

Meeting of Primary Care Commissioning Committee

Date: 25th May 2021

Time: 09:30-12:00

Location: Microsoft Teams

Agenda Number :	8	
Title:	Prescribing Quality Scheme (PQS) 2021/22	
Confidential Papers	Commercially Sensitive	No
	Legally Sensitive	No
	Contains Patient Identifiable data	No
	Financially Sensitive	No
	Time Sensitive – not for public release at this time	No
	Other (Please state)	No
Purpose: Decision		
Key Points for Discussion:		
<p>GP practice engagement with the Prescribing Quality Scheme (PQS) has been positive in 2020/21, with all practices participating despite all the added pressures from the COVID pandemic.</p> <p>The PQS for 2021/22 is based on the same overall funding of up to a maximum of £1 per registered patient:</p> <ul style="list-style-type: none"> • A percentage of the funding linked to the cost effective use of medicine that is directly linked to drug acquisition savings to support financial balance and sustainability to ensure best value from the medicines prescribed. • A percentage of funding linked to the quality projects that will achieve savings e.g. through reduced adverse events, admissions etc <p>The PQS for 21/22 has been presented to each of the GP locality membership meetings to obtain feedback on the proposed projects and content. This feedback has been taken into consideration along with the need to support primary care with priorities due to the COVID 19 pandemic to ensure quality and safety with all medicines prescribed. Within the scheme this year, there is an option for a PCN area to work up with the Medicine Optimisation team a project that focuses on the needs of their specific population, either to address inequalities, unwarranted variation or improve quality. Where possible we have also linked and aligned work with the STP/ICS Medicines Optimisation Long Term plan and the Integrated Pharmacy and Medicine Optimisation (IPMO) plan. The scheme has been written to avoid duplication of any work that is funded through other means.</p>		

It is recommended that the payment split between achieving financial balance and undertaking quality projects continues at 50:50.

Participation in the scheme is intended to reimburse practices for any additional work they have to carry out to achieve the appropriate reductions in prescribing spend or carry out quality and safety reviews/audits.

<p>Recommendations:</p>	<ul style="list-style-type: none"> • To approve the Prescribing Quality Scheme for 2020/21 and agree the split of funding. • That the payment for the scheme continues to be split 50/50 i.e. 50% based on financial achievement against budget and 50% for delivery of a series of quality based work that has wider system benefits. • To approve a part payment for those practices not achieving their 'fair share' budget if, following scrutiny of their prescribing, they have achieved 80% of the financial targets set by the CCG, specific to the finance projects undertaken by the practice to ensure best value from these medications. • Approve the quality project themes.
<p>Previously Considered By and feedback :</p>	<p>GP Locality membership meetings; feedback has been incorporated into the scheme content. Primary Care Operational Group have considered the scheme. PCOG were supportive of the PQS and preferred the 50:50 payment split or a greater payment focussing on quality work.</p>
<p>Management of Declared Interest:</p>	<p>N/A</p>
<p>Risk and Assurance:</p>	<p>There is a risk of to the overall CCG Control Total if the Primary Care Prescribing spend is not monitored and controlled by the Medicines Optimisation Team and use of the Prescribing Quality Scheme will help to support this.</p> <p>The Quality projects link and impact on wider system work and through optimum medicine optimisation will support better patient care and outcomes.</p>
<p>Financial / Resource Implications:</p>	<p>The PQS is intended as a payment to practices to support the additional work they need to do to achieve the scheme targets. The PQS supports the CCG achieving the savings required to meet the allocated primary care prescribing budget. The cost of the scheme is a maximum of £1 per registered patient in BNSSG, if all practices achieve the maximum possible payment. If practices are part of a repeat prescribing hub scheme and are also participating in the PQS then they will receive payment for whichever scheme gives the larger of the two payments, minus hub set up costs (for both parties), but not payments for both.</p>

Legal, Policy and Regulatory Requirements:	There are no legal implications anticipated in relation to this scheme. Such schemes are normal practice in CCGs nationally.
How does this reduce Health Inequalities:	Quality & Equality Impact Assessments will be undertaken for the individual projects within the scheme as appropriate. All work undertaken or directed by the Medicines Optimisation Team will have any implications for health inequalities considered.
How does this impact on Equality & diversity	An Equality Impact Screening Assessment has been completed for the scheme. There are no significant implications.
Patient and Public Involvement:	None
Communications and Engagement:	None
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Sponsoring Director / Clinical Lead / Lay Member:	Dr Peter Brindle

Agenda item: 8

Report title: Prescribing Quality Scheme 2020/21

1. Background

BNSSG CCG currently offers an annual Prescribing Quality Scheme (PQS) which all GP practices can sign up to participate in. Funding for the PQS in 20/21 was up to a maximum of £1 per registered patient, with the scheme including quality, safety and cost saving prescribing tasks. Participation and payment for the scheme is intended to reimburse practices for any additional work they have to carry out to achieve the appropriate reductions in prescribing spend or carry out reviews/audits. In 2020/21 payment was split 50:50 between achieving financial balance according to 'fair share' budgets and quality projects.

