Bristol, North Somerset
and South Gloucestershire
Clinical Commissioning Group

BNSSG Primary Care Commissioning Committee (PCCC)

Date: 26th March 2019
Time: 9.00am – 11:00am
Location: Vassall Centre Bristol, BS16 2QQ

Agenda number: 7

Report title: Prescribing Quality Scheme

Report Author: Debbie Campbell, Helen Wilkinson, Kate Davis
Report Sponsor: Peter Brindle

1. Purpose

To ask PCCC to agree to the content and format of the proposed Prescribing Quality Scheme for 2019/20 to be offered to GP practices.

2. Recommendations

Following agreement from Commissioning Executive to present this to PCCC, it is recommended that PCCC support and sign off the Medicines Optimisation Prescribing Quality Scheme in order that it can be offered to all BNSSG GP practices for 2019/20.

3. Executive Summary

In 2018/19 BNSSG CCG commissioned GP practices to undertake an annual Prescribing Quality Scheme (PQS). Funding for the PQS 2018/19 was up to a maximum of £1 per registered patient, with the scheme including quality, safety and cost saving tasks. Practices are paid for achieving the desired outcome in each section. 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 reviews/audits. All practices are supported by a CCG funded Medicines Optimisation Pharmacist.
GP practice engagement with the scheme has been good in 2018/19, with all practices signing up to the scheme and the Medicines Optimisation Team wish to continue running a PQS in 2019/20 with the same funding of up to a maximum of £1 per registered patient:

- 50% of the funding linked to the cost effective use of medicine that is directly linked to drug acquisition savings to support financial balance
- 50% of funding linked to the quality projects that will achieve savings e.g. through reduced adverse events, admissions, fractures etc

In developing a new scheme for 2019/20, we have consulted with GP practices, CCG Control Centres, respective clinical leads and PCOG on the structure, content and payment of the scheme in order to ensure we have not missed areas of high priority and have taken on board feedback. We have considered areas of

priority work for the localities/CCG e.g. frailty and reducing emergency admissions and have tried to align with new QOF targets while avoiding duplication. It has also been presented to Commissioning Executive who supported it and were in agreement for it to be brought to PCC for final sign off.

The quality projects chosen for 2019/20 link to local or national priorities, with an overarching theme of patient safety, frailty and reducing inappropriate polypharmacy:

- **Antimicrobial stewardship** links to the NHS England Quality Premium and the government's antimicrobial resistance strategy (Tackling antimicrobial resistance 2019-2024, HM Government 2019)
- **Medicines Safety and use of the PINCER principles** links to the WHO challenge to reduce medication- related harm by 50% by 2020 (Medication Without Harm, Third Global Patient Safety Challenge, WHO 2017) and is supported by a programme of work by the AHSN https://wessexahsn.org.uk/projects/56/pincer
- **Mental Health** These reviews will provide assurance of appropriate use of antipsychotics, looking at initiation, indication, effectiveness and monitoring in accordance with the NICE/Social Care Institute for Excellence (SCIE) guideline on dementia and the NICE quality standard on dementia and STOMP, Stopping the overmedication of people with a learning disability, autism or both. https://www.england.nhs.uk/wp-content/uploads/2017/07/stomp-gp-prescribing-v17.pdf
- **Osteoporosis** Colleagues at NBT, UHB and the Musculoskeletal Health Improvement Team (Bristol Bones and Joints) have identified as one of their main clinical priorities, the need to improve adherence to medications to treat osteoporosis and reduce fracture risk.
- **Polypharmacy** This issue is a national priority, with a government review currently underway (https://www.gov.uk/government/news/matt-hancock-orders-review-into-over-prescribing-in-the-nhs). This project will enable high quality reviews of patients on multiple medicines to take place; it will provide tools to help identify patients who are at risk because of their many medicines and guide clinicians to manage this.
  https://wessexahsn.org.uk/projects/55/polypharmacy
  https://www.rpharms.com/recognition/setting-professional-standards/polypharmacy-getting-our-medicines-right

4. 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.

