Tablet Press Extra
The prescribing newsletter for GPs, nurses and pharmacy teams
NHS Northamptonshire ICB
September 2026

Some of our Medicines Optimisation Achievements!

It was felt timely to reflect on the various aspects of Medicines Optimisation (MO) metrics that demonstrates the high level of performance that has been achieved in this area over the years within Northamptonshire. Since there are many examples where Northamptonshire can demonstrate a comparatively high level of **Cost-effective Prescribing** and **Quality Prescribing** in the interests of brevity just some of these have been highlighted in this article.

➢ **Cost-effective Prescribing:**

- **Good Formulary Management**

Through the Northamptonshire Prescribing Advisory Group (NPAG) drugs are classified depending on the available evidence for clinical effectiveness, cost-effectiveness and safety. The effectiveness of NPAG classification of drugs over the years has ensured Northamptonshire ICB (NICB) has very low prescribing of Items which NHSE has advised should not routinely be prescribed in primary care

- **Promoting the prescribing of best value products**

GP practice clinicians have been encouraged to prescribe "best value" products over the years by the inclusion of various metrics in the annual Prescribing Achievement Framework (PAF) e.g.

  - Percentage DOAC items not prescribed as generic rivaroxaban or generic apixaban tablets – NICB previously had a high level of edoxaban prescribing when this was the DOAC being promoted by NHS England.
  - Proportion of sodium-glucose co-transporter 2 (SGLT-2) inhibitors (including combination products) not prescribed as generic dapagliflozin tablets – it is anticipated that NICB position will continue to improve over the forthcoming months
  - Percentage of prescriptions for blood glucose testing strips (BGTS) not included in NHS England commissioning recommendations – items contained in NHSE's guidance are the ones which are deemed the best value for the NHS.

- **Robust Commissioning Policy**
  - A few years ago, NICB took the decision not to commission the prescribing of gluten free foods since they had become more accessible, improvements in the labelling of food and due to the fact that the price paid by the NHS for gluten-free foods on prescription is much higher than the supermarket or online prices. It was decided that it was better and more equitable use of the funding available to commission a specialist coeliac dietitian Cost of gluten-free products per 1000 patients

- **Prescribing Support**

Support to GP practice clinicians has been provided in a variety of ways:

  - NICB MO team (MOT) have facilitated the implementation of the annual PAF as well as ad-hoc prescribing initiatives. Direct costs (drug expenditure) and in-direct costs (GP clinician time) have also been reduced by encouraging patients to obtain Over-The-Counter therapies from a pharmacy or other provider. This is a similar situation with the Online Non-Prescription Ordering Service (ONPOS) that Northamptonshire has had in place for many years for tissue viability products. Costs have also been reduced by the work that was undertaken to reduce waste by encouraging patients (repeat prescribing project) to only order what is required.
  - The MO Care Home team advising on the prescribing for Care Home residents as well as the implementation of proxy ordering and Homely Remedy scheme within Care Homes.
  - Specialists connected with the MOT have advised on prescribing such as dietitians on the prescribing of oral nutritional supplements and baby milks, as well as continence nurses for urinary catheters and accessories.

➢ Quality Prescribing

- **Promoting good quality prescribing**

NICB's MOT has encouraged clinicians in GP practices to practice "good quality" prescribing. Here are a few examples of metrics in the annual PAFs that have focussed on a quality aspect:

- Respiratory – In recent years there has been a particular focus in the PAF on metrics that promote prescribing that which aligns with latest BTS/NICE/SIGN asthma guidance, National Report on Asthma Deaths and the NHS's commitment to reduce its carbon footprint e.g. Prescribing on High dose inhaled corticosteroids, Prescribing of AIR & MART therapy, Prescribing of SABAs and Prescribing of MDIs.
- Antimicrobial Stewardship (AMS) – Since the importance of good AMS has been known about for many years the annual PAF has continued to include metrics promoting this e.g. Prescribing of Watch and Reserve, Prescribing of shorter courses and reducing prescribing in the children.
- Opioids - There is little evidence that opioids are helpful in long term pain and the risk of harm increases significantly above 90mg morphine (or equivalent) per day (recently reduced from 120mg), without much increase in benefit Prescribing of opioids with likely daily dose of ≥90mg morphine equivalence
- Eclipse Red/Amber Alerts – The high level of review of Eclipse alerts in recent years will have reduced the number of instances in which patients would have had a harmful event.

Ad-hoc work has also been undertaken in specific areas to ensure "safe" prescribing e.g. prescribing of valproate and also discouraging the prescribing minocycline in acne due to the risks of ADRs.

- **Education and training**

Good quality respiratory prescribing has been supported by encouraging primary care clinicians to undertake PrescQIPP e-learning modules on e.g. asthma, type 2 diabetes and anticholinergic burden. Whilst good medicines management processes have been promoted by encouraging GP practice staff who deal with prescriptions to undertake PrescrQIPPs "practice medicine co-ordinator" e-learning training and also attend the ICB's MO team face;face training.

Keeping clinicians aware of pertinent prescribing clinical matters has also been delivered by the monthly production of the ICB's prescribing newsletter Tablet Press. More in-depth information on specific topics has also been provided by Tablet Press Extra.

Another important aspect of training are the regular educational sessions to Care Home staff provided by the MO Care Home Staff.

- **Resources**

NICB MO team have also maintained useful resources on the Primary Care Portal. The primary care portal contains sections on:

- Traffic Light Drugs including links to Shared Care Protocols
- Formulary and NPAG decisions
- MO policies and Newsletters
- Traffic light supporting information and Prior Approval system
- Details of annual PAF
- PGDs

The maintenance of appropriate Optimise Rx messages on is also a key resource.

Thank you to all the staff within the ICB's MO Team and GP practices for making this possible. I think this summary of our MO Achievements demonstrates we have a lot to be proud of.