GP practice engagement with the scheme has always been good and this continued in 2020/21 (despite the COVID pandemic), with all practices participating. We would like to continue the 2021/2022 scheme in a similar format to previous years, with the same funding of up to a maximum of £1 per registered patient with:

- A percentage of the funding (50%) linked to the cost effective use of medicine that is directly linked to drug acquisition savings to support financial balance ensuring we are obtaining best value from the medicines being prescribed.

- A percentage of the funding (50%) linked to the quality projects which focus on medicines optimisation and patient safety that will achieve savings e.g. through reduced adverse events and hospital admissions etc

In developing a new scheme for 2021/22, we have consulted with GP locality membership meetings, CCG Medicines Optimisation Control Centre and respective clinical leads on content of the scheme in order to ensure we have not missed areas of high priority and have taken on board feedback. We have also taken into account Long Term Plan deliverables and other national directives and contract changes.

For the quality projects for 21/22 we have considered areas of importance nationally and for the system e.g. high risk medicines, long term conditions and reducing emergency admissions and have tried to align with system priorities while avoiding duplication. Projects will aim to embed evidence based guidance within practices in order to reduce inequalities through adoption and guidance adherence e.g. lipid and antibiotic project. One project has been chosen to support wider system pathway development in order to understand compliance with medication to extend the time before a biologic medication would be required. Development of the pathway will have system savings in terms of drug acquisition costs and secondary care appointment reduction, along with improving patient access to the appropriate treatment and achievement of desired outcomes.

This year there is also the option for a PCN/ICP to choose between two project themes as determined by their individual priorities dependent on their patient population. They may consider where there will be biggest impact and quality improvement for their population when undertaking the project. The Medicines Optimisation Team will develop standard projects for these areas but will work with PCN/ICPs to consider any local amendments which may support the success of the project for them.

An indicative budget is set for all practices, using the fair share budget setting methodology which was previously agreed and is now moving into its third year. As for other areas it is difficult to use the 20/21 prescribing data confidently to predict future trends and we have seen some practices overspend their indicative budget, but achieve a majority of the savings projects set by the CCG. Therefore for the financial element of the scheme it considers a part payment to practices who do not achieve their fair share budget despite achieving specific savings in all areas suggested by the CCG. It is suggested that these practices would have their prescribing data scrutinised throughout the financial year and if they have achieved 80% of the cost saving work to obtain value from the medicines being prescribed, a part payment would be made to the practice. The Medicines Optimisation Team will develop some Key Performance Indicators to measure this achievement against which would be transparent for practices who can work towards achieving them. This part payment will remunerate the practices for their engagement in this work, ensuring they have been making cost effective choices and switches for these medication. All the cost saving work undertaken contributes significantly to the overall achievement by the CCG Medicines

Optimisation team of the savings target set at the beginning of the year and applied to the overall Primary Care prescribing budget.

Full details of the quality projects along with the work to be undertaken in relation to the financial element of the scheme can be found in Appendix 1.

2. Recommendations

- To approve the Prescribing Quality Scheme for 2020/21 and agree the split of funding.
- The payment for the scheme to continue to be split 50/50 i.e. 50% based on financial achievement against budget and 50% for delivery of a series of quality based work that has wider system benefits
- Also to approve the quality project themes.
- To approve a part payment to practices from the financial element of the scheme, if they do not achieve their fair share budget but, following scrutiny of their prescribing, have achieved 80% of the cost savings targets that have been set by the CCG Medicines Optimisation Team. This would compensate the practice for all the work undertaken to contribute to ensuring best value from the medicines they prescribe for specific areas which will be defined by the CCG in the form of performance indicators. This would be a new payment for 21/22 which has not been included before.

