87 section 1.3.1 See also Curie CJ et al Lancet 2010; 375:481-9 and MeReC Rapid review No1017 The use of medicines contributes significantly to glycaemic control. However, it is recognised that a range of medical management strategies will be required to reduce the risk of cardiovascular mortality from diabetes including stopping smoking, blood pressure management and effective management of cholesterol and triglycerides.
Narrative	The Quality and Outcomes Framework (QOF) rewards contractors for the provision of quality care and helps to standardise improvements in the delivery of primary medical services. Contractor participation in QOF is voluntary. Within the QOF there are a number of indicators that are associated with the effective and/or appropriate use of medicines. NB: QOF points are awarded for an achievement of 40 to 50% for DM26 with a maximum of 17 points awarded for achievement of 50% or more. This particular indicator was chosen as a proxy marker to demonstrate good adherence to medication regimes. The assumption is that in order to achieve an IFCC-HbA1c of 59 mmol/mol or less, the prescriber, patient and pharmacist must work collaboratively to support the patients to achieve this aim. The higher the proportion of patients who are within range could indicate a CCG with good practices in place. Data available annually back to 2004/05
Definition	**Description**: The metric will show the percentage underlying achievement (net of exceptions) at CCG against the QOF indicator DM26 i.e. the percentage of patients within a CCG with diabetes in whom the last IFCC-HbA1c is 59 mmol/mol or less in the preceding 15 months. **Numerator**:

	Total number of patients within a CCG on with diabetes in whom the last IFCC-HbA1c is 59 mmol/mol or less in the preceding 15 months. **Denominator**: Total number of patients (net of exceptions) within a CCG with diabetes.
Source	QOF CCG level tables. HSCIC website http://www.hscic.gov.uk/catalogue/PUB12262
Limitation	This indicator is included to support improvement. It is not measurement for performance. There are no targets.
Data Frequency	Annually, financial year Available November for previous financial year
Data period for first Dashboard	April 2012 to March 2013
Coverage	England
Outcome	Effective use of medicines to improve patient's health and well-being.
OF Domain	1,2,4,5
MO Principle	Patient experience/safety

Metric Title: QOF Atrial Fibrillation 7: % underlying achievement at CCG level	
Description	Percentage underlying achievement at CCG level for QOF indicator Atrial Fibrillation 7 (AF7). AF7: In those patients with atrial fibrillation whose latest record of a CHADS2 score is greater than 1, the percentage of patients who are currently treated with **anticoagulation therapy.**
Rationale	Atrial fibrillation is the most common sustained cardiac arrhythmia and if left untreated is a significant risk factor for stroke and other morbidities. There is evidence that stroke risk can be substantially reduced by warfarin (approximately 66 percent risk reduction)
Narrative	The Quality and Outcomes Framework (QOF) rewards contractors for the provision of quality care and helps to standardise improvements in the delivery of primary medical services. Contractor participation in QOF is voluntary. Within the QOF there are a number of indicators that are associated with the effective and/or appropriate use of medicines. NB: QOF points are awarded for an achievement of 40 to 70% for AF7 with a maximum of 6 points awarded for achievement of 70% or more. This indicator was chosen because existing evidence suggests that many patients with AF remain untreated or treated inappropriately. CCGs with a comparatively higher score may be deploying systematic process to identify and treat patients with AF. Data available annually back to 2004/05.
Definition	**Description**: The metric will show the percentage underlying achievement (net of exceptions) at CCG level against the QOF indicator AF7 i.e. the percentage of patients within a CCG with atrial fibrillation, whose latest record of a CHADS2 score is greater than 1, currently being treated with **anticoagulation therapy.** **Numerator**: Total number of patients within a CCG with atrial fibrillation whose latest record of a CHADS2 score is greater than 1, who are currently treated with **anticoagulation therapy.** **Denominator**: Total number of patients within a CCG (net of exceptions) with atrial fibrillation whose latest record of a CHADS2 score is greater than 1.
Source	QOF CCG level tables. HSCIC website http://www.hscic.gov.uk/catalogue/PUB12262
Limitation	This indicator is included to support improvement. It is not measurement for performance. There are no targets.

Data Frequency	Annually, financial year Available November for previous financial year
Data period for first Dashboard	April 2012 to March 2013
Coverage	England
Outcome	Effective use of medicines to improve patient's health and well-being.
OF Domain	1,2,4,5
MO Principle	Patient experience/safety

Metric Title: QOF Osteoporosis 3: % underlying achievement at CCG level	
Description	Percentage underlying achievement at CCG level for QOF indicators Osteoporosis 3 (OST3). OST3: The percentage of patients aged 75 years and over with a fragility fracture, who are currently treated with an **appropriate bone-sparing agent.**
Rationale	Interventions for secondary prevention of fractures in patients who have had an osteoporotic fragility fracture include pharmacological intervention.
Narrative	The Quality and Outcomes Framework (QOF) rewards contractors for the provision of quality care and helps to standardise improvements in the delivery of primary medical services. Contractor participation in QOF is voluntary. Within the QOF there are a number of indicators that are associated with the effective and/or appropriate use of medicines. NB: QOF points are awarded for OST3 for an achievement of 30 to 60% with a maximum of 3 points awarded for achievement of 60% or more. Data available annually back to 2004/05.
Definition	**Description**: The metric will show the percentage underlying achievement (net of exceptions) at CCG for the QOF indicators OST3. i.e. The percentage of patients within a CCG: aged 75 years and over with a fragility fracture, who are currently treated with an **appropriate bone-sparing agent** **Numerator**: Total number of patients within a CCG aged 75 years and over with a fragility fracture, who are currently treated with an **appropriate bone-sparing agent** **Denominator**: Total number of patients (net exceptions) aged 75 years and over with a fragility fracture.
Source	QOF CCG level tables. HSCIC website http://www.hscic.gov.uk/catalogue/PUB12262
Limitation	This indicator is included to support improvement. It is not measurement for performance. There are no targets.
Data Frequency	Annually, financial year Available November for previous financial year
Data period for first Dashboard	April 2012 to March 2013

Coverage	England
Outcome	Appropriate preventative treatment of a condition with the appropriate (optimised) medicine(s).
OF Domain	1,2,4,5
MO Principle	Patient experience/safety

