Coventry and Warwickshire

Quality Prescribing and Medicines Service (QPMS) July 2026 - June 2027

Supporting Information

Refer to contract document for detail regarding individual indicators. This and other resources are available on the CWICB Primary Care Share Platform www.happyhealthylives.co.uk

Unless otherwise stated or a link is provided, all individual resources are saved within the Share Platform. You will need to request a log in if you do not have existing access to the Primary Care Share Platform.

You will find the resources in the Primary Care>QPMS folder.



SECTION ONE: Engagement with the Framework

All practices need to comply with all actions in this section.

Indicator	Description	Additional Information / resources
1.1.1	**OptimiseRx**	Reports on usage will be reviewed quarterly. If the GP practice **does not** have OptimiseRx switched on already, please contact cwicb.mot@nhs.net and arrangements will be made to get this set up.
1.1.2	**CoordinateRx / PCIT**	**CoordinateRx** Practices must have access to CoordinateRx dashboards to review prescribing efficiency options and monitor activity. Access to CoordinateRx can be requested via the ICB Medicines, Pharmacy & Clinical Policy Team inbox cwicb.mot@nhs.net To enable account creation, requests must include the following information for each user: • **Full name** • **Profession/Role** • **Email address** • **Employing Organisation for which access is required** (PCN or Practice)

		If you have forgotten your login details, please visit analysis.medoptimise.co.uk, to reset your password. If you are still unable to resolve the issue, email CoordinateRx Support team customerservices@fdbhealth.com and provide: • **Your full name** • **Registered email address** They will assist you with regaining access to your account. Available Resource Supporting Information - Registration of CoordinateRx account **PCIT** Cohort identification searches have been deployed to each GP practice in Coventry and Warwickshire by PCIT. They can be located in the PCIT folder > QPMS > Cohort Identification. All searches need to be ran to obtain patient numbers for each comparator. Please note that the opportunities identified are based on a high-level search and may not reflect the actual number of patients who are suitable for a switch. Once a GP practice has signed up to the QPMS contract, PCIT can share the data with CWICB. The ICB will then send each individual practice a QPMS Section 4 activity planning template with the data inputted into the 'Number Available column' to enable practices to plan activity. A blank QPMS Section 4 activity planning template is available on the Share Platform in the Data Tools folder.
1.1.3	**EMIS formulary**	The first version of the EMIS formulary will be available from September 2026. GP practices will be notified when this, and subsequent versions are available. Available resource in the Formulary Folder Guidance for uploading EMIS formulary and assigning users To confirm the GP practice has uploaded the latest formulary version please complete the form found at the following link GP Practice QPMS Confirmation of Action Completed Form – Fill in form
1.1.4	**Multidisciplinary prescribing meeting**	Practices are expected to have a meeting at least once a quarter with other practices/ groups of practices. This should include clinical representation from each practice. Ideally this should be the practice prescribing lead GP and practice pharmacist. See the contract document for details regarding other attendees and agenda. Own paperwork for agenda / notes / action plan can be used. If needed a draft agenda document is available on Share Platform in the Engagement folder.

1.1.5	**Engagement with local community pharmacies**	Available resources Pharmacy First Self-Assessment Checklist. All practices are expected to complete this. The link below must be used to inform the ICB that this has been completed. GP Practice QPMS Confirmation of Action Completed Form – Fill in form Local resources regarding community pharmacy including Pharmacy First and other services and information about QPMS for sharing with local community pharmacies can be found on the Share Platform in the Pharmacy First folder. Training sessions are being delivered to help equip care navigators and receptionists in general practice with knowledge, confidence, and practical tools to support safe and effective referrals to Pharmacy First services. An interactive session will be held bi-monthly from September 2026 onwards. These sessions will be held on a Thursday or Friday from 1pm to 2pm. Further details of how to book onto the session and confirmation of dates will be shared shortly.
1.1.6	**Self-care promotion**	**Resources for practices:** C&W ICB OTC medicines policy NHS England » Policy guidance: conditions for which over the counter items should not be routinely prescribed in primary care NHS England » Quick Reference Guide for Healthcare Professionals: Conditions for which over the counter items should not routinely be prescribed in primary care NHS England OTC quick reference guide PRESCQIPP Self care resources (login needed) Coventry and Warwickshire Area Prescribing Committee Formulary **Resources for patients:** NHS medicines information Leaflet : Prescribing of over the counter medicines is changing Leaflet : Prescribing of over the counter medicines is changing (EASY READ) Pharmacy services : ICB Happy Healthy Lives website Self-Care Forum
1.1.7	**Working with Pharmaceutical Industry / Third parties**	A checklist is available in the Engagement folder. This has been created to support decision making when offered industry or third-party support with switches / medication reviews at GP / PCN level and should be followed.