3. Financial resource implications

The cost of the scheme is a maximum of £1 per registered patient in BNSSG, if all practices achieve the maximum possible payment

If practices are part of a repeat prescribing hub scheme and are also participating in the PQS then they will receive payment for whichever scheme gives the larger of the two payments, minus hub set up costs (for both parties), but not payments for both. A Memorandum of Understanding (MoU) will be signed between PCNs and the CCG for those participating in the Hub scheme.

4. Legal implications

There are no legal implications anticipated in relation to this scheme. Such schemes are normal practice in CCGs nationally.

5. Risk implications

There is a risk of to the overall CCG Control Total if the Primary Care Prescribing spend is not monitored and controlled by the Medicines Optimisation Team and use of the Prescribing Quality Scheme will help to support this. Budget setting will enable the team to work with practices to identify areas of unwarranted variation in prescribing spend for particular areas in relation to what is considered a 'fair' budget for their practice population.

The Quality projects link and impact on wider system work and through optimum medicine optimisation will support better patient care and outcomes.

6. How does this reduce health inequalities

All work undertaken or directed by the Medicines Optimisation Team will have any implications for health inequalities considered. The scheme itself doesn't relate to a particular area with known health inequalities however the embedding of evidence based best practice guidance will support and reduce any variation in prescribing and contribute to reducing health inequalities.

Projects within the scheme will look at specific areas of prescribing in line with evidence based practice. Quality & Equality Impact Assessments will be undertaken for the individual projects within the scheme as appropriate. Overall, the PQS should work to enhance the quality and safety of prescribing for patients and the population. Individual patients will be engaged in decision making processes as part of routine prescribing practice with their clinician.

7. How does this impact on Equality and Diversity?

An Equality Impact Screening Assessment has been completed for the scheme. There are no significant implications; the prescribing quality scheme is available to all BNSSG GP practices regardless of the protected characteristics of practice employees or patients on the practice list. Each individual project within the prescribing quality scheme will have an EIA undertaken for it where necessary.

8. Consultation and Communication including Public Involvement

No public consultation / engagement required.

Appendices

Appendix 1: 2021-22 Prescribing Quality Scheme

Appendix 2: Equality Impact Assessment

Medicine Optimisation Prescribing Quality Scheme 2021/22

The BNSSG CCG Medicines Optimisation Prescribing Quality Scheme (PQS) continues to be offered to all member GP practices to improve the quality, safety and cost effectiveness of primary care prescribing.

The scheme is a 12 month scheme focussing the first few months of the year on ensuring cost effective prescribing in key areas as directed by the CCG Medicines Optimisation Team which will continue throughout the year. The quality projects will follow starting from July 2021. The potential payment to practices and the value of the scheme will be £1 per patient as per previous years

The Prescribing Quality Scheme for 21/22 has developed whilst considering the response needed to support primary care with priorities following the COVID 19 pandemic response to ensure quality and safety with all medicines prescribed. Where possible we have also linked and aligned work with the STP/ICS Long Term plan response.

The BNSSG Medicines Optimisation Team recognises the significant variation in prescribing between practices due to many influencing factors. These factors can include age and gender of patient, as reflected in the ASTRO-PU, but other factors such as deprivation and disease prevalence also influence prescribing patterns. We wish to work closely with member practices in order to understand and reduce any potentially unwarranted prescribing variation, which will achieve both financial stability and best practice. Within the scheme, some projects will focus a continued effort to improve prevention and reduce inequalities across BNSSG, optimising prescribing and ensuring other non-medicine interventions are considered to support patient care

The BNSSG Joint Formulary is the evidence based list of commissioned medicines and it is expected all prescribers across all sectors within BNSSG support and adhere to this.

1. Financial Details

This agreement is to cover the period from 1st April 2021 to 31st March 2022.

The Provider is the GP Practice and the Commissioner is Bristol, North Somerset and South Gloucestershire CCG. If providers would like to work at PCN level to achieve the scheme this can also be considered, particularly if a PCN level budget is calculated.

Funding for the Prescribing Quality Scheme equates to £1 per actual patient on the practice list (payment will be split between different parts of the scheme).

Where payment is based on registered patient numbers at the GP practice, the patient numbers used will be those registered on ePACT2 at September 2021 (mid-point in the year).

While demographic growth has been added as part of the budget setting methodology for 2021/22, any significant changes in practice population in-year will be taken into consideration. Practice size will be reviewed in September 2021, comparing this to March 2021 list size in order to take into account significant changes in patient list size.

Calculations of payments due for achievements for the 2021/22 scheme will be made during June 2022 when full year ePACT2 prescribing monitoring data is available.