5. Legal implications

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

6. 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.

7. Implications for 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. Projects within the scheme will look at specific areas of prescribing in line with evidence based practice. Quality 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.

8. Implications for equalities (Black and Other Minority Ethnic/Disability/Age Issues)

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.

9. Implications for Public Involvement

No public consultation / engagement required.

Appendix 1: Prescribing Quality Scheme
Appendix 2: Equality Impact Assessment

Medicine Optimisation Prescribing Quality Scheme 2019/20

Introduction:

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

For 19/20, the scheme will consist of multiple parts and all parts should be undertaken by all participating practices in order to achieve the scheme outcomes.

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. Over the coming year, 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.

The BNSSG Joint Formulary is the CCG's 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 1 April 2019 to 31st March 2020. The Provider is the GP Practice and the Commissioner is Bristol, North Somerset and South Gloucestershire CCG.

Funding for the Prescribing Quality Scheme equates to approximately £1 per patient on the practice list. Payment will be split between the 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 ePACT 2 at September 2019 (mid-point in the year). Any changes in registered list size will be taken into account when calculating the practices expected spend (budget). Practice size will be reviewed in September 2019, comparing this to March 2019 list size in order to take into account significant increases in patient list size.

Calculations of payments due for achievements within the MOPQS for 19/20 will be made during May/June 2020 when full year ePACT 2 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.

2. Prescribing Quality Scheme Details

Principles of the scheme

There are four parts to the scheme, all of which should be completed. The different sections of the scheme will have a quality, safety or cost saving focus or a combination of all of the above.

Part One: Practice Meeting
Part Two: Prescription Clerk Networks (new for 19/20)
Part Three: Achieving Financial Balance
Part Four: Quality and Safety Projects

Prioritisation

Cost saving work will be generated for implementation throughout the year by the BNSSG CCG Medicines Optimisation Team and will need to be prioritised.

CCG Medicine Optimisation Pharmacists (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 which will be directed by the CCG Medicines Optimisation Team. These tasks are in addition to supporting the practice to undertake the Prescribing Quality Scheme.

Part One - Practice Meetings

As part of the scheme practices will be required to meet once per year with a Senior CCG Medicines Optimisation Team representative. This should be a clinical meeting which includes the CCG MOP, practice manager, prescribing lead, GPs, lead nurse, practice pharmacist (if employed) and other prescribers.

The meeting will be for approximately an hour and the purpose of this meeting is:

- To discuss current performance and prescribing spend
- Promote discussion regarding practice and CCG prescribing data
- To discuss the scheme in detail
- To support the practice in achieving the scheme objectives
- Define actions and responsibilities for the scheme within the practice

Practice prescribing leads should meet with their CCG MOP on an ongoing consistent basis throughout the year to build a strong working relationship and to have the opportunity to discuss practice performance and progress with the scheme.

Payment for Part One

Practices will be paid one payment of £250.

Part Two – Prescription Clerk Networks

The CCG will set up a Prescription Clerk Network that all prescription clerks will be asked to be part of. An online network will allow the CCG Medicines Optimisation Team to communicate more effectively with prescription clerks and share updates, but in addition will provide a platform for prescription clerks to communicate with and support each other.

The CCG Medicines Optimisation Team will provide prescription clerk training events in the localities to support high quality, consistent, repeat prescribing processes across BNSSG and with the aim of reducing medicines waste.

The training events will cover how prescribing clerks can impact on good medicines management within their own practice; covering topics such as best practice around repeat prescribing processes, drug monitoring, appliances and reducing medicines waste.

Further information will follow as soon as possible.

