

## PQS Indicators Summary Table 2024/25

Guidance documents and /or workbooks to accompany the indicators below will be available on the [PQS section](#) of the NCL GP website

	PQS Indicator	2024-2025 NCL ICB <b>TARGET/ REVIEW BASED WORKBOOK</b> details	Source
<b>TARGE</b> <b>based</b>	<b>1. Blood Glucose Test Strips (BGTS) and Ketone Test Strips</b>	<p><b><u>CIP and NHSE Priority</u></b> Review prescribing to increase the proportion of strips prescribed in line with NCL guidance. Practices to review patients prescribed BGTS and ketone test strips against NCL guidance and switch to NCL-compliant strips. On-going work from 23-24 PQS. For practices that accept pharmaceutical industry support a higher proportion may be required. This will be reviewed each month.</p> <p><b><u>Award</u></b> Achievement will be measured on a % reduction in practice total prescribing spend in Q4 24-25 from the practice baseline position.</p>	Practice baseline spend in Q3 23-24 (ePACT data)
<b>REVIEW</b> <b>based</b>	<b>2. Education and training</b>	<p><b><u>Quality</u></b> Training will support quality improvement and more cost-effective prescribing in priority therapeutic and prescribing areas.</p> <ul style="list-style-type: none"> <li>• 24-25 PQS launch.</li> <li>• CKD</li> <li>• diabetes</li> <li>• respiratory</li> <li>• polypharmacy and deprescribing for patients on 10 or more medicines over 75 years old.</li> <li>• sodium valproate prescribing.</li> </ul> <p><b><u>Award</u></b> Achievement will be measured by attending all six training sessions (recordings will be available) and submission of a practice action plan following training to include the application of learning to demonstrate benefit to patient outcomes and improvement of prescribing quality and value.</p>	NCL ICB Training Hub

PQS Indicator		2024-2025 NCL ICB <b>TARGET/ REVIEW BASED WORKBOOK</b> details	Source
<b>TARGET based</b>	<b>3. Respiratory Review COPD patients who can reduce the number of inhalers by appropriate prescribing of one 'triple' inhaler.</b>	<p><b><u>Green agenda, CIP and Quality</u></b>                      Triple therapy' inhalers (combination ICS/LABA/LAMA) can reduce cost, carbon impact and inhaler burden in patients with COPD currently maintained on triple therapy via separate component inhalers.                      Review COPD patients currently on multiple inhalers who may benefit from one single inhaler in line with the <a href="#">NCL Acute and Chronic Management of COPD and NCL formulary inhaler choices, choosing dry powder inhalers where possible</a></p> <p><b><u>Award</u></b>                      Achievement will be measured on a % increase in total items of triple inhalers in Q4 24-25 from the practice baseline position.</p>	Practice baseline items in Q3 23-24. (ePACT data)
<b>TARGET based</b>	<b>4. Optimising lower carbon footprint salbutamol and beclomethasone inhalers</b>	<p><b><u>Green agenda</u></b>                      Salbutamol and beclomethasone contribute the highest proportion of carbon footprint of all inhalers in NCL. A significant proportion of these are prescribed generically and high carbon footprint inhaler options are dispensed.                      Review patients prescribed salbutamol and beclomethasone (single component) inhalers to ensure a low carbon footprint option is prescribed and treatment is reviewed.</p> <p><b><u>Award</u></b>                      Achievement will be measured on a % reduction in higher carbon footprint inhaler items of all salbutamol/beclomethasone inhalers in Q4 24-25 from the practice baseline position.</p>	Practice baseline items in Q3 23-24. (ePACT data)
<b>TARGET based</b>	<b>5. Review patients prescribed self-care products which can be purchased over the counter (OTC)</b>	<p><b><u>CIP</u></b>                      Prescribing in line with <a href="#">the national guidance on OTC medicines that should not be routinely prescribed in primary care</a> and the <a href="#">NCL OTC position statement</a>.                      Empowering patients to self-manage.                      Practices to prioritise review of patients being prescribed items such as vitamins, emollients, products for dry eyes and hay fever or areas of high spend.</p> <p><b><u>Award</u></b>                      Achievement will be measured on a % reduction in practice total spend in Q4 24-25 from the practice baseline position.                      Each practice will have an individual target dependent on baseline spend.</p>	Practice baseline spend/1000 patients in Q3 23-24 (ePACT data)

