Medicines Optimisation Friendly Practice Framework

- A new, whole-practice approach to medicines optimisation from PrescQIPP
- Endorsed by the Royal College of General Practitioners
- Supported by the Care Quality Commission

Embed and continuously improve medicines optimisation across the whole practice



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The Framework is designed to:



- Take a **whole-practice approach** to medicines optimisation
- Bring together the key elements of safe, effective and patient-centred medicines use
- **Signpost to existing national guidance and resources** rather than duplicate them
- Help practices **identify strengths and opportunities for improvement**
- Support a culture of **continuous improvement**

Benefits to practices:

- Supports safer prescribing and medicines use
- Promotes RCGP priorities and ongoing quality improvement
- Helps prepare for CQC discussions
- Supports person-centred care
- Brings together existing evidence into a structured framework
- Encourages whole-practice engagement with medicines optimisation

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The framework covers:

- Awareness for all staff
- Repeat prescribing
- Safe prescribing and monitoring
- Education and audit
- Antimicrobial stewardship
- Incidents and safety alerts
- Medication reviews and optimisation
- Patient involvement
- Social prescribing
- Governance and leadership

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High-trust, low-burden model

- The Framework has been designed around a **high-trust, low-burden** model
- Practices complete a **structured annual self-assessment** of the 10 areas
- No requirement to submit documentary evidence
- Practices receive a **certificate of achievement**
- Supports appraisal and revalidation

Aligns with the PCN DES

- **SMRs:** The Framework covers medication reviews, safe prescribing and patient involvement, complementing the DES focus on SMRs for people who may benefit most
- **Polypharmacy and medicines safety:** Supports opportunities to reduce prescribing-related harm and optimise treatment
- **Antimicrobial stewardship:** Reinforces responsible antibiotic prescribing and the use of established national and local guidance
- **Social prescribing:** Recognises the role of non-pharmacological approaches and wider support for patients

The Framework brings medicines optimisation activities together at practice level, complementing the wider work undertaken through the PCN DES.

Supported by CQC

CQC update for primary and community services

CQC update for primary and community services

This bulletin was sent at 30-10-2026 01:26 PM GMT

CareQuality Commission

The independent regulator of health and social care in England

Update from CQC

30 October 2026

A regular update for providers and professionals working in primary and community care

PrescQIPP Medicines Optimisation Friendly Practice Framework



Medicines Optimisation Friendly Practice

The new Medicines Optimisation Friendly Practice Framework, developed by PrescQIPP and endorsed by the Royal College of General Practitioners (RCGP), provides a whole-practice approach to medicines optimisation in general practice.

The Framework brings together key areas of medicines optimisation, including safe prescribing and monitoring, repeat prescribing, medication reviews, medicines safety, antimicrobial stewardship, patient involvement, education and quality improvement. It is designed to complement existing national guidance and resources, helping practices to reflect on their current arrangements, identify opportunities for improvement and recognise good practice. Practices complete an annual self-assessment and receive a certificate of achievement.

The Framework may also provide a useful resource for practices considering the medicines optimisation aspects of CQC's assessment framework and quality statements.

Find out more and sign up

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Supported by NHSE



PrescQIPP Medicines Optimisation Friendly Practice Framework

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Supported by NASP

https://socialprescribingacademy.org.uk/resources/social-prescribing-included-in-medicines-optimisation-friendly-practice-framework/

National Academy for Social Prescribing

What is Social Prescribing? | What we do | Evidence & Resources | Events | About us

Home > Resources > Social prescribing included in Medicines Optimisation Friendly Practice Framework

21/10/2026

Social prescribing included in Medicines Optimisation Friendly Practice Framework

The new Medicines Optimisation Friendly Practice Framework highlights the importance of GP practices supporting patients through social prescribing



The new Medicines Optimisation Friendly Practice Framework, developed by PrescQIPP and endorsed by the Royal College of General Practitioners, highlights the importance of GP practices supporting patients through social prescribing, as part of a personalised approach.

Medicines Optimisation aims to ensure that patients receive the right medication at the right time to improve clinical outcomes, reduce waste and improve safety.