Metric Title: QOF Epilepsy 8: % practices in CCG achieving maximum points	
Description	The percentage of practices in a CCG that achieve maximum points for QOF indicator Epilepsy 8 (EPILEPSY 8). EPILEPSY 8: The percentage of patients aged 18 years and over on **drug treatment** for epilepsy who have been seizure free for the last 12 months recorded in the preceding 15 months.
Rationale	Seizure control gives some indication of how effective the management of epilepsy is. Patients with epilepsy on drug treatment who are free from seizures is an indication of effective choice and use of medicines.
Narrative	The Quality and Outcomes Framework (QOF) rewards contractors for the provision of quality care and helps to standardise improvements in the delivery of primary medical services. Contractor participation in QOF is voluntary. Within the QOF there are a number of indicators that are associated with the effective and/or appropriate use of medicines. NB: QOF points are awarded for an achievement of 45 to 70% for EPILEPSY 8 with a maximum of 6 points awarded for achievement of 70% or more. This particular indicator was chosen as a proxy marker to demonstrate good adherence to medication regimes. The assumption is that in order to stay seizure free, the prescriber, patient and pharmacist must work collaboratively to support the patients to achieve this aim. The higher the proportion of patients who are seizure free could indicate a CCG with good practices in place. Data available annually back to 2004/05.
Definition	**Description**: The metric will show the percentage of practices that achieve the maximum points (6) for the QOF indicator EPILEPSY 8. i.e. The percentage of practices within a CCG who have 70% or more of patients aged 18 years and over on drug treatment for epilepsy being seizure free for the last 12 months as recorded in the preceding 15 months. **Numerator**: Number of practices in a CCG achieving 6 points for QOF indicator EPILEPSY 8. **Denominator**: Total number of practices in a CCG with eligible patients for QOF indicator EPILEPSY 8.
Source	QOF Practice level tables. HSCIC website http://www.hscic.gov.uk/catalogue/PUB12262

Limitation	This indicator is included to support improvement. It is not measurement for performance. There are no targets.
Data Frequency	Annually, financial year Available November for previous financial year
Data period for first Dashboard	April 2012 to March 2013
Coverage	England
Outcome	Effective use of medicines to improve patient's health and well-being.
OF Domain	1,2,4,5
MO Principle	Patient experience/safety

Metric Title: QOF Mental Health 18: % practices in CCG achieving maximum points	
Description	The percentage of practices in a CCG that achieve maximum points for QOF indicator Mental Health 18 (MH18). MH18: The percentage of patients on **lithium** therapy with a record of lithium levels in the therapeutic range within the preceding 4 months.
Rationale	Lithium monitoring is essential due to the narrow therapeutic range of serum lithium and the potential toxicity from intercurrent illness, declining renal function or co-prescription of drugs, for example thiazide diuretics or non-steroidal anti-inflammatory drugs (NSAIDS), which may reduce lithium excretion.
Narrative	The Quality and Outcomes Framework (QOF) rewards contractors for the provision of quality care and helps to standardise improvements in the delivery of primary medical services. Contractor participation in QOF is voluntary. Within the QOF there are a number of indicators that are associated with the effective and/or appropriate use of medicines. NB: QOF points are awarded for an achievement of 50 to 90% for MH18 with a maximum of 2 points awarded for achievement of 90% or more. Data available annually back to 2004/05.
Definition	**Description**: The metric will show the percentage of practices that achieve the maximum points (2) for the QOF indicator MH18 i.e. the percentage of practices within a CCG with 90% or more of patients on lithium therapy with a record of lithium levels in the therapeutic range within the preceding 4 months. **Numerator**: Number of practices in a CCG achieving 2 points for QOF indicator MH18. **Denominator**: Total number of practices in a CCG with eligible patients for QOF indicator MH18.
Source	QOF Practice level tables. HSCIC website http://www.hscic.gov.uk/catalogue/PUB12262
Limitation	This indicator is included to support improvement. It is not measurement for performance. There are no targets.
Data Frequency	Annually, financial year Available November for previous financial year
Data period for first Dashboard	April 2012 to March 2013
Coverage	England

Outcome	Safe and effective use of medicines to improve patient's health and well-being.
OF Domain	1,2,4,5
MO Principle	Patient experience/safety

Metric Title: QOF Diabetes Mellitus 26: % practices in CCG achieving maximum points	
Description	The percentage of practices in a CCG that achieve maximum points for QOF indicator Diabetes Mellitus 26 (DM26). DM 26: The percentage of patients with diabetes in whom the last IFCC-HbA1c is 59 mmol/mol or less in the preceding 15 months.
Rationale	The three target levels for HbA1c (59, 64 and 75 mmol/mol) in the QOF are designed to provide an incentive to improve glycaemic control across the distribution of HbA1c values. The lower level may not be achievable or appropriate for all patients. Above 59mmol/mol there is a near linear relationship between glycaemic control and death rate in patients with type 2 diabetes. The use of medicines contributes significantly to glycaemic control. It is important however, that clinicians avoid pursuing highly intensive management to levels of less than 48mmol/mol (NICE CG 87 section 1.3.1 See also Curie CJ et al Lancet 2010; 375:481-9 and MeReC Rapid review No1017 The use of medicines contributes significantly to glycaemic control. However, it is recognised that a range of medical management strategies will be required to reduce the risk of cardiovascular mortality from diabetes including stopping smoking, blood pressure management and effective management of cholesterol and triglycerides.
Narrative	The Quality and Outcomes Framework (QOF) rewards contractors for the provision of quality care and helps to standardise improvements in the delivery of primary medical services. Contractor participation in QOF is voluntary. Within the QOF there are a number of indicators that are associated with the effective and/or appropriate use of medicines. NB: QOF points are awarded for an achievement of 40 to 50% for DM26 with a maximum of 17 points awarded for achievement of 50% or more. Data available annually back to 2004/05.
Definition	**Description**: The metric will show the percentage of practices in a CCG that achieve the maximum points (17) for the QOF indicator DM26 i.e. Percentage of practices with 50% or more of patients with diabetes in whom the last IFCC-HbA1c is 59 mmol/mol or less in the preceding 15 months. **Numerator**: Number of practices in a CCG achieving 17 points for QOF indicator DM26. **Denominator**: Total number of practices in a CCG with eligible patients for QOF indicator DM26.

Source	QOF Practice level tables. HSCIC website http://www.hscic.gov.uk/catalogue/PUB12262
Limitation	This indicator is included to support improvement. It is not measurement for performance. There are no targets.
Data Frequency	Annually, financial year Available November for previous financial year
Data period for first Dashboard	April 2012 to March 2013
Coverage	England
Outcome	Effective use of medicines to improve patient's health and well-being.
OF Domain	1,2,4,5
MO Principle	Patient experience/safety