Practices, supported by the CCG Medicines Optimisation Pharmacists (MOPs) will need to continue to work to maximise potential savings by prescribing efficiently. MOPs working in each practice will continue to work closely with practice prescribing leads and practice members to identify and target areas of cost saving and items growth reduction.

If practices/PCNs are part of a repeat prescribing hub scheme and are also participating in the PQS then they will receive payment for whichever scheme gives the larger of the two payments, minus hub set up costs (for both parties), but not payments for both.

2. Prescribing Quality Scheme Details

For 2021/22, the scheme will consist of two parts. Both parts should be undertaken by practices in order to achieve the full scheme outcomes.

The different sections of the scheme have a quality, safety or cost saving focus, or a combination of all of these:

Part One: Achieving Financial Balance

Part Two: Quality and Safety Projects

Prioritisation

Cost saving work will be identified for implementation throughout the year by the BNSSG CCG Medicines Optimisation Team and will need to be prioritised by the CCG Medicines Optimisation Pharmacist (MOP).

CCG MOPs will support each practice with safe, evidence based and cost effective prescribing. This will include activities such as reviewing BNSSG Formulary red drugs, high cost drugs, unlicensed 'specials' along with brand switching. These tasks are in addition to supporting the practice to undertake the quality projects of the Prescribing Quality Scheme.

Principal Pharmacists will ensure that they are in contact with practices and prescribing leads, along with GP/PCN and CCG employed pharmacists throughout the year to support them to achieve all aspects of the Prescribing Quality Scheme.

In order to deliver a successful scheme it will be important to design and implement a clear communication pathway across the practice and PCN to ensure that all pharmacists work closely together for shared agreed outcomes

Part One – Achieving Financial Balance

The CCG primary care prescribing budget for 21/22 has been uplifted from 20/21 primary care spend to cover demographic growth and anticipated prescribing growth. A savings target has been

applied to give an overall primary care prescribing budget for the year. It is vital that there is financial stability within the CCG and member practices, and control of prescribing costs is always a key focus.

BNSSG CCG will continue to provide prescribing and medicines optimisation support to all practices, with the aim to reduce waste, improve quality and safety of prescribing and also identify areas of potentially unwarranted variation.

The CCG will continue to identify potential cost saving activities throughout the year and communicate these to the MOPs directly supported by the EMIS Cost Saving Dashboard or through project documentation. This will ensure that the most cost-effective choices are being prescribed and that best value from the medicines is being achieved. The Cost Saving Dashboard found on EMIS will be regularly updated for 21/22 to identify the most significant savings opportunities through switches that the MOPs will be reviewing and actioning following agreement with the practice. A document has also been produced to explain these switches and they will also be supported by messages on Scriptswitch. This work should be prioritised for implementation with the aim of aiding practices to prescribe within their allocated budget.

Cost saving activities will include, but are not limited to the list below.

- Working through and actioning switches highlighted on the Cost Saving Dashboard.
- Engagement and acceptance of Scriptswitch (SS) messages relating to most cost effective prescribing choices – The CCG will feedback to practices their SS acceptance rates
- Review any prescribing of 'Red' traffic light status drugs ensuring that it is being prescribed in the safety and in the correct setting.
- Continual review of specials and unspecified medicines appearing on prescribing reports
- Continued review of medicines which are part of the NHSE 'drugs of low priority for NHS funding' guidance: [NHS England » Items which should not be routinely prescribed in primary care](#)
- Supporting the self care agenda and following the BNSSG self care guidance: [medicines-self-care-guidance-for-prescribers-dec-2020.pdf \(bnssgccg.nhs.uk\)](#)
- Review of Oral Nutritional Supplements in line with formulary, ensuring patient review and reduction of 'waste' in this area
- Ensuring the appropriate cost effective prescribing of appliances as guided by the Medicines Optimisation Team including formulary adherence and cost effective switches
- Ongoing work to use formulary choice inhalers including cost effective preparations e.g. triple therapy in one inhaler device rather than two
- Specific tasks directed by the CCG Medicines Optimisation Team including review of areas where practices benchmark high across BNSSG or nationally. These will be tailored to individual practices or PCNs
- Implementation of BNSSG CCG medicines prescribing guidelines and policies. This includes the adherence to the BNSSG Joint Formulary and prescribing as per the Traffic Light System

Payment for Part One

Practices will be paid **up to 50pence per registered patient.**

For 2021/22 all GP practices will be set a 'fair share' prescribing budget.

