

## Prescribing Achievement Framework

### Appeals Process

- Appeals will only be considered where there is a financial implication for the practice concerned i.e. if a positive result of the appeal would change the **overall** points from “amber” to “green” at the year end.
- Appeals will be considered for prescribing which is adversely influencing the cost minimisation indicators from long-term, exceptional patients or diagnoses, where there is no alternative prescribing option. These cases will usually be secondary-care led.
- For example, prescribing of antibiotics for cystic fibrosis would be considered exceptional, but prescribing of long-term PPIs for Barrett’s oesophagitis, would not.
- Double red prescribing which has been agreed by Prior Approval will not count against a practice’s achievement.
- Practices with a low list size that would be significantly but unavoidably influenced by just a few patients e.g. in the Double Red marker, should be aware that they can appeal on the basis of these patients provided that they continue to monitor and control other double red prescribing where they are able to do so.
- List size movement will be taken into account when calculating the general year-end estimate of savings but would not generally be expected to influence the colour status of the practice. However, exceptional list-size movement may influence the indicators in some cases and will also be considered by the appeals panel if necessary.
- Appeals should be submitted using the standard template
- The core appeals panel members will be the Deputy Director and Head of Prescribing and Medicines Management plus a GP and a Prescribing Adviser (both from different localities to that of the practice concerned). If questions arise the prescribing adviser for the practice concerned may be asked to attend as an “expert witness”. The panel may meet “virtually”.