



Practices can use the below activities as a resource for cost improvement actions to support Gain Share.

Activities and resources	How often	Who	Actions	Date/ name completed
Review overall progress from budget data.	Monthly	PMM, MOP and prescribing lead		
Review QIS work areas: MOKTT and PrescQIPP. See 'key messages' for further information.	Minimum quarterly	PMM, MOP and prescribing lead		
Review PrescQIPP priorities report. See 'key messages' for further information.	Minimum quarterly	PMM, MOP and prescribing lead		
Scriptswitch: 1. Access report. 2. Discuss report with prescribing lead. 3. Check clinician access.	Minimum quarterly	1. PMM 2. PMM or MOP 3. PMM		
RAIDR: 1. Top 30 growth areas by BNF section. 2. Items >£100. 3. Specials tariff and non-tariff.	Minimum quarterly	1. PMM or MOP 2. PMM or MOP 3. PMM or MOP		
ISP : 1. Generic cost savings. 2. Specialist prescribing.	Minimum quarterly	1. PMM or MOP 2. PMM or MOP		
NICE 'do not do' recommendations: identification, search and swap or stop.	Minimum quarterly	PMM and MOP		
Re-audit previous projects to ensure compliance.	Minimum quarterly	PMM		
Use of EPS2 RD: freeing clinician time for clinical review, ensuring only regular items on EPS2 RD. Start patients at medication review or in clinic. Consider training session.	Daily	All practice staff		
Medication review: de-prescribing medication which is – harmful, duplicated, antagonistic, not evidence based, ineffective, no longer required or used, red/black RAG rating. Consider alternatives e.g. lifestyle / non-pharmacological options.	Daily	MOP, GP, nurse prescriber		
Clerical staff and clinicians being alert to unusual patterns of repeat requests that might indicate duplication or excess, which should be checked with the patient or carer prior to prescribing. Consider training session: a) Mass requests via 'managed repeat' systems. b) Mass requests for multiple patients from care homes or agencies. c) Requests for multiple similar items for the same patient.	Daily	All practice staff		



**Supplementary information:**

BNF: British National Formulary – <https://www.evidence.nhs.uk/formulary/bnf/current>

EPS2 RD: Repeat Dispensing using Electronic Prescription Service release 2

MOKTT: Medicines Optimisation Key Therapeutic Topics – <https://www.nice.org.uk/about/what-we-do/our-programmes/nice-advice/key-therapeutic-topics>

MOP: NECS Medicines Optimisation Pharmacist

NICE: National Institute of Health and Care Excellence – <https://www.nice.org.uk/>

PMM: Practice Medicines Manager

PrescQIPP: <http://www.prescqipp.info>

QIS: Cumbria Clinical Commissioning Group Quality Improvement Scheme

RAG rating: Red Amber Green rating – <http://medicines.necsu.nhs.uk/cumbria-traffic-light-classification/>

RAIDR: Reporting Analysis and Intelligence Delivering Results – <https://nww.raidr.nhs.uk/>

Scriptswitch – [https://user.scriptswitch.com/SignOn/\\_Login.axd](https://user.scriptswitch.com/SignOn/_Login.axd)

ISP: Information Services Portal <https://apps.nhsbsa.nhs.uk/infosystems/welcome>