Metric Title: QOF Atrial Fibrillation 7: % practices in CCG achieving maximum points	
Description	The percentage of practices in a CCG that achieve maximum points for QOF indicator Atrial Fibrillation 7 (AF7). AF7: In those patients with atrial fibrillation whose latest record of a CHADS2 score is greater than 1, the percentage of patients who are currently treated with **anticoagulation therapy.**
Rationale	Atrial fibrillation is the most common sustained cardiac arrhythmia and if left untreated is a significant risk factor for stroke and other morbidities. There is evidence that stroke risk can be substantially reduced by warfarin (approximately 66 per cent risk reduction).
Narrative	The Quality and Outcomes Framework (QOF) rewards contractors for the provision of quality care and helps to standardise improvements in the delivery of primary medical services. Contractor participation in QOF is voluntary. Within the QOF there are a number of indicators that are associated with the effective and/or appropriate use of medicines. NB: QOF points are awarded for an achievement of 40 to 70% for AF7 with a maximum of 6 points awarded for achievement of 70% or more. Data available annually back to 2004/05.
Definition	**Description**: The metric will show the percentage of practices that achieve the maximum points (17) for the QOF indicator AF7. i.e. the percentage of practices with 70% or more of patients with atrial fibrillation, whose latest record of a CHADS2 score is greater than 1, currently being treated with **anticoagulation therapy.** **Numerator**: Number of practices in a CCG achieving 6 points for QOF indicator AF7 **Denominator**: Total number of practices in a CCG with eligible patients for QOF indicator AF7
Source	QOF Practice level tables. HSCIC website http://www.hscic.gov.uk/catalogue/PUB12262
Limitation	This indicator is included to support improvement. It is not measurement for performance. There are no targets.
Data Frequency	Annually, financial year Available November for previous financial year
Data period for first Dashboard	April 2012 to March 2013

Coverage	England
Outcome	Effective use of medicines to effectively manage a condition and improve patient's health and well-being.
OF Domain	1,2,4,5
MO Principle	Patient experience/safety

Metric Title: QOF Osteoporosis 3: % practices in CCG achieving maximum points	
Description	The percentage of practices in a CCG that achieve maximum points for QOF indicators Osteoporosis 3 (OST3). OST3: The percentage of patients aged 75 years and over with a fragility fracture, who are currently treated with an **appropriate bone-sparing agent.**
Rationale	Interventions for secondary prevention of fractures in patients who have had an osteoporotic fragility fracture include pharmacological intervention.
Narrative	The Quality and Outcomes Framework (QOF) rewards contractors for the provision of quality care and helps to standardise improvements in the delivery of primary medical services. Contractor participation in QOF is voluntary. Within the QOF there are a number of indicators that are associated with the effective and/or appropriate use of medicines. NB: QOF points are awarded for OST3 for an achievement of 30 to 60% with a maximum of 3 points awarded for achievement of 60% or more. Data available annually back to 2004/05
Definition	**Description**: The metric will show the percentage of practices that achieve the maximum points (3) for QOF indicators OST3 i.e. The percentage of practices within a CCG that: have 60% or more of patients aged 75 years and over with a fragility fracture, currently treated with an **appropriate bone-sparing agent.** **Numerator**: Number of practices in a CCG achieving 3 points for QOF indicators OST3 **Denominator**: Total number of practices in a CCG with eligible patients for QOF indicator OST3
Source	QOF Practice level tables. HSCIC website http://www.hscic.gov.uk/catalogue/PUB12262
Limitation	This indicator is included to support improvement. It is not measurement for performance. There are no targets.
Data Frequency	Annually, financial year Available November for previous financial year
Data period for first Dashboard	April 2012 to March 2013
Coverage	England

Outcome	Appropriate preventative treatment of a condition with the appropriate (optimised) medicine(s)
OF Domain	1,2,4,5
MO Principle	Patient experience/safety

QIPP Prescribing Comparators

These indicators were selected from the QIPP Prescribing comparators to highlight variation in prescribing practice or where there are remaining issues about prescribing safety.

Metric Title: Non-Steroidal Anti-inflammatory Drugs: Ibuprofen & naproxen % items	
Description	Number of prescription items for ibuprofen and naproxen as a percentage of the total number of prescription items for all NSAIDs.
Rationale	There are long-standing and well-recognised gastrointestinal and renal safety concerns with all NSAIDs. There is also an increased risk of cardiovascular events with many NSAIDs, including COX-2 inhibitors and some traditional NSAIDs. The MHRA recommends that the lowest effective dose of NSAID should be prescribed for the shortest time necessary for control of symptoms. In 2005, a review by the European Medicines Agency identified an increased risk of thrombotic events, such as heart attack and stroke, with COX-2 inhibitors. In 2006, they also concluded that a small increased risk of thrombotic events could not be excluded with non-selective NSAIDs, including diclofenac, particularly when they are used at high doses for long-term treatment. This risk does not appear to be shared by ibuprofen at 1200 mg per day or less, or naproxen at 1000 mg per day. See the NICE website for the latest update of the Medicines and Prescribing Centre publication http://www.nice.org.uk/mpc/keytherapeutictopics/KeyTherapeuticTopics.jsp
Narrative	This prescribing indicator is included to help CCGs ensure that they have moved their prescribing of NSAIDS in line with the safety evidence and that where they are necessary, safer drug choices are being made. (Last 5 quarters readily available through Information Services Portal. NHSBSA retain rolling 60 months of data)
Definition	**Description**: Number of prescription items for ibuprofen and naproxen as a percentage of the total number of prescription items for all NSAIDs. **Numerator**: Number of prescription items for ibuprofen and naproxen (sub-set of BNF section 10.1.1) BNF Name — BNF Code Ibuprofen — 1001010J0 Ibuprofen Lysine — 1001010AD Naproxen — 1001010P0 Naproxen Sodium — 100101070 **Denominator**: Number of prescription items for BNF section 10.1.1 (non-steroidal ant-inflammatory drugs) BNF Name — BNF Code Non-Steroidal Anti-Inflammatory Drugs — 100101

	See QIPP Prescribing Comparators (2013/14) Descriptions and Specifications on the HSCIC website http://www.hscic.gov.uk/media/13350/QIPP-prescribing-comparators-201314-Descriptions-and-specifications-Dec-2013/pdf/QIPP_prescribing_comparators_(2013_14)_Descriptions_and_specifications_(Dec_2013).pdf
Source	NHS Business Services Authority
Limitation	This indicator is included to support improvement. It is not measurement for performance. There are no targets.
Data Frequency	Latest fiscal quarter
Data period for first Dashboard	January to March 2014
Coverage	England
Outcome	Reduction in prescribing variation, Reduction in patients experiencing harms from NSAIDs.
OF Domain	Domain 2 Long-Term Conditions
MO Principle	Evidence based choice of medicine/make MO part of routine practice