PQS Indicator	2024-2025 NCL ICB <b>TARGET/ REVIEW BASED WORKBOOK</b> details	Source
<b>TARGET based</b>	<p><b>6. Reduce Prescribing of Oral Nutritional Supplements (ONS)</b></p> <p><b><u>Green agenda, CIP and Polypharmacy</u></b>                      Review prescribing of the following ONS products in adults.</p> <ul style="list-style-type: none"> <li>• Ensure® Plus Milkshake Style-200ml.</li> <li>• Ensure® Plus Juce-200ml.</li> <li>• Fortisip® Compact Protein-125ml</li> <li>• Ensure® Compact liquid-125ml.</li> </ul> <p>When SMR (structured medication reviews) are carried out ensure that ONS is reviewed and deprescribed if possible.                      Ensure that when a patient is discharged on an ONS this is only continued if there is a clinical indication.                      Switch non formulary products to NCL formulary alternatives.                      Consider cost-effective alternatives where nutritional support remains indicated.                      Consideration for acute and chronic patients.                      Consideration for dietician-reviewed patients.                      The aim is to deprescribe where there is no clear indication in line with the <a href="#">SOP reviewing prescriptions for adult oral nutritional supplements (ONS) in primary care.</a></p> <p><b><u>Award</u></b>                      Achievement will be measured on a % reduction in practice total spend in Q4 24-25 from the practice baseline position.                      Each practice will have an individual target dependent on baseline spend.</p>	<p>Practice baseline spend in Q3 23-24. (ePACT data)</p>
<b>REVIEW based</b>	<p><b>7. Medicines Waste Reducing Oversupply and Overprescribing</b></p> <p><b><u>Green agenda, CIP, Safety and Polypharmacy</u></b>                      This is a repeat of the 2023/24 PQS Medicines Waste Audit and comprises of a review workbook with accompanying EMIS searches.                      This review supports reducing waste in:</p> <ul style="list-style-type: none"> <li>• identified prescribing areas.</li> <li>• oversupply</li> <li>• repeat prescription process.</li> </ul> <p>The focus areas remain unchanged from the 23/24 PQS; however, the review has been updated to include the results and findings of the PQS waste audit from 22/23 and 23/24 (results pending).                      Medicines to be reviewed will include inhalers, insulins, catheters, dressings, and stoma products.</p> <p><b><u>Award</u></b>                      Achievement will be measured on the submission of summary of review findings and completed practice action via online portal (Citizen Space).</p>	<p>22-23 and 23-24 PQS Waste Review Results (Citizen Space results)</p>

	PQS Indicator	2024-2025 NCL ICB <b>TARGET/ REVIEW BASED WORKBOOK</b> details	Source
<b>TARGET based</b>	<b>8. Cost-effective Prescribing Choices</b>	<p><b>CIP</b>                      Implement a 'basket' of cost-effective medication/product choices. Identify, review, and consider change from current prescribed medicines/products to cost-effective alternatives.</p> <ul style="list-style-type: none"> <li>• Practices will be given a list of switches, practice to undertake switches to cost-effective alternative(s) from the 'basket' of cost-effective prescribing choices. Switches <a href="#">see Appendix 1</a></li> <li>• EMIS searches updated from 23-24 to include new items with significant savings.</li> <li>• template wording for patients - for Accurx software/SMS messages.</li> <li>• template patient letters.</li> </ul> <p><b>Award</b>                      Achievement will be measured on a % reduction in practice total spend in Q4 24-25 from the practice baseline position.</p>	Practice baseline spend in Q3 23-24.

The quality marker information provided is for guidance only and does not override clinical judgment. It is essential that prescribers base their prescribing decisions on the needs of the individual patient, informed by an appropriate prescribing reference source such as the [Summary of Product Characteristics \(SPC\)](#) or the latest [British National Formulary \(BNF\)](#).

