|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Annual Prescribing and Medicines Management Report | | | | | |
| What were the agreed actions from last year’s meeting? | | | | | |
|  | | | | | |
| What progress has been made? | | |  | | |
| Any Further action required? | | |  | | |
| Prescribing Management Scheme | | | | | |
| What areas of the Prescribing Management Scheme were agreed for the practice last year? | | | | | |
|  | | | | | |
| What were the targets for these areas and how did the practice do? | | | | | |
| Area | Target for full payment | | | Target for partial payment | Points achieved |
|  |  | | |  |  |
|  |  | | |  |  |
|  |  | | |  |  |
| Any Further action required? | |  | | | |
| National Prescribing Indicators | | | | | |
| How did the practice perform in the National Prescribing Indicators? | | | | | |
|  | | | | | |
| Any Further action required? | |  | | | |
| Agreed Actions For The Next Twelve Months | | | | | |
|  | | | | | |
| Will you have any personal involvement? | | | | | |
|  | | | | | |