The methodology for setting this budget considers as many factors as possible which create prescribing variation between practices. The methodology creates a percentage of the whole budget each practice will be allocated (taking into account their list size, demographics, disease prevalence and prescribing of High Cost Drugs).

Further information regarding the full budget setting methodology can be obtained from the Medicines Optimisation Team.

Payment Schedule:

	Pence per registered patient
Achieve 21/22 allocated budget	50p
0.5% over the allocated budget	40p
1% over the allocated budget	30p

For those practices not achieving the fair share budget set, a review of their achievement in the cost saving work that has been directed by the CCG will also be undertaken. This will include a review of any further saving potential that the practice could engage in and how this impacts their overall financial position. A part payment (25p) of this element of the scheme will be paid based on the achievement of work (80%) related to the Cost Saving Dashboard which will be reviewed at the end of the year. The Medicines Optimisation Team will develop some key Performance Indicators to measure this achievement against which will be transparent for all practices who can work towards achieving these, which will contribute to their achievement of financial balance. This part payment will remunerate the practices for their engagement in this work, ensuring they have been making cost effective choices and switches for these medication. Continual review with CCG Medicine Optimisation Pharmacists as to how well a practice is doing in relation to cost saving opportunities will occur throughout the financial year in order to support their feedback to their practices.

Part Two – Quality & Safety Projects

Practices will be requested to complete all projects but will be given a choice to undertake a diabetes review project or a Drugs of Dependence review project as determined by PCN/ICP priorities. Standard criteria and documentation for all the projects will be produced the CCG Meds Optimisation Team but if there is a specific area a PCN/ICP would like to focus, this should be discussed with a CCG Principal Pharmacist to agree the project and intended outputs.

CCG MOPs will continue to coordinate the quality projects and support practices to complete them. However the MOPs will be tasked with prioritising cost saving work throughout the year. It is requested that the practice prescribing lead and MOP meet early in the year once the projects are available to agree how each project will be undertaken. A project lead clinician should be identified to be responsible for completion of each project area with the MOP acting as support specifically around the searches and initial data collection.

Each of the projects below will have a written project pack (including relevant EMIS web searches) and a template for submission detailing outcomes of the project and will act as evidence of completion of the review.

Payment for Part Two

Practices will be paid **50 pence per registered patient in total** for undertaking all projects as described.

If a practice feels that a particular project below offers limited value to their practice demographics it may be possible for the practice to undertake a different project specific to them. This would have to be agreed by the CCG Medicines Optimisation Team.

Projects Summaries	
Review area & remuneration	Quality improvement project
Antibiotic Stewardship	<p>In the last few years the antibiotic stewardship section of the scheme has been focused on ensuring the national prescribing targets are being met.</p> <p>It is expected that the targets on antibiotic prescribing/STAR-PU and the proportion of antibiotics that are cephalosporins, quinolones and co-amoxiclav continued to be achieved and the CCG will monitor these and support practices that are not meeting the targets. However, prescribing patterns have changed significantly in the last year due to the impact of COVID. These changes will be monitored by the CCG and discussed with practices as appropriate</p> <p>There will be three key sections to the antibiotic stewardship project</p>

	<p>supporting work occurring across BNSSG to ensure safe antimicrobial prescribing:</p> <ul style="list-style-type: none"> • A re-audit of long term nitrofurantoin prescribing in line with the BNSSG guidance • Review of a sample of patients (target to be set by the CCG) with reported penicillin allergy to ensure clear documentation of reaction type. • A cellulitis prescribing review following data showing BNSSG to be outliers in prescribing of clindamycin (which is included in the guidance for those with penicillin allergy). Local guidance has been updated and this project will help support to embed it.
<p>Medicines Safety</p>	<p>This project aims to continue to promote medicines safety and reduce the potential harm associated with medicines.</p> <p>Safety work will include:</p> <ul style="list-style-type: none"> • Continued use and embedding of Eclipse Radar, a risk stratification tool to review patients highlighted as potentially at risk from their medicines. Expecting all practices to have a robust process in place for reviewing these high risk patients • Ensuring Valproate reviews continue to be undertaken • Continued review of SABA overuse • Review of inappropriate dual antiplatelet prescribing • Review of morphine sulphate liquid prescribing directions along with quantities being prescribed to patients. • Review of anaphylaxis treatment and use of adrenaline autoinjectors – in response to ‘the Prevention of Future Deaths Report’ following an inquest into the death of an 18 year old woman who died from an allergic reaction which, highlighted a series of failures involving human and system error.
<p>Heart Failure</p>	<p>This project will aim to embed the new BNSSG Heart failure guidelines into all practices across BNSSG. The project will review patients and the current medication, ensuring they have had their medication titrated up or down appropriately as per the guidance and the relevant monitoring has been undertaken.</p>
<p>Azathioprine in Inflammatory Bowel disease</p>	<p>This project would support a wider system IBD treatment pathway review and development. We want to establish the level of compliance with azathioprine for IBD in primary care To support future pathway developments. Optimising prescribing and compliance with azathioprine supports patients to get the best outcomes and may prevent disease progression requiring treatment with biologic therapies.</p>
<p>A further clinical project as determined by the PCN priorities. Diabetes and</p>	<p>Diabetes</p> <p>To review Type 2 patients currently prescribed 2 oral antidiabetic medications who are not achieving their individualised HbA1c target</p>