The new free framework provides a practical, whole-person approach to medicines optimisation, helping GP teams recognise existing strengths, identify opportunities for improvement and embed medicines optimisation into everyday care.

The framework requires practices to offer a social prescribing service as one part of this approach. It encourages GPs to have conversations with patients about social prescribing alongside prescriptions, changes to medication or medications being de-prescribed.

The framework is designed to complement existing national guidance and resources, helping GP practices to reflect on their current arrangements, identify opportunities for improvement and recognise good practice.

Find out more and sign-up →

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Medicines Optimisation Friendly Practice



A practical framework approach to embedding medicines optimisation in general practice

The new Medicines Optimisation Friendly Practice framework, developed by PrescQIPP and endorsed by the RCGP, brings together the key elements of medicines optimisation and signposts practices to established national guidance and resources.

It provides a practical, high trust approach to reflection and continuous improvement, without creating additional burden for practices.

AREAS COVERED		
Governance and leadership	Patient involvement and shared decision making	Audit and quality improvement
Medicines safety	Antimicrobial stewardship	Workforce development (MO Champion)
Repeat prescribing	Education and awareness	Social prescribing
Medication reviews and optimisation	Incident learning	Supporting resources and signposting

Whole practice focus | High-trust approach | Annual self-certification | Recognition and certification | Links to national guidance



Find out more and sign up here: PrescQIPP Medicines Friendly Practice framework

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Medicines Optimisation Friendly Practice

CERTIFICATE OF RECOGNITION

This is to certify that

Practice name here

This practice has completed the framework self-assessment and has confirmed that it meets the requirements to be recognised as a **Medicines Optimisation Friendly Practice**

AREAS COVERED		
Governance and leadership	Patient involvement and shared decision making	Audit and quality improvement
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Medication reviews and optimisation	Incident learning	Supporting resources and signposting



Recognition year 2026-27

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Medicines Optimisation Friendly Practice Framework

Medicines optimisation is a patient-centred, 4-principle approach aimed at ensuring patients receive the right medication at the right time to maximise clinical outcomes, reduce waste, improve safety, and enhance adherence.

It involves shared decision-making between clinicians and patients, particularly managing polypharmacy and long-term conditions.



The goal of medicines optimisation is to help patients to:

- improve their outcomes
- take their medicines correctly
- avoid taking unnecessary medicines
- reduce wastage of medicines and
- improve medicines safety.

About our framework

We have developed a **free** framework for all practice staff to improve their engagement with medicines optimisation.

The practice appoints a Medicines Optimisation Champion, completes the actions in each section of the framework over a one year period, and submits a self-assessment in order to receive a certificate of completion. The certificate is valid for one year and the self-assessment should be completed annually to renew the certificate.

The framework includes activities and development for general staff, prescription clerks and clinical staff.

Supporting resources including bulletins, briefings, webinars and 'Look, Do, Review' data are freely available to all staff, with additional e-learning courses available for a small fee.

Benefits to practices

A medicines optimisation-friendly general practice has many benefits including:

- improving quality of care and support for all patients that take medicines, especially vulnerable groups such as the frail elderly
- supporting national aspirations, aiming to improve the overall quality of care and patient safety
- fulfilling Care Quality Commission requirements
- increasing medicines awareness and understanding for all practice staff
- contributing to personal development, job satisfaction, CPD and revalidation

We've answered more frequently asked questions about the framework here.

Endorsed by the

RCGP Royal College of General Practitioners

How to access the framework

Please note that you will need to be logged in to the site and can **register for a free account here**.

VIEW THE FRAMEWORK >

Why is medicines optimisation important?

- 1 in 10 people age 65, take eight or more medicines daily
- 1 in 3 people age 80, take eight or more medicines daily
- 1 in 5 hospital admissions in people aged over-65 result from adverse drug effects
- The risk of harm increases with the number of medicines taken

Questions?

We've answered some FAQs

VIEW THEM HERE >

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Medicines Optimisation Friendly Practice Framework

Click on each section of the framework below to see what it covers, including actions and supporting resources.

Sign up to take part and when you are ready to complete the annual self-assessment, click on the button opposite to confirm that you have completed every section and apply for your certificate.