Part Three – Achieving Financial Balance

The CCG primary care prescribing budget for 19/20 has been uplifted from 18/19 to cover demographic growth and inflation, then a savings target set and subtracted to give a 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 and prescribing leads will continue to identify potential cost saving activities and communicate these to the MOPs via the EMIS Cost Saving Dashboard or through project documentation. This work should be prioritised for implementation with the aim of aiding practices to prescribe within their allocated budget. These activities will include, but are not limited to:

- Monthly review of cost saving dashboard (this is sent to the MOPs to co-ordinate and action)
- Reviewing prescribing of unlicensed specials, high cost items, items classified as red on the BNSSG formulary, individual practice prescribing data (including the top 50 drug cost items)
- Reviewing prescribing of medicines classified by NHSE as 'Items which should not routinely be prescribed in primary care' e.g. once daily tadalafil, homeopathy and liothyronine
- Implementing local and national guidance on conditions for which over the counter items should not routinely be prescribed in primary care and encouraging self-care e.g. of hay fever and dry eye

- 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 and discussed at the practice meeting
- 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 associated with this
- A list of current cost saving projects (18/19 & 19/20) can be found in Appendix 1 and work should continue on these areas of prescribing

Payment for Part Three

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

For 2019/20 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. Consultation on the agreed methodology has taken place with member practices through forums. 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.

There is likely to be a transitional period over a couple of years to support practices to move towards their indicative fair share prescribing budget.

Schedule A: Practices with 18/19 out turn lower than 19/20 allocated budget (according to fair share methodology)

	Pence per registered patient
Achieve 18/19 outturn	50p
Increase in prescribing costs of up to 0.5% above 18/19 outturn but still within allocated fair share budget	40p
Increase in prescribing costs of up to 1% above 18/19 outturn but still within allocated fair share budget	30p
Increase in prescribing costs of up to 1.5% above 18/19 outturn but still within allocated fair share budget	20p
Increase in prescribing costs of up to 2% above 18/19 outturn but still within allocated fair share budget	10p

Schedule B: 18/19 out turn higher than allocated 19/20 budget (according to fair share methodology):

	Pence per registered patient
Prescribing spend for 19/20 within new fair share budget	50p
0.5% over the allocated budget	40p
1% over the allocated budget	30p
1.5% over the allocated budget	20p
2% over the allocated budget	10p

Part Four – Quality & Safety Projects

The overarching themes of this year's prescribing quality work are **patient safety**, **polypharmacy** and **frailty**.

The Medicines Optimisation Team received feedback on the 18/19 scheme and has made changes for 19/20, resulting in a narrower choice of projects but a greater emphasis on education provision. This will be reviewed again at the end of 19/20 and we would welcome feedback from practices.

Education sessions will be provided for practices throughout the year to support the projects. Topics may include pain management, polypharmacy and the Medicines Safety Programme (including PINCER principles). Further details will follow as soon as possible to allow practices to release staff.

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.

MOPs will support with these projects, but will be tasked with prioritising cost saving work throughout the year. It is asked that the practice agrees how each project will be undertaken and allocates a lead clinician to be responsible for each project area and for the MOP to support.

Payment for part four

Practices will be paid **up to 50 pence per registered patient in total** for undertaking all projects as described in Part 4.

If a practice feels that a particular project below offers limited value to 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.

<table>
<tr><td colspan="3">Essential Projects (50 pence per registered patient)</td></tr>
<tr><td>Review area & remuneration</td><td>Quality improvement project</td><td>Evidence of completion</td></tr>
<tr><td>Antibiotic Stewardship

5p per registered patient</td><td>There will be a project around antimicrobial stewardship, to be determined once the national Quality Premium information has been published.
Work will likely be focussed on:
• improving antibiotic prescribing in children
• UTI management
• overall antibiotic prescribing levels and broad spectrum antibiotics</td><td>TBC</td></tr>
<tr><td>Medicines Safety

15p per registered patient</td><td>1. RED Drug Audit (5p)
The practice will support the MOPs with an audit to establish whether red drugs prescribed by secondary care are well documented on EMIS.
The practice will be required to provide assurance that they have put systems in place for this to happen consistently in future.