Metric Title: Cephalosporins & Quinolones % items	
Description	Number of prescription items for cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (sub-set of BNF 5.1)
Rationale	Antibiotic resistance poses a significant threat to public health, especially because antibiotics underpin routine medical practice. To help prevent the development of resistance it is important to only prescribe antibiotics when they are necessary, and not for self-limiting mild infections such as colds and most coughs, sinusitis, earache and sore throats. HPA guidance recommends that simple generic antibiotics should be used if possible when antibiotics are necessary. Broad-spectrum antibiotics (for example, co-amoxiclav, quinolones and cephalosporins) should be avoided when narrow-spectrum antibiotics remain effective because they increase the risk of methicillin-resistant Staphylococcus aureus (MRSA), Clostridium difficile and resistant urinary tract infections. See the NICE website for the latest update of the Medicines and Prescribing Centre publication http://www.nice.org.uk/mpc/keytherapeutictopics/KeyTherapeuticTopics.jsp
Narrative	See QIPP Prescribing Comparators (2013/14) Descriptions and Specifications on the HSCIC website http://www.hscic.gov.uk/media/13350/QIPP-prescribing-comparators-201314-Descriptions-and-specifications-Dec-2013/pdf/QIPP_prescribing_comparators_(2013_14)_Descriptions_and_specifications_(Dec_2013).pdf (Last 5 quarters readily available through Information Services Portal. NHSBSA retain rolling 60 months of data)
Definition	**Description**: Number of prescription items for cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (sub-set of BNF 5.1) **Numerator**: Number of prescription items for BNF 5.1.2.1 (cephalosporins) and BNF 5.1.12 (quinolones) BNF Name — BNF Code Cephalosporins — 0501021 Quinolones — 050112 **Denominator**: Number of prescription items for BNF 5.1.1; 5.1.2.1; 5.1.3; 5.1.5; 5.1.8; 5.1.11; 5.1.12; 5.1.13 BNF Name — BNF Code Cephalosporins — 0501021 Macrolides — 050105 Metronidazole, Tinidazole & Ornidazole — 050111

	Penicillins	050101
	Quinolones	050112
	Sulphonamides And Trimethoprim	050108
	Tetracyclines	050103
	Urinary-Tract Infections	050113
Source	NHS Business Services Authority	
Limitation	This indicator is included to support improvement. It is not measurement for performance. There are no targets.	
Data Frequency	Latest fiscal quarter	
Data period for first Dashboard	January to March 2014	
Coverage	England	
Outcome	Reduction in prescribing variation, reduction in inappropriate antimicrobial prescribing	
OF Domain	2	
MO Principle	Evidence based choice of medicine/make MO part of routine practice	

Metric Title: Antibacterial items/STAR PU	
Description	Number of prescription items for antibacterial drugs (BNF 5.1) per Oral antibacterials (BNF 5.1 sub-set) ITEM based STAR-PU.
Rationale	Antibiotic resistance poses a significant threat to public health, especially because antibiotics underpin routine medical practice. To help prevent the development of resistance it is important to only prescribe antibiotics when they are necessary, and not for self-limiting mild infections such as colds and most coughs, sinusitis, earache and sore throats. See the NICE website for the latest update of the Medicines and Prescribing Centre publication http://www.nice.org.uk/mpc/keytherapeutictopics/KeyTherapeuticTopics.jsp
Narrative	See QIPP Prescribing Comparators (2013/14) Descriptions and Specifications on the HSCIC website http://www.hscic.gov.uk/media/13350/QIPP-prescribing-comparators-201314-Descriptions-and-specifications-Dec-2013/pdf/QIPP_prescribing_comparators_(2013_14)_Descriptions_and_specifications_(Dec_2013).pdf (Last 5 quarters readily available through Information Services Portal. NHSBSA retain rolling 60 months of data)
Definition	**Description**: Number of prescription items for antibacterial drugs (BNF 5.1) per Oral antibacterials (BNF 5.1 sub-set) ITEM based STAR-PU. **Numerator**: Total number of items for Antibacterial drugs (BNF 5.1) BNF Name — BNF Code Antibacterial Drugs — 0501 **Denominator**: Total number of Oral antibacterials (BNF 5.1 sub-set) ITEM based STAR-PUs Oral antibacterial (BNF 5.1 sub-set) ITEM based STAR-PU (2013 weighting) Age Range — Male Weighting — Female Weighting 0 to 4 — 0.8 — 0.7 5 to 14 — 0.3 — 0.4 15 to 24 — 0.4 — 0.6 25 to 34 — 0.3 — 0.6 35 to 44 — 0.3 — 0.6 45 to 54 — 0.3 — 0.6 55 to 64 — 0.4 — 0.7 65 to 74 — 0.6 — 0.9 75+ — 0.9 — 1.1
Source	NHS Business Services Authority
Geography	CCG, AT

Data Frequency	Latest fiscal quarter
Data period for first Dashboard	January to March 2014
Coverage	England
Outcome	Reduction in prescribing variation, reduction in inappropriate antimicrobial prescribing
OF Domain	2
MO Principle	Evidence based choice of medicine/make MO part of routine practice

Community-based support for patients taking medicines

These comparators were selected to ensure that CCGs are making the most of the opportunities available to their patients to receive support from their community pharmacist to help them to get the most from their medicines.

Metric Title: New Medicine Service (NMS) uptake	
Description	Percentage of pharmacies conducting NMS
Rationale	Ensure that patients receive greater support to take their medicines as intended. Between 30% and 50% of medicines are not taken as intended.
Narrative	The New Medicine Service (NMS) was the fourth Advanced Service to be added to the NHS community pharmacy contract; it commenced on 1st October 2011. The service provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence; it is initially focused on particular patient groups and conditions. The NMS service is designed to provide early support to patients to maximise the benefits of the medicine they have been prescribed. Data available monthly back to Oct 2011 when NMS was introduced. New NHS structure implemented in April 2013. Part VIC of the NHS Drug Tariff (DT) for England and Wales explains the arrangements for NMS The DT is available at http://www.ppa.org.uk/ppa/edt_intro.htm
Definition	**Description**: The metric will show the rolling 12 month value calculated from the Number of Dispensing Contractors claiming for one or more NMS in each of the 12 months compared to the Total number of Pharmacies submitting reimbursement claims for each of the same months. The mean will be aggregated from the 12 monthly totals. **Numerator**: Number of Dispensing Contractors claiming for one or more NMS during the period **Denominator**: Total number of Dispensing Contractors submitting reimbursement claims during the period **Note:** Only Community Pharmacies on the national community pharmacy contractual framework are included in these figures. Therefore dispensing doctors, appliance contractors and LPS Pharmacies are not included.
Source	NHS Business Services Authority
Limitation	This indicator is included to support improvement. It is not measurement for performance. There are no targets.
Data Frequency	Rolling 12 months

Data period for first Dashboard	April 2013 to March 2014
Coverage	England
Outcome	Improved adherence, fewer medicines errors and waste, and less use of other NHS services, saving money and GP time.
OF Domain	1,2,3,4,5
MO Principle	Patient experience/safety/make MO part of routine practice