- Awareness for all staff
- Repeat prescribing
- Safe prescribing and monitoring
- Education and audit
- Antimicrobial stewardship
- Incidents and safety alerts
- Med reviews & optimisation
- Patient involvement
- Social prescribing
- Governance & leadership

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Royal College of General Practitioners

Sign up your practice

START HERE >

Get your MO Friendly Practice Certificate

COMPLETE THE ANNUAL SELF-ASSESSMENT >

Questions?

We've answered some FAQs

VIEW THEM HERE >

The MO Friendly Practice Framework is a quality improvement framework that recognises and celebrates general practices that are committed to delivering safe, effective and person-centred medicines optimisation.

It is designed to support reflection, encourage continuous improvement and share good practice, using a proportionate, high-trust approach that builds on the excellent work practices already undertake.

Medicines Optimisation Friendly Practice Info Brief Interface

LOOK



1. You will need to know your Region, ICB and sub-ICB location code before continuing to the filters below. If you do not know these, please find them here first by searching for your practice.

Click in the box and enter text to search:

K83037 DR SPENCER & PARTNERS

2. Here is your information:

You belong to MIDLANDS COMMISSIONING REGION,
are in NHS NORTHAMPTONSHIRE INTEGRATED CARE BOARD and your sub-ICB location code is 78H

REVIEW



3. In this section you should filter your organisation as identified above. From there either filter out specific PCN(s) or leave as (All) to be benchmarked against all practices.

Select your Region:

MIDLANDS

Select your ICB:

NORTHAMPTONSHIRE

Select your sub-ICB location:

NHS NORTHAMPTONSHIRE ICB - 78H

Select the PCN(s) to include for benchmarking purposes:

(All)

DO



4. Enter text search to benchmark your practice (code or name). This ensures you can easily identify your practice in the charts using the '*SELECTED/OTHERS*' legend/highlighter.

spencer

5. Click any of the info briefs below:

- 1. Neuropathic pain; cost per 1,000 patients #1
- 1. Neuropathic pain; DDD usage per 1,000 patients
- 1. Neuropathic pain; cost per 1,000 patients #2
- 1. Neuropathic pain; patient specific #1
- 1. Neuropathic pain; patient specific #2
- 1. Neuropathic pain; patient specific #3
- 1. Neuropathic pain; patient specific #4
- 2. Lowering the inhaler carbon footprint; % pMDIs (non-salbutamol)
- 2. Lowering the inhaler carbon footprint; patient specific #1
- 2. Lowering the inhaler carbon footprint; patient specific #2
- 3. Asthma; % items ICS/LABAs
- 3. Asthma; patient specific
- 4. Anticoagulation; cost per 1,000 patients
- 4. Anticoagulation; patient specific
- 5. Opioid patches (high dose); cost per 1,000 patients
- 5. Opioid patches (high dose); patient specific
- 5. Opioid patches (high cost); cost per 1,000 patients
- 5. Opioid patches (high cost); patient specific
- 6. Treatment breaks; cost per 1,000 patients
- 6. Treatment breaks; patient specific
- 7. Dependence forming medicines; items per 1,000 patients
- 7. Dependence forming medicines; patient specific #1
- 7. Dependence forming medicines; patient specific #2
- 7. Dependence forming medicines; patient specific #3
- 8. Insomnia; items per 1,000 hypnotics ADQ based STAR PU
- 8. Insomnia; patient specific
- 9. Heart failure; % low dose items
- 9. Heart failure; patient specific
- 10. Insulin; % items per 1,000 patients
- 10. Insulin; patient sepcific
- 11. Reducing opioid prescribing in chronic pain; items per 1,000 patients
- 11. Reducing opioid prescribing in chronic pain; patient specific #1
- 11. Reducing opioid prescribing in chronic pain; patient specific #2
- 12. Combination analgesics; cost per 1,000 patients
- 12. Combination analgesics; patient specific #1
- 12. Combination analgesics; patient specific #2
- 12. Combination analgesics; patient specific #3
- 12. Combination analgesics; patient specific #4
- 13. ADHD; cost per 1,000 patients
- 13. ADHD; patient specific

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LOOK



Dependence forming medicines (benzodiazepines (H), Z-drugs (H), opioids (O), gabapentinoids (G) and antidepressants (A)) should be regularly reviewed and withdrawn appropriately when they are no longer beneficial or the risks outweigh the benefits of continuing treatment in order to improve patient safety.