1.1.8	**Running searches**	Practices are required to run specified EMIS searches, associated auto reports, and complete EMIS templates to identify QPMS activity. All of these will be deployed to your practice by PCIT.

SECTION TWO: Repeat Prescribing and Formulary Compliance

Indicator	Description	Additional Information / resources
1.2.1	**Repeat Prescribing Processes: Over supply of blood glucose sensors**	Review patients highlighted by national BSA oversupply dashboard indicators for oversupply of blood glucose sensors. Access to the oversupply dashboard is via ePACT2. Information about practice and PCN access to ePACT2 is available here. To enable patient interactions the NHSBSA can provide the NHS numbers of patients flagged by the Oversupply Dashboard. However, the NHS numbers will only be disclosed to requestors who can claim that they: a) provide direct care for the applicable patients (i.e. GPs, Clinical Pharmacists etc). Practice Managers are unable to submit these requests. b) have been commissioned to review the care of the patient (e.g. commissioned to look at care home patients) Patient details will be returned via email as a list of NHS Numbers for each of the requested Oversupply Comparators. Requests need to be made using the Oversupply Dashboard Comparators Request form Available resources are in the Diabetes Resources folder Baseline data and supporting information can be found on the Share Platform
1.2.2	**ICS Formulary**	See Coventry and Warwickshire Area Prescribing Committee Formulary
1.2.3	**Shared Decision Making**	NICE NG197 Shared decision making NHSE: Shared decision-making GMC Professional Standards: Decision making and consent

SECTION THREE: Antimicrobial Stewardship

Indicator	Description	Additional Information / resources
1.3.1	The UK 5-year action plan for antimicrobial resistance 2024 to 2029 has an aim to reduce total antibiotic use in human populations by 5% from the 2019 baseline. Practices are expected to: • Use the national Target Antibiotics Toolkit . • Nominate an Antimicrobial Stewardship Guardian. • Review and discuss antimicrobial prescribing data at least quarterly.	Resources: https://www.prescqipp.info/our-resources/webkits/antimicrobial-stewardship/ Back-up antibiotic prescribing: Good practice guide - All Wales Therapeutics and Toxicology Centre South West Region Back-Up antibiotic prescription guidance for primary care V1 - Antimicrobial Resistance Programme (NHS Futures log in required). The link below must be used to inform the ICB that this has been completed. GP Practice QPMS Confirmation of Action Completed Form – Fill in form
1.3.2	**Antibiotic Total Items/STAR PU**	Prescribing measures; volume of antibiotic prescribing can be monitored via OpenPrescribing: Prescribing on Antibiotic stewardship: volume of antibiotic prescribing for NHS COVENTRY AND WARWICKSHIRE | OpenPrescribing
1.3.3	**Percentage of children aged 0-9 years prescribed an antibiotic in the previous 12months as percentage of all children aged 0-9years**	Available resources are in the Antibacterial Resources folder A presentation slide set delivered locally by the C&W Medicines Optimisation team, covering the newly published C&W paediatric antibiotic guideline is available. See link: CG052-CW Primary Care Paediatrics Antibiotic Guidelines.pdf A presentation slide set by Dr Conor Jamieson (Regional Antimicrobial Stewardship Lead Midlands Region, NHS England) on antibiotic prescribing for children is available,
1.3.4	**Proportion of amoxicillin 500mg capsules items prescribed and dispensed in primary care 5-day duration**	Available resources are in the Antibacterial Resources folder Slide set for the importance of 5 day prescribing of antibiotics. Prescribing measures; volume of antibiotic prescribing can be monitored via OpenPrescribing: Prescribing on Antibiotic stewardship: courses for amoxicillin 500mg greater than 15 capsules for NHS COVENTRY AND WARWICKSHIRE | OpenPrescribing

SECTION FOUR Cost effective and Quality Prescribing

PCIT have deployed EMIS cohort identification searches and can be found in the PCIT folder >QPMS> Cohort Identification.