2. EMIS Safety Dashboard & PINCER (10p)
The EMIS Safety Dashboard (which incorporates PINCER) identifies patients who are potentially at risk of harm from their medicines. This project will embed use of the EMIS Safety Dashboard into each practice, establishing robust processes between MOPs & practice leads to action the dashboard.

Practices will be asked to demonstrate that they have <u>run the PINCER searches twice</u> within the year, submitting a report jointly with their MOP to the CCG to demonstrate improvements made.
Practices with little to review in terms of PINCER will be asked to review a practice specific selection of other priority areas within the safety dashboard.</td><td>Completed audit

EMIS Dashboard patient numbers
And
6 monthly summary report</td></tr>
</table>

Osteoporosis **10p per registered patient**	Review of patients prescribed a bisphosphonate against the BNSSG Osteoporosis guidance to ensure that duration of treatment is appropriate. Review will include whether a bisphosphonate holiday is recommended and ensuring that appropriate Calcium and Vitamin D preparations are prescribed as per guidelines.	Reviews complete and outcomes submitted with evidence of learning shared within the practice
Mental Health **10p per registered patient**	Review prescribing of antipsychotics in people with dementia and learning disabilities and ensure that the recommended annual physical health checks have been undertaken. The review aims to provide assurance of appropriate use, looking at initiation, indication, effectiveness and monitoring in accordance with the NICE/Social Care Institute for Excellence (SCIE) guideline on dementia and the NICE quality standard on dementia and STOMP, Stopping the overmedication of people with a learning disability, autism or both. https://www.england.nhs.uk/wp-content/uploads/2017/07/stomp-gp-prescribing-v17.pdf	Reviews complete and outcomes submitted with evidence of learning shared within the practice
Polypharmacy Medication Reviews **£25 per patient up to a maximum of 10p per registered patient** **(e.g. for a 10,000 patient practice this would equate to up to 40**	Review of **a practice specific** number of patients. Healthier Together Medicines Optimisation STP has a Polypharmacy workstream which will advise on tools to use to support this work to both identify and review patients. Education sessions will be made available to support the work around polypharmacy. Practices will be able to choose cohorts of patients to review as this may vary depending on practice demographics (excluding those for whom payment is received under the Care Homes LES) e.g.	Evidence of the number of reviews undertaken and examples of medication optimisations undertaken.

reviews per year)	• Patients with a high Anticholinergic Burden score • Pain prescribing • X or more repeat medications (ePACT2 dashboards are now available to assist with benchmarking) • Patients on the End of Life care register (excluding patients covered by the care home LES) • Patients prescribed OTC medicines who could appropriately self-care • Frailty scores (excluding care home residents) • Housebound patients • Other proposed groups can be discussed for suitability with the Principal Pharmacists	

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 2019.

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.

Appendix 1:

Ongoing cost saving projects/priorities:

Cost Saving Switches	This is a continual process of ensuring that the most cost-effective brands of medications are being prescribed. These are supported by Optimise Rx the prescribing support tool.
Blood Glucose Testing Strips	Review of Blood Glucose testing Strips ensuring adherence to formulary choices – strips costing <£10 per pack
Non- Formulary Inhalers	Review of patients prescribed Spiriva Handihaler. Not included on current BNSSG COPD guidelines. Switch to alternative cost effective formulary choice inhaler.
Emollient reviews	Review of Emollient prescribing in accordance with BNSSG Formulary choices. Particular focus on Aveeno prescribing (Non formulary) and bath/shower additives.
Items considered low priority for NHS funding.	Based on the NHSE document – Items which should not be routinely prescribed in primary care (and any subsequent additions to this guidance) MOPs will work with practices to review patients:

	https://www.england.nhs.uk/wp-content/uploads/2017/07/Items-not-routinely-prescribed-in-primary-care.pdf
Oral Nutritional Supplementation	Review the prescribing of Oral Nutritional Supplements (ONS) ensuring the use of these is appropriate for each patient, based on risk of malnutrition and products chosen are cost effective, formulary choices.
Products suitable for Self-Care	NHS England and the CCG have issued guidance on conditions for which over the counter items should not routinely be prescribed in primary care. MOPs will work with practices around supporting patients to appropriately self-care for minor ailments e.g. hay fever, dry eyes

Medicines Optimisation Prescribing Quality Scheme – Practice Agreement

Practice Name: ……………………………………………………………………………………………..