In your selected organisation, the number of patients on a combination of 3 or more dependence forming medicines in the 12 month period Jun25-May26 was **482**

REVIEW

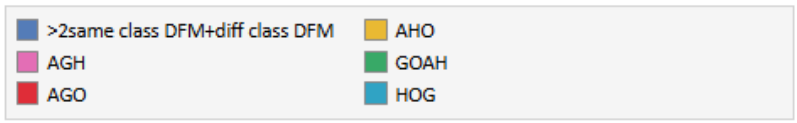


Prioritise for review patients co-prescribed multiple dependence forming medicines (excluding gabapentinoids for epilepsy, opioids for acute or cancer pain, opioids at the end of life, or medicines for the management of illicit drug dependence).

DO



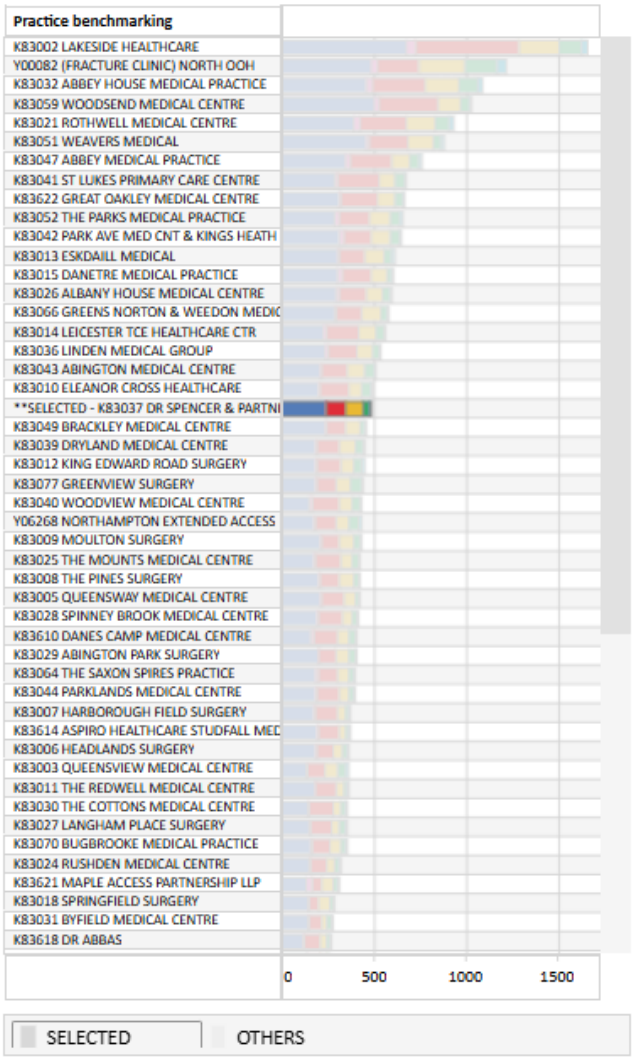
- **Discuss the gradual withdrawal (tapering) of a dependence forming medicine if it is no longer benefiting the person, if dependence-associated problems have developed, if the condition for which the medicine was prescribed has resolved, if the harms of the medicine outweigh the benefits or if the person wants to stop taking the medicine.**
- **Make sure any dose reduction or withdrawal is clearly recorded in the person's overall management plan.**



Dependence forming medicines

(Figures in this briefing represent total patients; Jun25-May26)

Chart to show the number of patients on a combination of 3 or more dependence forming medicines



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Chronic heart failure

(Figures in this briefing represent total patients; Jun25-May26)

LOOK



- Both an angiotensin-converting enzyme (ACE) inhibitor (or an angiotensin II receptor blocker (ARB) if intolerant to an ACE inhibitor) and a beta-blocker licensed for heart failure should be offered to all patients with heart failure with reduced ejection fraction (HFrEF).
- A combination of ACE inhibitors and ARBs is not recommended. If combination use is considered absolutely necessary, it must be carried out under specialist supervision and with close monitoring.

