NHS Shropshire, Telford and Wrekin
NHS Staffordshire and Stoke-on-Trent

Medicines Quality & Commissioning Framework (MQCF) 2026/27 Year 2

Frequently Asked Questions (FAQs) for GP Practices

General

1. Will the webinar presentation slides be emailed to practices?

Yes. The webinar presentation and recording has already been circulated to all GP practices on Wednesday 22nd July following the webinar sessions.

2. Where can I find the MQCF Year 2 document and supporting resources?

The MQCF Year 2 document and associated guidance resources are available on the STW website under the Information, Guidance Documents, Resources, Policies and Position Statements tab

Clinical Guidelines, Medicines Optimisation Commissioning Policies and Resources - NHS Shropshire, Telford and Wrekin

3. Where can I find all MQCF workstream-related searches?

All MQCF workstream-related searches can be found within the following Enterprise locations:

Enterprise > STW Medicines Optimisation > Practice Level Searches > MQCF 26/27

Enterprise > STW Medicines Optimisation > Practice Level Searches > Patient Safety

Please note: Searches may be organised within different subfolders. Practices should review the relevant subfolders to locate and copy the relevant searches for each workstream into their local EMIS organisation before running them. These searches are designed to help identify eligible patients and support delivery of the incentivised workstream.

Searches include (but are not limited to) the following areas:

- Basal (long-acting) insulin review
- Cost-effective medicine switches
- Drugs of Limited Clinical Value (DLCV)
- All searches related to Medicines Cost Efficiency workstreams including Safety Needles
- Clinical priorities workstreams
- Safe prescribing Sodium Valproate workstream

4. Are practices required to complete every workstream?

Practices are expected to engage with all applicable MQCF workstreams. However, participation in individual workstreams is at the discretion of the practice, and practices may elect not to participate in specific workstreams. Where a practice opts out of a workstream, the value of any associated payment will not be included in the calculation of the final MQCF payment.

Payments

5. What are the payment arrangements if practices complete work in-house versus using a third-party provider?

Details were circulated separately to practices.

Where applicable:

- Practices completing eligible enhanced workstreams in-house may receive **18% of validated annual savings**.
- Practices using the ICB commissioned third-party provider receive **5% of validated annual savings** in recognition of clinical oversight.
- Certain low-complexity workstreams completed in-house attract **10% of validated annual savings**.

Please refer to the communication issued on **9 July 2026** for full payment details.

Medicines Waste and Cost Efficiency Workstreams

6. Do practices have to use the ICB third-party provider?

No.

Practices may:

- Complete eligible reviews using their own clinical team.
- Use the commissioned third-party provider.
- Adopt a hybrid approach where appropriate.

The practice always retains overall clinical responsibility for patient care and authorisation of any recommendations.

7. Has anything changed since the webinar sessions?

Yes.

Two revisions to Year 2 MQCF 2026/27 has been made since the webinar:

- The **DPP-4 (gliptin) switch workstream has been withdrawn** and **practices are therefore advised not to proceed with this work**, as it does not sufficiently align with the current cost-efficiency programme.
- **The 2.5 points (2.5%) previously allocated to the 'Working in Partnership to Support Medicines Optimisation and Cost-Effective Prescribing' element have been reassigned to achieving a reduction in the prescribing of Drugs of Limited Clinical Value (DLCV)**, as the medicines optimisation and cost-effective prescribing work is separately incentivised. Practices undertaking this work will receive a proportion of validated savings achieved, with the level of reimbursement determined by the delivery model employed (in-house, third-party provider, or hybrid approach).

Clinical Priorities

8. Are long courses of doxycycline prescribed for acne excluded from the 5-day doxycycline prescribing search?

No. The 5-day doxycycline prescribing workstream includes all indications for doxycycline, including longer courses prescribed for acne.

The national target is set at 40%, with the remaining 60% recognising that there are appropriate clinical scenarios where longer courses of doxycycline are necessary. This allows for variation in prescribing to reflect individual patient needs and clinical indications.

Training Sessions

9. Could you please confirm the date/times of the training sessions?

The training sessions are detailed below. Practices are only required to attend one session from each training topic.

Cardiovascular Disease (CVD) Training – Heart Failure Focus
Delivered by Naz Khan, STW CVRM Clinical Lead

Wednesday 16 September 2026, 1:00–2:00 pm

Wednesday 23 September 2026, 1:00–2:00 pm

Antimicrobial Stewardship (AMS) Training
Delivered by Conor Jamieson, Regional Antimicrobial Lead

Wednesday 7 October 2026, 1:00–2:00 pm

Tuesday 13 October 2026, 1:00–2:00 pm

A Microsoft Forms link will be circulated shortly to ask practices to register their attendance and enable monitoring of participation.

Safe Prescribing

13. What is expected regarding the new Sodium Valproate workstream?

Practices are required to comply with MHRA Pregnancy Prevention Programme (PPP) requirements for patients prescribed sodium valproate. A clinical system search will be provided to support case finding and identify patients requiring review.

Implementation of this workstream will commence from **Quarter 2 (July 2026)**.

This includes:

- Structured patient reviews and risk stratification, particularly for females of childbearing potential.
- Appropriate PPP coding, including ARAF completion or documented non-compliance.
- Recording contraception status where applicable.
- Robust recall systems and use of standardised documentation templates.
- Consistent coding and multidisciplinary team involvement to support safe prescribing and monitoring.

Target: Achieve and maintain **≥90% PPP compliance**, evidenced by a recent PPP referral or appropriate PPP coding, up-to-date risk acknowledgement documentation, and recorded contraception status where applicable.

Compliance will be reviewed **quarterly**. Practices not meeting the target will incur a **5% deduction from their Safe Prescribing of Medicines quarterly payment**.

Community Pharmacy

8. Rural practices will be placed at a disadvantage where patients may not have easy access to a community pharmacy. How will this be taken into consideration?

The intention of the Community Pharmacy workstream is to strengthen collaborative working across primary care while improving patient access to appropriate clinical services.

The ICB recognises that access to community pharmacy services varies across Shropshire, Telford and Wrekin, particularly in rural communities where travel distances and pharmacy availability may present additional challenges.

Practices should continue to use their clinical judgement when deciding whether referral to a community pharmacy is appropriate for an individual patient. Referrals should only be made where they are clinically suitable and practically accessible.

Achievement data will continue to be reviewed across the programme, and the ICB will take account of local circumstances, including variation in service accessibility, when reviewing delivery.

9. What if referral to a community pharmacy is not appropriate?

Practices should always exercise clinical judgement.

Patients should only be referred where the service is clinically appropriate and accessible. Where referral is unsuitable because of individual patient circumstances or local access issues, practices should continue to manage patients using the most appropriate care pathway.

Further Questions

For further queries regarding the MQCF Year 2 scheme, please contact the Medicines Optimisation Team via the MOT inbox (stw.motqueries@nhs.net).