Notification of the Prescribing Quality Scheme payment due to practices will be given in May/June 2020 following publication of March 2020 ePACT2 data.

We agree to participate in the Medicines Optimisation Prescribing Quality Scheme for 2019/20

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: Sandie Cross sandie.cross2@nhs.net

Bristol
North Somerset
South Gloucestershire

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	Helen Wilkinson
Job Title	Principal Pharmacist
Department/Service	Medicines Optimisation
Telephone number	07769 163 650
E-mail address	hwilkinson1@nhs.net
Lead Equality Officer	Niema Burns
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. Practices are paid for achieving the desired outcome in each section.
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 projects within the 2019/20 scheme are detailed in the table below:

2019/20 Prescribing Quality Projects		
Review area & remuneration	**Quality improvement project**	**Evidence of completion**
Antibiotic Stewardship	There will be a project around antimicrobial stewardship, to be determined once the national Quality Premium information has been published. Work will likely be focussed on: • improving antibiotic prescribing in children • overall antibiotic prescribing levels and broad spectrum antibiotics •	TBC
Medicines Safety	**1. RED Drug Audit** The practice will support the MOPs with an audit to establish whether red drugs prescribed by secondary care are well documented on EMIS. The practice will be required to provide assurance that they have put systems in place for this to happen consistently in future. **2. EMIS Safety Dashboard & PINCER** The EMIS Safety Dashboard (which incorporates PINCER) identifies patients who are potentially at risk of harm from their medicines. This project will embed use of the EMIS Safety Dashboard into each practice, establishing robust processes between MOPs & practice leads to action the dashboard. Practices will be asked to demonstrate that they have run the PINCER searches twice within the year, submitting a report jointly with their MOP to the CCG to demonstrate improvements made. Practices with little to review in terms of PINCER will be asked to review a practice specific selection of other priority areas within the safety dashboard.	Completed audit EMIS Dashboard patient numbers And 6 monthly summary report
Osteoporosis	Review of patients prescribed a bisphosphonate against the BNSSG Osteoporosis guidance to ensure that duration of treatment is appropriate.	Reviews complete and outcomes submitted with evidence of learning

	Review will include whether a bisphosphonate holiday is recommended and ensuring that appropriate Calcium and Vitamin D preparations are prescribed as per guidelines.	shared within the practice
Mental Health	Review prescribing of antipsychotics in people with dementia and learning disabilities and ensure that the recommended annual physical health checks have been undertaken. The review aims to provide assurance of appropriate use, looking at initiation, indication, effectiveness and monitoring in accordance with the NICE/Social Care Institute for Excellence (SCIE) guideline on dementia and the NICE quality standard on dementia and STOMP, Stopping the overmedication of people with a learning disability, autism or both. https://www.england.nhs.uk/wp-content/uploads/2017/07/stomp-gp-prescribing-v17.pdf	Reviews complete and outcomes submitted with evidence of learning shared within the practice
Polypharmacy Medication Reviews	Review of **a practice specific** number of patients. Healthier Together Medicines Optimisation STP has a Polypharmacy workstream which will advise on tools to use to support this work to both identify and review patients. Education sessions will be made available to support the work around polypharmacy. Practices will be able to choose cohorts of patients to review as this may vary depending on practice demographics (excluding those for whom payment is received under the Care Homes LES) e.g. • Patients with a high Anticholinergic Burden score • Pain prescribing • X or more repeat medications (ePACT2 dashboards are now available to assist with benchmarking)	Evidence of the number of reviews undertaken and examples of medication optimisations undertaken.