In your selected organisation, the number of patients prescribed both an ACE inhibitor and ARB in the 12 month period Jun25-May26 was 37

REVIEW



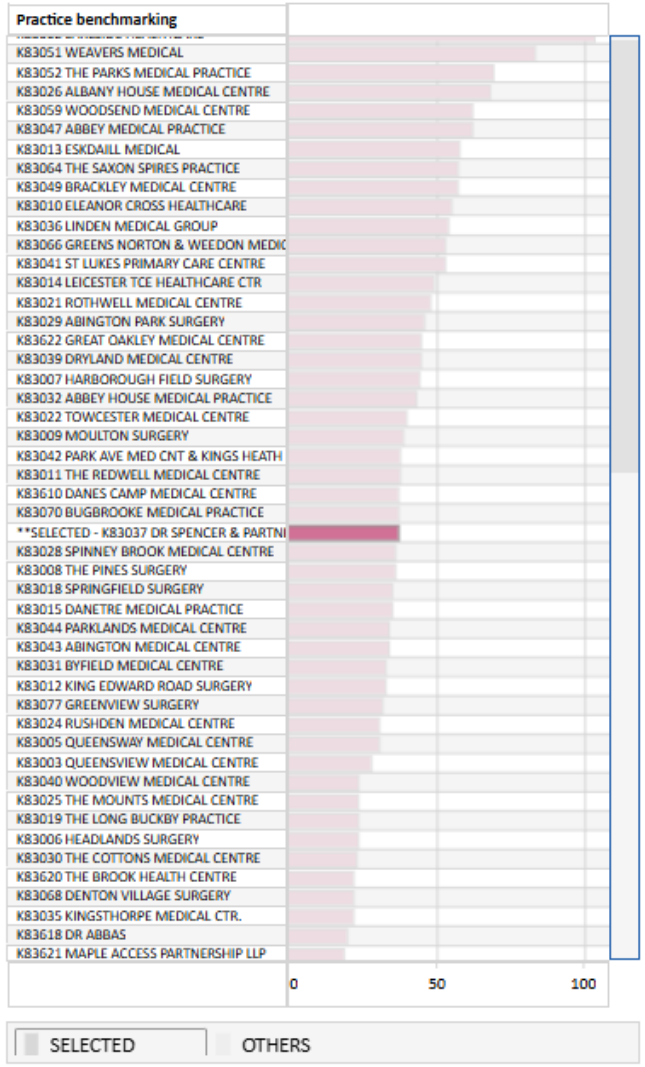
All people currently taking a combination of ACE inhibitors and ARBs should be reviewed at a routine appointment and carefully consider if combination use is appropriate.

DO



- If combination use of ACE inhibitors and ARBs is considered absolutely necessary, ensure patients are under specialist care with close monitoring of blood pressure, renal function, and electrolyte levels (particularly potassium).
- Consider monitoring people when combination use is started and on a monthly basis thereafter, and also after changing dose and during intercurrent illness.
- Ensure that all people with HFrEF are prescribed ACE inhibitor (or ARB) and beta-blocker and that these have been titrated up to the target or optimal tolerated doses.
- Ensure people with HFrEF that are still experiencing symptoms despite target or optimal tolerated doses of ACE inhibitor (or ARB) and beta-blockers are offered an mineralocorticoid receptor agaonist (MRA).

Chart to show the number of patients prescribed both an ACE inhibitor and ARB



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Why should we sign up?

- Improve patient care relating to medicines
- Supports CQC inspections
- Supports CPD and appraisal - RCGP endorsement
- Recognition of existing work
- Low burden self-assessment
- Prescribing Incentive Schemes – an ICB-wide opportunity

Medicines Optimisation Friendly Practice

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Live on the PrescQIPP website now!

Find out more and sign up:

PrescQIPP Medicines optimisation friendly practice framework



Medicines Optimisation
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