Metric Title: Volume of New Medicine Service (NMS)	
Description	Number of NMS per 1,000 dispensed items.
Rationale	Ensure that patients receive greater support to take their medicines as intended. Between 30% and 50% of medicines are not taken as intended.
Narrative	The New Medicine Service (NMS) was the fourth Advanced Service to be added to the NHS community pharmacy contract; it commenced on 1st October 2011. The service provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence; it is initially focused on particular patient groups and conditions. The NMS service is designed to provide early support to patients to maximise the benefits of the medicine they have been prescribed. Data available monthly back to Oct 2011 when NMS was introduced. New NHS structure implemented in April 2013. Part VIC of the NHS Drug Tariff (DT) for England and Wales explains the arrangements for NMS The DT is available at http://www.ppa.org.uk/ppa/edt_intro.htm
Definition	**Description**: The metric will show the rolling 12 month value calculated from the Number of NMS claimed by Dispensing Contractors in each of the 12 months compared to the number of items dispensed for each of the same months. **Numerator**: Number of NMS claimed by Dispensing contractors during period **Denominator**: Number of items dispensed, taken from the Pharmacy submission to NHSBSA for the relevant period divided by 1000. **Note:** Only Community Pharmacies on the national community pharmacy contractual framework are included in these figures. Therefore dispensing doctors, appliance contractors and LPS Pharmacies are not included.
Source	NHS Business Services Authority
Limitation	This indicator is included to support improvement. It is not measurement for performance. There are no targets.
Data Frequency	Rolling 12 months
Data period for first Dashboard	April 2013 to March 2014
Coverage	England
Outcome	Improved adherence, fewer medicines errors and waste, and less use of other NHS services, saving money and GP time.
OF Domain	1,2,3,4,5
MO Principle	Patient experience/safety/make MO part of routine practice

Metric Title: Medicine Use Review (MUR) uptake	
Description	Percentage of pharmacies conducting MUR
Rationale	Ensure that patients receive greater support to take their medicines as intended. Between 30% and 50% of medicines are not taken as intended.
Narrative	The MUR service is an Advanced service within the NHS community pharmacy contractual framework. It is a structured review that is undertaken by a pharmacist to help patients to manage their medicines more effectively. Data available monthly back to Feb 2009. New NHS structure implemented in April 2013. Part VIC of the NHS Drug Tariff (DT) for England and Wales explains the arrangements for MURs and states Payment will be made up to a maximum of 400 MURs per pharmacy for the period commencing on 1 April and ending on 31 March in any year The DT is available at http://www.ppa.org.uk/ppa/edt_intro.htm
Definition	**Description**: The metric will show the rolling 12 month value calculated from the Number of Dispensing Contractors claiming for one or more MUR in each of the 12 months compared to the Total number of Pharmacies submitting reimbursement claims for each of the same months. **Numerator**: Number of Dispensing Contractors claiming for one or more MUR during the period **Denominator**: Total number of Pharmacies submitting reimbursement claims during the period The mean will be aggregated from the 12 monthly totals **Note:** Only Community Pharmacies on the national community pharmacy contractual framework are included in these figures. Therefore dispensing doctors, appliance contractors and LPS Pharmacies are not included.
Source	NHS Business Services Authority
Limitation	This indicator is included to support improvement. It is not measurement for performance. There are no targets.
Data Frequency	Rolling 12 months
Data period for first Dashboard	April 2013 – March 2014
Coverage	England
Outcome	Improved adherence, fewer medicines errors and waste, and less use of other NHS services, saving money and GP time.
OF Domain	1, 2, 3, 4, 5
MO Principle	Patient experience/safety/make MO part of routine practice

Metric Title: Volume of Medicine Use Review (MUR)	
Description	Number of MUR per 1,000 prescription items dispensed.
Rationale	Ensure that patients receive greater support to take their medicines as intended. Between 30% and 50% of medicines are not taken as intended.
Narrative	The MUR service is an Advanced service within the NHS community pharmacy contractual framework. It is a structured review that is undertaken by a pharmacist to help patients to manage their medicines more effectively. Data available monthly back to Feb 2009. New NHS structure implemented in April 2013. Part VIC of the NHS Drug Tariff (DT) for England and Wales explains the arrangements for MURs and states Payment will be made up to a maximum of 400 MURs per pharmacy for the period commencing on 1 April and ending on 31 March in any year The DT is available at http://www.ppa.org.uk/ppa/edt_intro.htm
Definition	**Description**: The metric will show the rolling 12 month value calculated from the Number of MUR claimed by Dispensing Contractors in each of the 12 months compared to the number of items dispensed for each of the same months. **Numerator**: Number of MUR claimed by Dispensing contractors during period **Denominator**: Number of items dispensed, taken from the Pharmacy submission to NHSBSA for the relevant period divided by 1000. **Note:** Only Community Pharmacies on the national community pharmacy contractual framework are included in these figures. Therefore dispensing doctors, appliance contractors and LPS Pharmacies are not included.
Source	NHS Business Services Authority
Geography	Area Team
Data Frequency	Rolling 12 months
Data period for first Dashboard	April 2013 – March 2014
Coverage	England
Outcome	Improved adherence, fewer medicines errors and waste, and less use of other NHS services, saving money and GP time.
OF Domain	1,2,3,4,5
MO Principle	Patient experience/safety/make MO part of routine practice

Access to repeat medicines

Evidence indicates that system features such as how easy/difficult it is to obtain prescriptions have an impact on medication adherence rates. The indicators selected here were chosen to demonstrate the variation in uptake of services aimed at making obtaining prescriptions for those with long term conditions as safe and convenient as possible.

Metric Title: Volume of Repeat Dispensing	
Description	Percentage of repeat dispensing items compared to all prescribing
Rationale	In 2002, it was estimated that up to 80% of all repeat prescriptions could be replaced with repeat dispensing over time, "yielding savings of up to 2.7 million hours of GP and practice time". Feedback from areas that have implemented repeat dispensing is that patients find the system more convenient. This opportunity was recently highlighted in the Transforming Primary care document published by DH and NHS England. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/304139/Transforming_primary_care.pdf There is significant variation in the proportion of prescriptions managed in this way with some GP practices not making this service available to their patients. The use of this metric aims to increase the proportion of items provided this way and to ultimately free up GP and practice time. The number of repeat items offered to patients in this way (as a percentage of all items) is currently just below 7%. However, CCGs vary in their use of repeat dispensing from 0 to 37% Implementation of EPS2 will support practices in their roll out of repeat dispensing.
Narrative	Repeat dispensing enables GPs to issue a single prescription for up to a year, which pharmacists are then able to dispense in instalments. It provides pharmacists with a number of opportunities to have a discussion with the patient to determine if they still require the medicine and whether the patient is experiencing any problems with taking it. Data available for 60 months. New NHS structure implemented in April 2013.
Definition	**Description**: The metric will show the percentage of repeat dispensing items, both paper and electronic, compared to all prescribing during that period. **Numerator**: Volume of repeat dispensing items during the period **Denominator**: Total volume of NHS prescribed and dispensed items during the period
Source	NHS Business Services Authority

Limitation	This indicator is included to support improvement. It is not measurement for performance. There are no targets.
Data Frequency	Rolling 12 months
Data period for first Dashboard	April 2013 – March 2014
Coverage	England
Outcome	Increase in patients' access to repeat dispensing. Improved adherence and outcomes.
OF Domain	2,4
MO Principle	Patient experience