	• Patients on the End of Life care register (excluding patients covered by the care home LES) • Patients prescribed OTC medicines who could appropriately self-care • Frailty scores (excluding care home residents) • Housebound patients • Other proposed groups can be discussed for suitability with the Principal Pharmacists	

The quality projects chosen for 2019/20 link to local or national priorities, with an overarching theme of patient safety, frailty and reducing inappropriate polypharmacy:

- **Antimicrobial stewardship (5p)** links to the NHS England Quality Premium and the government's antimicrobial resistance strategy (Tackling antimicrobial resistance 2019-2024, HM Government 2019)
- **Medicines Safety and use of the PINCER principles (15p)** links to the WHO challenge to reduce medication- related harm by 50% by 2020 (Medication Without Harm, Third Global Patient Safety Challenge, WHO 2017) and is supported by a programme of work by the AHSN https://wessexahsn.org.uk/projects/56/pincer
- **Mental Health (10p)** These reviews will provide assurance of appropriate use of antipsychotics, looking at initiation, indication, effectiveness and monitoring in accordance with the NICE/Social Care Institute for Excellence (SCIE) guideline on dementia and the NICE quality standard on dementia and STOMP, Stopping the overmedication of people with a learning disability, autism or both. https://www.england.nhs.uk/wp-content/uploads/2017/07/stomp-gp-prescribing-v17.pdf
- **Osteoporosis (10p)** Colleagues at NBT, UHB and the Musculoskeletal Health Improvement Team (Bristol Bones and Joints) have identified as one of their main clinical priorities, the need to improve adherence to medications to treat osteoporosis and reduce fracture risk.
- **Polypharmacy (10p)** This issue is a national priority, with a government review currently underway (https://www.gov.uk/government/news/matt-hancock-orders-review-into-over-prescribing-in-the-nhs). This project will enable high quality reviews of patients on multiple medicines to take place; it will provide tools to help identify patients who are at risk because of their many medicines and guide clinicians to manage this. https://wessexahsn.org.uk/projects/55/polypharmacy https://www.rpharms.com/recognition/setting-professional-standards/polypharmacy-getting-our-medicines-right

[Include:

- Potential number of people affected
- Potential severity of impact
- Equality issues from previous audits and complaints**]**

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

[Assess whether the Service/Policy has a positive, negative or neutral impact in relation to the Protected Characteristics.

- ***Positive impact*** *means reducing inequality, promoting equal opportunities or improving relations between people who share a protected characteristic and those who do not*
- ***Negative impact*** *means that individuals could be disadvantaged or discriminated against in relation to a particular protected characteristic*
- ***Neutral impact*** *means that there is no differential effect in relation to any particular protected characteristic*

Please answer Yes or No in the following table and provide reasons accordingly:]

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+]	✓			The prescribing quality scheme is available to all GP practices in BNSSG, regardless of protected characteristics of patients on their list. Some of the projects included in the scheme e.g. osteoporosis, polypharmacy medication reviews 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. For the antibiotics project this may positively impact on children if they are in the cohort identified for a review to inform learning and positively change future prescribing practice.
Disability Physical Impairment; Sensory Impairment; Mental Health;	✓			The prescribing quality scheme is available to all GP practices in BNSSG,

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**
Learning Difficulty/ Disability; Long-Term Condition				regardless of protected characteristics of patients on their list. There is project in the scheme which reviews antipsychotic prescribing in patients with Learning Difficulties or Dementia and so there may be a positive impact. Patients with disabilities and long term conditions may be positively impacted by the polypharmacy project where they may receive a thorough medication review. We need to consider appropriate communication methods for the BSL population in all the projects.
Gender Reassignment [Trans people]			✓	The prescribing quality scheme is available to all GP practices in BNSSG, regardless of protected characteristics of patients on their list. None of the quality projects in 2019/20 relate to prescribing for gender reassignment.
Race [including nationality and ethnicity]			✓	The prescribing quality scheme is available to all GP practices in BNSSG, regardless of protected characteristics of patients on their list. 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.

