

## Quality Improvement scheme 2018-19

### Medicine questions

Please refer to the questions and answers below

#### **1: What are the targets for the diabetes and respiratory audits? (Answered 28/08/18)**

Target number of patients to review in respiratory & diabetes audits has been capped at 13 patients per 1,000 patient population across all 4 audits

Full payment will be made if achieve 80% of cohort in each audit or 80% of 13 patients per 1,000 (whichever is smaller)

Reduced payment on a sliding scale will be made if achieve 56%-80%

No payment will be made if achieve less 56%

Colour coding on the dashboard is projected achievement based on number of reviews undertaken to date.

#### **2: What do practices do if they have reviewed a patient on a black light item but due to valid clinical reasons it is not appropriate to stop or switch? (Answered 28/08/18)**

Enter the following read code on the patient record:

SystmOne: Traffic Light (X79tE)

EMIS Web: Drug treatment still needed (8BIX)

#### **3. Are there exception codes linked to optimiserx? Some clinicians feel they are justified in rejecting a suggestion but don't want to be penalised as a result.(Answered 28/08/18)**

Clinicians should select the appropriate reason in OptimiseRx and where possible and include a reason. These will be looked at if a practice fails in this indicator so they can be taken into account. The team can support practices by producing optimiserx rejection reports to show practices where the largest number of rejections are coming from. The team may be able to support with switches if necessary. Additionally if there are any inappropriate messages identified causing a large number of rejections this can be fed back to the team via the central email.