Metric Title: Volume of Electronic Repeat Dispensing	
Description	Percentage of all items prescribed as electronic repeat dispensing as a proportion of all electronic prescriptions.
Rationale	In 2002, it was estimated that up to 80% of all repeat prescriptions could be replaced with repeat dispensing over time, “yielding savings of up to 2.7 million hours of GP and practice time”. Feedback from areas that have implemented repeat dispensing is that patients find the system more convenient.
Narrative	Repeat dispensing enables GPs to issue a single prescription for up to a year, which pharmacists are then able to dispense in instalments. It provides pharmacists with a number of opportunities to have a discussion with the patient to determine if they still require the medicine and whether the patient is experiencing any problems with taking it. Data available for 60 months. New NHS structure implemented in April 2013.
Definition	**Description**: The metric will show the percentage of electronically prescribed repeat dispensing items compared to all electronic prescribing during the selected period. **Numerator**: Volume of repeat dispensing items submitted via EPS during the period **Denominator**: Total volume of NHS prescribed and dispensed items submitted via EPS during the period
Source	NHS Business Services Authority
Geography	CCG and AT
Data Frequency	Rolling 12 months
Data period for first Dashboard	April 2013 – March 2014
Coverage	England
Outcome	Increase inpatients access to repeat dispensing. Improved adherence and outcomes.
OF Domain	2,4
MO Principle	Patient experience

Metric Title: Practices enabled for Electronic Prescriptions (EPS)	
Description	Percentage of practices enabled for EPS
Rationale	EPS enables prescribers - such as GPs and practice nurses - to send prescriptions electronically to a dispenser (such as a pharmacy) of the patient's choice. This makes the prescribing and dispensing process more efficient and convenient for patients and staff.
Narrative	The Electronic Prescription Service (EPS) enables prescriptions to be sent electronically from the GP surgery to the pharmacy and then on to NHS Business Services Authority for payment. Almost all community pharmacies are EPS enabled but many GP practices are not. This metric aims to allow a CCG to explore how EPS could be deployed locally to derive the greatest benefit for patients and efficient prescription series. (Historic data available from 2009)
Definition	**Description**: The metric will show the percentage of practices enabled to undertake EPS at a point in time. **Numerator**: Number of practices that have submitted at least one live prescription up to the end of that period. **Denominator**: Number of practices at the end of the same period.
Source	NHS BSA
Limitation	This indicator is included to support improvement. It is not measurement for performance. There are no targets.
Data Frequency	Latest month
Data period for first Dashboard	March 2014
Coverage	England
Outcome	Increase in availability of EPS
OF Domain	4
MO Principle	Patient experience

Metric Title: Uptake of Electronic Prescriptions (EPS)	
Description	Percentage of practices undertaking EPS
Rationale	EPS enables prescribers - such as GPs and practice nurses - to send prescriptions electronically to a dispenser (such as a pharmacy) of the patient's choice. This makes the prescribing and dispensing process more efficient and convenient for patients and staff.
Narrative	The Electronic Prescription Service (EPS) enables prescriptions to be sent electronically from the GP surgery to the pharmacy and then on to NHS Business Services Authority for payment. Almost all Community Pharmacies are EPS enabled as well as 25% of GP practices. The average practice utilisation is 33%, but some practices have managed to use EPS for 80% of their prescriptions (range 12-80%) This metric aims to allow a CCG to explore how EPS could be deployed locally to derive the greatest benefit for patients and efficient prescription service. Whilst some practices are enabled, they have yet to utilise EPS. (Historic data available from 2009)
Definition	**Description**: The metric will show the latest fiscal quarter for the percentage of practices who have submitted an EPS message during the period. **Numerator**: Number of practices who submitted EPS messages during the period. **Denominator**: The total number of practices during the period.
Source	NHS Business Services Authority
Limitation	This indicator is included to support improvement. It is not measurement for performance. There are no targets.
Data Frequency	Latest fiscal quarter
Data period for first Dashboard	January to March 2014
Coverage	England
Outcome	Increase in use of EPS
OF Domain	4
MO Principle	Patient experience

Metric Title: Electronic Prescriptions (EPS) volumes	
Description	Percentage of all items supplied electronically.
Rationale	EPS enables prescribers - such as GPs and practice nurses - to send prescriptions electronically to a dispenser (such as a pharmacy) of the patient's choice. This makes the prescribing and dispensing process more efficient and convenient for patients and staff.
Narrative	The Electronic Prescription Service (EPS) enables prescriptions to be sent electronically from the GP surgery to the pharmacy and then on to NHS Business Services Authority for payment.
Definition	**Description:** The metric will show the latest fiscal quarter for the percentage of prescriptions submitted via EPS compared to the total volume of all prescriptions during that period. **Numerator:** Number of items prescribed and dispensed via EPS during the period. **Denominator:** The total number of items prescribed and dispensed during the period
Source	NHS Business Services Authority
Geography	CCG, AT
Data Frequency	Latest fiscal quarter
Data period for first Dashboard	January to March 2014
Coverage	England
Outcome	Increase in use of EPS
OF Domain	4
MO Principle	Patient experience

Medication safety in the hospital setting

Trusts are increasingly measuring their activity and outcomes in the area of medication safety. Electronic prescribing systems can make this process easier for the trust but regardless of the data collection process, local commissioners and providers should be aware of their medication safety data and how it can be used to reduce the number of patients involved in avoidable medication errors causing harm.

Metric Title: Outcomes Framework (Domain 5) - Number of medication related Never Events.	
Description	Number of medication related never events in the previous quarter by main provider
Rationale	Out of the 24 never Events defined by NHS England, 9 are for medication - related incidents. These are now reported in the public domain and therefore could be used at CCG level to demonstrate report levels form local acute provider. Whilst the number of medication related never events nationally is small, commissioners should be aware of any never events in their geography. This data is included to raise awareness of these events and to support sharing of learning.
Narrative	Never events are a sub-set of Serious Incidents and are defined as 'serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers. See http://www.england.nhs.uk/wp-content/uploads/2013/12/nev-ev-list-1314-clar.pdf
Definition	**Description**: Medication related never events **Numerator**: Number of medication-related never events **Denominator**: None
Source	Medication safety, Nursing Directorate
Geography	Trust
Data Frequency	On request
Data period for first Dashboard	Between 1 April 2013 and 31 March 2014 and where on 8 April 2014 they were designated by their reporters as never events
Historic Data Available	Yes on request
Coverage	England
Outcome	Reduction in harms from medicines
OF Domain	5
MO Principle	Safety