<p>Drugs of Dependence are examples but a PCN can agree an alternative project with the CCG Meds Opt Team.</p>	<p>Drugs of dependence review</p> <p>Review of prescribing of benzodiazepines, embedding the BNSSG benzodiazepine and Z-drug prescribing (including withdrawal) support document</p> <p>Other</p> <p>Standard projects will be produced for these topics by the CCG but if there are specific areas which a PCN would like to focus on these could be discussed with a CCG Principal Pharmacist to produce an agreed local amendment to the project.</p>
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Prescribing Quality Scheme payments

Payments for the scheme will be made to practices that have achieved objectives and met the targets set for each of the parts of the scheme.

All payments under the scheme will go into the general practice funds and not to individuals. The awards will be awarded to practices proportional to practice list size based on the practice population figure held by the NHS business Services Authority for September 2021.

Awards must be used to reimburse the practices for expenditure on goods or services that were purchased with the aim of improving quality of patient care and experience at the practice. In general terms, capital costs or one off costs can be claimed, whereas revenue costs (for example consumables and other recurring expenditure) should not be. This is because reimbursement of expenditure via this scheme cannot be relied on in future years.

Examples of items this could be spent on includes: new equipment (couches, chairs, medical equipment, IT hardware and software), training costs, refurbishment (waiting room, consulting room etc). If it is planned to spend over £5000 on a single item, it should be ensured that there is evidence available of three or more quotes so the preferred supplier can be justified.

Once money is received by the practice, they will be required to confirm receipt of the payment by email to the CCG Medicines Optimisation team and that it will be spent on items as detailed above. Full details of all the items purchased will not be required.

Medicines Optimisation Prescribing Quality Scheme – Practice Agreement

Practice Name:

Notification of the Prescribing Quality Scheme payment due to practices will be given in July 2022 following publication of March 2022 ePACT2 data.

We agree to participate in the Medicines Optimisation Prescribing Quality Scheme for 2021/22.

Signature on behalf of the GP Practice

Name.....Date.....

Signature.....

Position:.....

Signature on behalf of Bristol, North Somerset, South Gloucestershire Clinical Commissioning Group

Name.....Date.....

Signature.....

Position:

Please return this completed form to: bnssg.medicines-optimisation@nhs.net

Equality Impact Assessment

Name of Proposal being assessed: Primary Care Prescribing Quality Scheme

Does this Proposal relate to a new or existing programme, project, policy or service? New

Lead Officer completing EIA	Kate Davis
Job Title	Principal Pharmacist
Department/Service	Medicines Optimisation
Telephone number	0117 9002519
E-mail address	Kate.davis6@nhs.net
Lead Equality Officer	
Key decision which this EIA will inform and the decision-maker(s)	

Step 1: Equality Impact Assessment Screening

- 1. Does the project affect service users, employees and/or the wider community?**

Yes.

Currently Bristol, North Somerset & South Gloucestershire CCG (BNSSG CCG) commissions the GP practices to undertake an annual Prescribing Quality Scheme (PQS). Traditionally the scheme includes quality, safety and cost saving tasks.

GP Practice participation in the scheme is intended to reimburse practices for any additional work they have to carry out to achieve the appropriate reductions in prescribing spend or carry out medicines reviews or audits. All practices are supported by a CCG funded Medicines Optimisation Pharmacist.

The general public may therefore be affected by the scheme if they fall into the cohort of patients being reviewed as part of one of the projects within the prescribing quality scheme.

The prescribing quality scheme is available to all GP practices in BNSSG, regardless of protected characteristics of patients on their list.