Section 1.4.1: Cost Effective Prescribing

Indicator	Description	Additional Information / resources
1.4.1.1	**'Basket of Opportunities' CoordinateRx brand to generic and form change cost-effective switches.**	Information about these switches will be hosted on CoordinateRx A resource document in Data Tools folder is also available to detail suggested cost-effective alternatives
1.4.1.2	**Edoxaban switch to apixaban or rivaroxaban.**	See switching guidance on the Share Platform in Direct Oral Anticoagulants folder
1.4.1.3	**Alogliptin, linagliptin, saxagliptin and vildagliptin switch to sitagliptin.**	See switching guidance on the Share Platform in Diabetes Resources folder
1.4.1.4	**SGLT2 inhibitors to dapagliflozin**	See switching guidance on the Share Platform in Diabetes Resources folder
1.4.1.5	**Novorapid® to Trurapi®**	See switching guidance on the Share Platform in Diabetes Resources folder
1.4.1.6	**Lower cost Blood glucose Testing strips prescribed in accordance with CW Blood glucose preferred prescribing list**	Guidance and Baseline data can be found on the Share Platform in Diabetes Resources folder **CW Blood glucose preferred prescribing list**
1.4.1.7	**Oral Nutritional Supplements (ONS) to switch to cost-effective product/stop.**	Sources of useful information: Appropriate Use of Prescribed Oral Nutritional Supplement (ONS) for Adults in the Community

Section 1.4.2: Quality and Safety

All activity in this section must be recorded using ICB EMIS approved template to ensure appropriate coding and capture of interventions made.

Indicator	Description	Additional Information / resources
1.4.2.1	**SMR in patients aged 75 and over on 5 or more medications** **SMR in patients identified as having a learning disability**	Supporting information can be found on the Share Platform in the Structured Medication Reviews folder. Leaflets to support patients having an SMR are available here .
1.4.2.2	**ONS Reviews**	Must be recorded using approved template to ensure appropriate activity coding is captured. Sources of useful information: Appropriate Use of Prescribed Oral Nutritional Supplement (ONS) for Adults in the Community Enhanced Health in Care Homes (EHCH) - Nutrition and Hydration SWFT Dietietics (Adults) UHCW Dietietics and Nutrition Malnutrition Pathway BDA Care Home Digest PrescQIPP Bulletin 261: Oral Nutritional Supplements Tools: MUST Calculator BAPEN The 'MUST' Toolkit Initiating conversations about weight loss and diet Patient leaflets: Eating Well - Advice for patients and carers Your Guide To Making the Most of Your Food Advice for patients and carers Nutrition Drinks (known as Oral Nutritional Supplements) Advice for patients and carers

1.4.2.3	**Review of patients prescribed antidepressants for at least 12 months**	Given there is evidence that long-term antidepressant users have no evidence-based indication to continue them and development of withdrawal symptoms are a contributing factor, the aim of this indicator is to increase clinician confidence in the use of hyperbolic dose tapering when stopping antidepressants to reduce the risk of withdrawal symptoms. The use of the initial Florey or letter is to identify patients who wish to engage with the process rather than trying to get every patient to stop. Alternatively asking a patient if they would like to consider reducing or stopping their antidepressant can be included in a medication or clinical review. In which case the Florey/ letter coding can be used. The supporting document on Share Platform and EMIS antidepressants template should be used which includes tapering regimens, but clinician discretion should be applied, and the process MUST be patient led. Key resources: **British Journal of General Practice** Withdrawing from SSRI antidepressants: advice for primary care | British Journal of General Practice **Royal College of Psychiatrists** Patient facing information - Stopping antidepressants (includes suggested tapering plans)
1.4.2.4	**Review of patients prescribed gabapentinoids in combination with other high risk CNS medicines**	Patient numbers can be viewed on the NHS BSA Safer management of controlled drugs dashboard. Access to this dashboard is via ePACT2. Information about practice and PCN access to ePACT2 is available here. Co-prescribing of opioids and gabapentinoids **should be avoided, if possible**, due to the increased risk of respiratory depression, accidental overdose, and death. The MHRA and manufacturers advise that when prescribing gabapentin in patients who require concomitant treatment with opioid medicines, patients should be carefully observed for signs of CNS depression, such as somnolence, sedation, and respiratory depression, and the dose of either gabapentinoid or opioid should be reduced appropriately. Dose changes should be individualised to the person. The aim is not necessarily to stop the gabapentinoid, but there should be efforts made to reduce risk. Withdrawal effects are more likely where someone is on high dose gabapentinoid or has been taken for more than 6 weeks. Gabapentinoids should not be started for chronic primary pain due to the risk of dependence, misuse, and a high burden of clinical harm NICE CKS NG193. However, in cases of neuropathic pain in adults excluding Sciatica Gabapentenoids are recommended NICE CG173. To support the review of patient with established Neuropathic pain the following Guideline for Pharmacological Management of Neuropathic Pain in Adults in Primary Care suggests reducing gabapentin by 300mg a week and reducing pregabalin by 75mg a week. Before starting: • Where possible, ensure any reduction is discussed and agreed with the patient. • Agree the speed of dose reduction with the patient. • Typically, one change per week is recommended. Some patients will need space to acclimatise to the new dose so the dose