Metric Title: Outcomes Framework (Domain 5) medication safety incident reporting a) Rate of total reporting of medication incidents to NRLS	
Description	Rate of total medication incidents reported to the NRLS by that organisation in the previous six months.
Rationale	Organisations who do not have an open and honest reporting culture, and where staff do not believe reporting incidents is worthwhile, are likely to report fewer medication incidents given their overall activity than an organisation with a more **mature reporting and learning culture**. Whilst low reporting levels are always a concern, high reporting can be symptomatic of either good reporting or high levels actual problems (including issues of medication supply) This metric aims to provoke local discussions about how to drive up reporting and ensure a learning culture.
Narrative	More information on The NRLS http://www.nrls.npsa.nhs.uk/report-a-patient-safety-incident/about-reporting-patient-safety-incidents
Definition	**Description**: Potential under-reporting of medication incidents to NRLS **Numerator**: Number of reported incidents involving medicines in the previous six months (NRLS incident type = medication) **Denominator**: An appropriate activity denominator for the sector (e.g. occupied bed days or admissions for acute services, occupied bed days for MH services) Note currently available data is produced by date of incident, and this would be the initial construction of this indicator. Moving to reported date to give more current data is likely to be possible with 2014/15 Analysis for outliers must be based on comparison with similar organisations i.e. mental health organisations with other mental health organisations, acute general with acute general organisations.
Source	Nrls.datarequests@nhs.net Safe Medication Practice Team, Patient Safety Domain 5, Nursing Directorate
Geography	All NHS inpatient organisations – phase one All provider organisations reporting incident data to NHS England – phase two

	This phase may need to include a threshold for number of reports, and will need determination of appropriate denominator for community and other services
Data Frequency	On request to nrls.datarequest@nhs.net
Data period for first Dashboard	Between 1 April 2013 and 31 March 2014 and where on 8 April 2014 they were designated by their reporters as never events
Coverage	England
Outcome	Reduction in harms from medicines, improved reporting and learning culture for medicines
OF Domain	5
MO Principle	Safety

Metric Title: Outcomes Framework (Domain 5) medication safety incident reporting (b) Percentage of reported medication incidents that are harmful	
Description	Number of incidents of harm involving medicines reported to the NRLS divided by the number of total medication incidents reported to the NRLS by that organisation in the previous six months.
Rationale	Organisation with and open and honest reporting culture, and where staff believe reporting incidents is worthwhile because preventative action will be taken, are likely to report a higher proportion of 'no harm' incidents than an organisation with a less mature **reporting and learning culture.**
Narrative	More information on the NRLS http://www.nrls.npsa.nhs.uk/report-a-patient-safety-incident/about-reporting-patient-safety-incidents
Definition	**Description**: Percentage of reported medication incidents that are harmful **Numerator**: Number of reported incidents of harm (low/moderate/severe/death) involving medicines in the previous six months (NRLS incident type = medication) **Denominator**: All reported incidents of involving medicines in the previous six months (NRLS incident type level medication) Note currently available data is produced by date of incident, and this would be the initial construction of this indicator. Moving to reported date to give more current data is likely to be possible within 2014/15
Source	nrls.datrequests@nhs.net
Geography	All NHS Organisations – phase one All provider organisations reporting incident data to NHS England – phase two
Data Frequency	On request to nrls.datrequests@nhs.net
Data period for first Dashboard	Incidents occurring between 01 April 2013 and 30 September 2013 (reported to NRLS by 30th November 2013)
Historic Data Available	Yes
Coverage	England

Outcome	5.4 Reduction in harms from medicines, improved reporting and learning culture for medicines
OF Domain	5
MO Principle	Safety

Metric Title: Patients receiving medicines reconciliation on admission to hospital	
Description	Percentage of adult inpatients receiving medicines reconciliation (safety thermometer) within 24 hours of admission
Rationale	The aim of medicines reconciliation on hospital admission is to ensure that medicines prescribed on admission correspond to those that the patient was taking before admission. Details to be recorded include the name of the medicine(s), dosage, frequency, and route of administration. Establishing these details may involve discussion with the patient and/or carers and the use of records from primary care. In 2007, NICE developed a Technical patient safety solution for medicines reconciliation on admission of adults to hospital (PSG001). It recommended that "all healthcare organisations that admit adult inpatients should put policies in place for medicines reconciliation on admission. This includes mental health units, and applies to elective and emergency admissions. The NHS has recently launched the medication safety thermometer which uses medicines reconciliation and some other measures to help trust to improve their medication safety and to focus on the issues of medication error and harm caused from medication error. http://www.safetythermometer.nhs.uk/index.php?option=com_content&view=article&id=3&Itemid=107
Narrative	The NHS Safety Thermometer is a local improvement tool for measuring, monitoring and analysing patient harms and 'harm free' care. (historical data available for those participating trusts: January 2013 – March 2014)
Definition	**Description**: proportion of patients with medicine reconciliation started within 24 hours. Data are monthly single patient's record regarding to the conditions of receiving medicines reconciliation in each testing centres. **Numerator**: total number of patients who received medicines reconciliation for all medicines undertaken (started) within 24 hours of admission to this care setting by trust. **Denominator**: total number of patients' records including those both received and not received medicines reconciliation.
Source	http://www.safetythermometer.nhs.uk/index.php?option=com_content&view=article&id=3&Itemid=107 The tool is freely available to all Trusts. See http://www.safetythermometer.nhs.uk/index.php?option=com_content&view=article&id=3&Itemid=107
Geography	Trust

Data Frequency	Rolling 12 months
Data period for first Dashboard	April 2013 – March 2014
Coverage	England. Currently limited number of trusts
Outcome	Reduction in medicine errors causing serious harm.
OF Domain	5
MO Principle	Safety

Metric Title: Summary Care Records	
Description	Percentage of NHS Hospital Trusts viewing the Summary Care Record (SCR)
Rationale	Facilitate safe and effective medicines optimisation on admission to hospital.
Narrative	SCRs have many benefits for patients and healthcare staff in urgent and emergency care settings (such as out-of-hours GP services and Emergency Departments). SCRs provide access to health information that has previously been unavailable, enabling authorised healthcare staff to make informed clinical decisions[1]. **Benefits to patients** • SCRs are accessible to authorised healthcare staff treating patients in an emergency in England. This will be particularly useful when a patient cannot give information (for example if they are unconscious) or when they are away from home and are unable to see their own GP. • Patient care can be supported by healthcare staff having faster access to their medical information and patients may not be required to repeat information to different NHS staff treating them. For example, in a hospital setting, healthcare staff will be able to access a patient's SCRs immediately enabling faster assessment. • SCRs can support better, safer prescribing of medication for patients by providing up to date information on a patient's allergies, previous adverse reactions and medications. • SCRs will enable vulnerable patient groups and those patients that are unable to communicate well with healthcare staff. For example, a non-English speaking patient that could struggle to communicate their condition would no longer be disadvantaged as their SCR would be available to the treating clinician. • Additional information, such as end of life care plans and relevant diagnoses, may be available to inform clinical care where it is appropriate. **Benefits to NHS healthcare staff** • Important patient information will be available to authorised healthcare staff treating patients in an emergency where they had previously not had access to it. This will be particularly useful to NHS staff treating patients in an emergency, when a patient needs treatment out of hours or away from their local area. • SCRs contain details of a patient's key health information including medications, allergies and adverse reactions. This enables clinicians to feel more confident to treat patients. • Medicines reconciliation (where a patient's prescribed medication is checked against current medications to ensure there is no conflict) will become more efficient in hospital pharmacies as pharmacists will be able to immediately refer to the SCR in order to reconcile the medications prescribed to the patient.