The tables below provide a summary of the cost-effective prescribing choices (indicator 8)

Table 2 lists the cost-effective prescribing choices carried over from 23 24 scheme and table 3 lists those areas new for 24- 25.

**Table 1**

Switch Type	Original Product	Suggested Switch
Change product	Linagliptin or <del>Trajenta</del> ® 5mg tablets	Switch to sitagliptin in line with NCL guidance
Change product	Phosphates enema Formula B 128 ml standard or long tube	Cleen® Ready to use enema 133ml
Change product	Macrogol 3350	Macrogol compound oral sachets NPF SF
Generic to brand	Generic quetiapine modified release tablets and Seroquel® brand	<del>Brancico</del> ® XL tablets
Change formulation	Atropine 1% eye drops 10ml	Atropine 1% eye drops 0.5ml unit dose preservative free
Change formulation	Esomeprazole tablets 20mg & 40mg	Esomeprazole capsules 20mg & 40mg
Change formulation	Melatonin 2mg, 3mg and 5mg CAPSULES	Melatonin 2mg, 3mg and 5mg TABLETS respectively
Change formulation	Liothyronine 5mcg and 10mcg TABLETS	Liothyronine 5 mcg and 10 mcg CAPSULES respectively
Change formulation	<del>colecalfiferol</del> 2000iu tabs/caps which are UNLICENSED	<del>colecalfiferol</del> 1000 iu tablets x 2
Change formulation	Olanzapine oral lyophilisates sugar free tabs and <del>orodispersible</del> tabs 5mg, 10mg, 15mg, 20mg.	Olanzapine <del>orodispersible</del> tabs SUGAR FREE 5mg, 10mg, 15mg, 20mg
Change formulation	Hydrocortisone 0.5% ointment	Switch to hydrocortisone 0.5% cream
Change formulation	<del>Colecalciferol</del> 20,000iu and 10,000iu TABLETS- UNLICENSED	<del>Colecalciferol</del> 20,000 iu CAPSULES or 10,000 iu CAPSULES respectively

Table 2

Switch Type	Original Product	Suggested Switch
Change formulation	Colecalciferol 3000 iu tablets - UNLICENSED	Switch to 1000iu tablets x 3
Brand to generic	Sukkarto® SR 500mg /1g and Glucophage® SR 500mg/1g	Switch to generic metformin MR
Brand to generic	Ganfort® eye Drops	Generic bimatoprost 300mcg/ml with timolol 5mg/ml eye drops
Brand to generic	Dovobet® Ointment	calcipotriol 0.005% /betamethasone 0.05% ointment
Deprescribe- Low Priority	Bath emollients e.g. Qilatum® emollient, Aveeno® body wash, Dermal® shower.	Deprescribe
Deprescribe-Low Priority	Omega 3 (Omacor®, Teromeg®, eicosapentaenoic acid/docosahexaenoic acid)	Deprescribe in line with NCL Omega 3 guidance
Deprescribe	Ascorbic acid tablets 50mg, 100mg, 200mg and 500mg tablets	Deprescribe in line with NHSE / NCL selfcare guidance

Table 3

Switch type	Original product	Suggested switch
Change formulation	Metformin 1g tablets (IR)	Metformin tablets 500mg (IR) x 2 or metformin 1g MR if increase tablet will be a burden.
Change formulation /deprescribe	Promethazine 25mg tablets	<b>Nausea/Motion</b> sickness Promethazine <del>teoclate</del> 25mg <b>SLEEP</b> -promethazine 20mg / <u>deprescribe</u> <b>Allergy- skin/respiratory tract</b> - e.g. chlorphenamine 4mg
Change formulation	Metformin oral solution 500mg/5ml SF	Metformin oral powder sachets SF
Change formulation	Doxazosin 8mg IR tablets	Doxazosin IR 4mg x2
Change formulation	Nebivolol 10mg tablets	Nebivolol 5mg x 2
Generic to brand	<del>Glycopyrronium</del> tablets 1mg & 2mg	<del>Assicco</del> <sup>®</sup> brand
Deprescribe /switch to licensed	Coproxamol	Alternative licensed analgesic with lower risk
Deprescribe /switch to licensed	Armour /Efra thyroid	Liothyronine /levothyroxine