The proposed safety and quality projects within the 2021/22 scheme are detailed in the table below:

Project Summaries	
Review area	Quality improvement project
Antibiotic Stewardship	<p>It is expected that the targets on antibiotic prescribing/STAR-PU and the proportion of antibiotics that are cephalosporins, quinolones and co-amoxiclav continued to be achieved and the CCG will monitor these and support practices that are not meeting the targets. However, prescribing patterns have changed significantly in the last year due to the impact of COVID. These changes will be monitored by the CCG and discussed with practices as appropriate</p> <p>There will be three key sections to the antibiotic stewardship project supporting work occurring across BNSSG to ensure safe antimicrobial prescribing:</p> <ul style="list-style-type: none"> • A re-audit of long term nitrofurantoin prescribing in line with the BNSSG guidance • Review of a sample of patients (target to be set by the CCG) with reported penicillin allergy to ensure clear documentation of reaction type. • A cellulitis prescribing review following data showing BNSSG to be outliers in prescribing of clindamycin (which is included in the guidance for those with penicillin allergy). Local guidance has been updated and this project will help support to embed it.
Medicines Safety	<p>This project aims to continue to promote medicines safety and reduce the potential harm associated with medicines.</p> <p>Safety work will include:</p> <ul style="list-style-type: none"> • Continued use and embedding of Eclipse Radar, a risk stratification tool to review patients highlighted as potentially at risk from their medicines. Expecting all practices to have a robust process in place for reviewing these high risk patients • Ensuring Valproate reviews continue to be undertaken • Continued review of SABA overuse • Review of inappropriate dual antiplatelet prescribing • Review of morphine sulphate liquid prescribing directions along with quantities being prescribed to patients. • Review of anaphylaxis treatment and use of adrenaline autoinjectors – in response to ‘the Prevention of Future Deaths Report’ following an inquest into the death of an 18 year old woman who died from an allergic reaction which, highlighted a series of failures involving human and system error.






Heart Failure	This project will aim to embed the new BNSSG Heart failure guidelines into all practices across BNSSG. The project will review patients and the current medication, ensuring they have had their medication titrated up or down appropriately as per the guidance and the relevant monitoring has been undertaken.
Azathioprine in Inflammatory Bowel disease	This project would support a wider system IBD treatment pathway review and development. We want to establish the level of compliance with azathioprine for IBD in primary care To support future pathway developments. Optimising prescribing and compliance with azathioprine supports patients to get the best outcomes and may prevent disease progression requiring treatment with biologic therapies.
A further clinical project as determined by the PCN priorities. Diabetes and Drugs of Dependence are examples but a PCN can agree an alternative project with the CCG Meds Opt Team.	<p>Diabetes</p> <p>To review Type 2 patients currently prescribed 2 oral antidiabetic medications who are not achieving their individualised HbA1c target</p> <p>Drugs of dependence review</p> <p>Review of prescribing of benzodiazepines, embedding the BNSSG benzodiazepine and Z-drug prescribing (including withdrawal) support document</p> <p>Other</p> <p>Standard projects will be produced for these topics by the CCG but if there are specific areas which a PCN would like to focus on these could be discussed with a CCG Principal Pharmacist to produce an agreed local amendment to the project.</p>

Projects which will be undertaken to ensure the most cost effective use of medicines, ensuring the NHS is getting best value include:

- Working through and actioning switches highlighted on a Cost Saving Dashboard.
- Engagement and acceptance of Scriptswitch (SS) messages relating to most cost effective prescribing choices – The CCG will feedback to practices their SS acceptance rates
- Review any prescribing of ‘Red’ traffic light status drugs ensuring that it is being prescribed in the safety and in the correct setting.
- Continual review of specials and unspecified medicines appearing on prescribing reports
- Continued review of medicines which are part of the NHSE ‘drugs of low priority for NHS funding’ guidance: [NHS England » Items which should not be routinely prescribed in primary care](#)
- Supporting the self-care agenda and following the BNSSG self-care guidance: [medicines-self-care-guidance-for-prescribers-dec-2020.pdf \(bnssgccg.nhs.uk\)](#)
- Review of Oral Nutritional Supplements in line with formulary, ensuring patient review and reduction of ‘waste’ in this area