	A report covering the period up to December 2011, describes some of the ways in which the SCR are used in the NHS and how specific benefits are being realised as the SCR is adopted in various care settings. http://systems.hscic.gov.uk/scr/staff/clinusejul.pdf Further information on the SCR is available on the health 7 Social Care Information Centre website http://systems.hscic.gov.uk/scr
Definition	**Description**: Percentage of NHS Hospitals Trusts that have viewed the SCR. **Numerator**: The number of NHS Hospital Trusts within a NHS England Area Team that have viewed the SCR as at 23rd May 2014. **Denominator**: Total number of NHS Hospital Trusts within an NHS England Area Team
Source	HSCIC
Geography	NHS England Area Team.
Data Frequency	Updated periodically
Data period for first Dashboard	As at 23rd May 2014
Coverage	England
Outcome	Benefits for patients and healthcare staff in urgent and emergency care settings
OF Domain	5 patient safety
MO Principle	Safety and Making Medicines Optimisation part of routine practice

Ensuring availability of novel, NICE approved medicines

This indicator around uptake of Novel Oral Anticoagulants (NOACs) has been chosen to show the significant variation in the uptake of NOACs. It should be noted that NICE have positively appraised these medicines as options for treatment.

http://publications.nice.org.uk/support-for-commissioning-anticoagulation-therapy-cmg49

Metric Title: Uptake of Novel Oral Anticoagulants (NOACs) in Primary Care in line with NICE Technology appraisals	
Description	Number of prescription items for apixaban, dabigatran etexilate and rivaroxaban as a percentage of the total number of prescription items for apixaban, dabigatran etexilate, rivaroxaban and warfarin sodium.
Rationale	The dashboard is aiming to start to make the links between good care and improved patient outcomes. This indicator was chosen to highlight uptake of medicines appraised by NICE. Most patients with atrial fibrillation (AF) will require anticoagulation therapy to reduce their risk of stroke. Increasing the range of treatment options available will support a patient-centred approach to treatment and improve outcomes by increasing the proportion of patients regularly taking anticoagulants. The three novel oral anticoagulant medicines (NOACs) have recently been appraised and are an option, alongside warfarin, for the management of patients with Atrial Fibrillation (AF). In time, we would hope to highlight how many patients with a diagnosis of AF are not receiving any anticoagulation (via the NHS IQ GRASP-AF tool) www.primis.nottingham.ac.uk NICE guidance on AF will be published soon and we expect to reflect any changes in any future versions of the dashboard. For a variety of reasons, evidence suggests that there are a number of patients that have a diagnosis of Atrial Fibrillation but are not receiving any anticoagulant medication. Patients should have the range of medicines made available to them and a shared decision reached between the prescriber and the patient as to which meets their individual needs and which medicines they are most likely to be able to adhere to. Dabigatran etexilate[1] and rivaroxaban[2] were appraised by NICE in 2012, and apixaban[3] was appraised by NICE in 2013, for the prevention of stroke and systemic embolism in people with nonvalvular atrial fibrillation. These medicines have also been appraised by NICE for the prevention of thromboembolism following hip or knee replacement [4,5,6]. Rivaroxaban has also been appraised for the treatment and prevention of deep-vein thrombosis and prevention of recurrent deep-vein thrombosis and pulmonary embolism[7].

	This metric adopts a “per cent use‟ approach for prescription items of apixiban, dabigatran etexilate and rivaroxaban. These medicines are recommended by NICE as an option in the management of AF and therefore this metric measures the variation in the uptake of these drugs in comparison with warfarin. [1] www.nice.org.uk/TA249 [2] www.nice.org.uk/TA256 [3] www.nice.org.uk/TA275 [4] www.nice.org.uk/TA157 [5] www.nice.org.uk/TA170 [6] www.nice.org.uk/TA245 [7] www.nice.org.uk/TA261
Narrative	The NHS Innovation Review, Innovation Health and Wealth (December 2011), was launched by the Prime Minister alongside the Strategy for UK Life Sciences (December 2011). The document highlights eight areas where it makes recommendations; One of which is that we should reduce variation in the NHS, and drive greater compliance with guidance from the National Institute for Health and Clinical Excellence. This indicator has been chosen to show the variation in the uptake of NOACs and therefore highlight where CCGs are not making these novel anticoagulant medicines available to patients in their area. It should be noted that NICE have positively appraised these medicines as options for treatment. The metric is likely to highlight prescribing of NOACs for atrial fibrillation, and possibly treatment and prevention of DVT/PE with rivaroxaban, in primary care. Use of NOACs for prevention of venous thromboembolism post hip or knee surgery will be mostly or entirely within secondary care and therefore not reflected in the metric.
Definition	**Description**: Number of prescription items for apixaban, dabigatran etexilate and rivaroxaban as a percentage of the total number of prescription items for apixaban, dabigatran etexilate, rivaroxaban and warfarin sodium. **Numerator**: Number of prescription items for apixaban, dabigatran etexilate and rivaroxaban BNF Name — BNF Code Apixaban — 0208020Z0 Dabigatran Etexilate — 0208020X0 Rivaroxaban — 0208020Y0 **Denominator**: Number of prescription items for apixaban, dabigatran etexilate, rivaroxaban and warfarin sodium. BNF Name — BNF Code Apixaban — 0208020Z0 Dabigatran Etexilate — 0208020X0 Rivaroxaban — 0208020Y0

	Warfarin Sodium 0208020V0 It should be noted that many patients treated with warfarin will receive up to three prescription items at each clinic visit as an individual patient's dose may require up to three different strengths of tablets to allow them to alter dose in response to monitoring. Therefore use of apixiban, dabigatran etexilate, or rivaroxaban instead of warfarin could replace up to three items of warfarin. The variation approach adopts a "per cent use" approach showing items of apixiban, dabigatran etexilate, or rivaroxaban. These medicines are alternative options to warfarin and therefore this approach allows for a measure of the variation in the uptake of these drugs in comparison with warfarin.
Source	NHS Business Services Authority
Geography	CCG, AT
Data Frequency	Latest fiscal quarter
Data period for first Dashboard	January to March 2014
Coverage	England
Outcome	Increased availability of options for treatment for patients requiring anticoagulation for the prevention of stroke and systemic embolism in people with non-valvular atrial fibrillation
OF Domain	Domain 1 reducing premature mortality, Domain 2 Long term conditions
MO Principle	Principle 2 Evidence based choice of medicine.

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