		changes may be every one to two weeks. Inform the patient that reduction can be slowed but not reversed.
1.4.2.5	**Review of patients 18+ with asthma prescribed SABA only regimes**	CG049 - C&W Chronic Asthma Prescribing Guidelines for Adults Both NICE/BTS/SIGN Joint Asthma Guidance 12+ and Local Guidance no longer recommend prescribing SABA **without an inhaled corticosteroid (ICS).** An April 2025 MHRA Alert also reminds healthcare professionals of this. NICE/BTS/SIGN Joint Asthma Guidance 12+ and Local Guidance also now recommend the use of anti-inflammatory reliever (AIR) or maintenance and reliever therapy (MART) regimes for these patients, depending on current levels of asthma control. AIR asthma action plan and further information can be found on Asthma+ Lung UK website here MART asthma action plan can be found on Asthma + Lung UK website here.
1.4.2.6	**Optimisation of bronchodilation regimes in patients with COPD**	C&W CG020 Chronic Obstructive Pulmonary Disease Prescribing Guidelines For patients who are limited by symptoms, or have exacerbations despite initial high value interventions and when required short-acting bronchodilators, both NICE and local Guidance (linked above) recommend the use of dual bronchodilator devices containing both a muscarinic antagonist (LAMA) and long-acting beta-agonist (LABA). Evidence suggests that dual bronchodilation is more effective than single LABA or LAMA regimes at reducing both symptoms and exacerbations. Global initiative for Chronic Obstructive Lung Disease: 2026 Gold Report. https://goldcopd.org/2026-gold-report/ NICE Guideline NG115: Chronic obstructive pulmonary disease in over 16s: diagnosis and management. Available at: https://www.nice.org.uk/guidance/ng115
1.4.2.7	**Review of patients with unopposed oestrogen**	Microsoft Word - CG051 Management of Menopause Guidelines Nov 25 Recommendations | Menopause: identification and management | Guidance | NICE 13-BMS-TfC-Surgical-Menopause-SEPT2024-D.pdf Hormone replacement therapy (HRT) | Prescribing information | Menopause | CKS | NICE 04-NEW-BMS-HRT-Guide-FEB2026-B.pdf

Recording Activity / Activity Reports / Dashboards

A dashboard will be produced and shared by the ICB monthly to include:

- Current engagement with the QPMS framework
- Progress against **oversupply dashboard indicators in section TWO (1.2.1)**
- Progress against indicators in **Section THREE (Antimicrobial Stewardship)**
- Activity associated with the cost-effective indicators in **Section FOUR (1.4.1)**
- Activity associated with the quality & safety indicators in **Section FOUR (1.4.2)**

Other Useful Information

PrescQIPP Log In

Some of the material is available without a log in but data and other information requires a user to be logged in. Coventry & Warwickshire ICB subscribe to PrescQIPP so anyone working in CW can register on the website: Login to PrescQIPP | PrescQIPP C.I.C
Users will need to select NHS Coventry & Prescribing from the organisation drop down.

OpenPrescribing

OpenPrescribing use primary care prescribing data to produce a number of prescribing measures with supporting information, many of which are relevant to this contract. These can be broken down to PCN and practice level. See https://openprescribing.net/

For any queries, please email cwicb.mot@nhs.net