- Ensuring the appropriate cost effective prescribing of appliances as guided by the Medicines Optimisation Team including formulary adherence and cost effective switches
- Ongoing work to use formulary choice inhalers including cost effective preparations e.g. triple therapy in one inhaler device rather than two
- Specific tasks directed by the CCG Medicines Optimisation Team including review of areas where practices benchmark high across BNSSG or nationally. These will be tailored to individual practices or PCNs
- Implementation of BNSSG CCG medicines prescribing guidelines and policies. This includes the adherence to the BNSSG Joint Formulary and prescribing as per the Traffic Light System

2. Could the proposal impact differently in relation to different characteristics protected by the Equality Act 2010?

Assessment of Impact of Proposal on Protected Characteristics				
Protected Characteristic	Positive Impact 	Negative Impact 	Neutral Impact 	Please provide reasons for your answer and any mitigation required
Age* [eg: young adults, working age adults; Older People 60+]				<p>The prescribing quality scheme is available to all GP practices in BNSSG, regardless of protected characteristics of patients on their list.</p> <p>Some of the projects included in the scheme e.g. diabetes or heart failure are perhaps more likely to benefit older people as they are more likely to be prescribed these medicines and therefore included in the cohorts for the project.</p> <p>The projects looking at opiate or benzodiazepine use could affect patients of any age.</p>
Disability Physical Impairment; Sensory Impairment; Mental Health; Learning Difficulty/ Disability; Long-Term Condition				<p>The prescribing quality scheme is available to all GP practices in BNSSG, regardless of protected characteristics of patients on their list.</p>

Assessment of Impact of Proposal on Protected Characteristics				
Protected Characteristic	Positive Impact ✓	Negative Impact ✗	Neutral Impact ✓	Please provide reasons for your answer and any mitigation required
				<p>Patients with disabilities and long term conditions may be positively impacted by the respiratory or vascular projects where they may receive a thorough medication review.</p> <p>We need to consider appropriate communication methods for the BSL population in all the projects.</p>
Gender Reassignment [Trans people]			✓	<p>The prescribing quality scheme is available to all GP practices in BNSSG, regardless of protected characteristics of patients on their list.</p> <p>None of the quality projects in 2021/22 relate to prescribing for gender reassignment.</p>
Race [including nationality and ethnicity]			✓	<p>The prescribing quality scheme is available to all GP practices in BNSSG, regardless of protected characteristics of patients on their list.</p> <p>We need to be mindful that there may be language barriers with some patient populations, which may make it more difficult to effectively communicate messages e.g. regarding antibiotic stewardship.</p>
Religion or Belief			✓	<p>The prescribing quality scheme is available to all GP practices in BNSSG, regardless of protected characteristics of patients on their list.</p>
Sex [Male or Female]	✓			<p>The prescribing quality scheme is available to all GP practices in BNSSG,</p>

Assessment of Impact of Proposal on Protected Characteristics				
Protected Characteristic	Positive Impact ✓	Negative Impact ✗	Neutral Impact ✓	Please provide reasons for your answer and any mitigation required
				regardless of protected characteristics of patients on their list.
Sexual Orientation			✓	The prescribing quality scheme is available to all GP practices in BNSSG, regardless of protected characteristics of patients on their list.
Pregnancy and Maternity	✓			The prescribing quality scheme is available to all GP practices in BNSSG, regardless of protected characteristics of patients on their list. Pregnant patients may be included in the cohorts for the projects and so may be positively impacted.
Marriage and Civil Partnership			✓	The prescribing quality scheme is available to all GP practices in BNSSG, regardless of protected characteristics of patients on their list.

* Under-18s are only protected against age discrimination in relation to work, not in access to services, housing, etc. Children's rights are protected by several other laws and treaties, such as: The Children Act; the Human Rights Act 1998; the UN Convention on the Rights of the Child; the European Convention on Human Rights; the UN Convention on the Rights of Persons with Disabilities; and the UN Convention on the Elimination of Discrimination against Women.

3. Relevance to the Public sector Equality Duty:

[
Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010.

Not Applicable

Advance equality of opportunity between people who share a protected characteristic and those who do not.

Not Applicable

Foster good relations between people who share a protected characteristic and those who do not.

Not Applicable

4. Health Inequalities:

Does the proposal relate to an area with known Health Inequalities? No

5. **On the basis of this screening assessment do you consider this proposal to be relevant to the General Duty or to any particular protected characteristic?** No

6. **If no, then set out reasons and evidence here:**

The prescribing quality scheme is available to all GP practices in BNSSG, regardless of protected characteristics of patients on their list.

7. **Conclusion:**

Proceed to full EIA? No

Signed: Kate Davis

Date: 18.05.2021