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**
				regarding antibiotic stewardship.
Religion or Belief			✓	The prescribing quality scheme is available to all GP practices in BNSSG, regardless of protected characteristics of patients on their list.
Sex [Male or Female]	✓			The prescribing quality scheme is available to all GP practices in BNSSG, regardless of protected characteristics of patients on their list. More women are diagnosed with osteoporosis than men, so although prescriptions for both genders would be reviewed as part of the project, the project may benefit women more so than men.
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

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**
				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:

[Think about which particular elements of the Public Sector Equality Duty your proposal is relevant to]

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

Not Applicable

[Think about whether the proposal addresses risks in relation to particular protected characteristics]

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

Not Applicable

[Will the proposal facilitate equality of opportunity in relation to particular protected characteristics?]

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

Not Applicable

[Does the proposal facilitate this?]

4. Health Inequalities:

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

Please provide details

[for example: access to public transport for disabled people, racist/homophobic bullying, homelessness, economic deprivation?

Potential sources of evidence would include:

- Joint Strategic Needs Assessment
- Joint Health and Wellbeing Strategy
- Health Survey for England]

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:**

   [Be wary of general conclusions – it is not acceptable to simply conclude that a proposal will universally benefit all patients/ service users/ employees, regardless of any protected characteristic, without having evidence to support that conclusion.]

   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:

   Date:

Step 2: Scoping of the Equality Impact Assessment

What are the main aims, purpose and outcomes of the proposal?

[Describe the policy/practice that is being developed or reviewed. Think about:
- What is the purpose of the policy or practice?
- In what context will it operate?
- Who is it intended to benefit?
- What results are intended?
- Why is it needed?]

What aspects of the project are particularly relevant to equality?

[For example: the policy statement, referral or access criteria, communication with patients, equity of access to services, patient experience, stakeholder engagement]

What evidence is already available that will help in the development of both the project and the EIA?

[State the main sources of data and information - for example:
- Equality monitoring data on patients, service users or employees
- Demographic data (including Census)
- Recent engagement work
- Previous engagement work
- Annual reports
- Ad hoc audits
- Joint Strategic Needs Assessment
- Healthwatch reports
- Analysis of PALS, complaints and other feedback
- Equality Delivery System (EDS2) reports
- Comparison with similar work elsewhere]

Do you require further information to gauge the probability and / or extent of any adverse impact on protected groups?

[think about how you might get this information – new consultation activities, benchmarking, etc]

Which communities and groups have been or will need to be consulted or involved in the development /review of the project/service?

[this will help to identify engagement opportunities set out in the Patient and Public Involvement Plan]

Step 3: Equality Analysis

[This section is about bringing together all of your equality information in order to make a judgement about what the likely effect of the policy, practice or service will be on the equality duty and whether you need to make any changes to the policy, practice or service. Be wary of general conclusions – it is not acceptable to simply conclude that a policy will universally benefit all patients, service users or employees regardless of any protected characteristic, without having evidence to support that conclusion.]

[What are the:

- Actual or potential positive outcomes/impacts in relation to the public sector equality duty?
- Actual or potential negative outcomes/impacts?
- Actual or potential neutral outcomes/impacts?]

Statement of actions which have already been taken to remove/minimise the potential for adverse outcomes/impacts and to maximise positive outcomes/ impacts

[Key questions:
- Could the proposal disadvantage people from a particular group?
- Could any part of the proposal discriminate unlawfully?
- How does the proposal advance equality and foster good relations, including participation in public life?
- Are there other projects or policies that need to change to support the effectiveness of this proposal?]

Assessment of the legality of the proposal

[Key questions:

- Could the proposal disadvantage people with a particular protected characteristic?
- Could any part of the proposal discriminate unlawfully?
- Are there other proposals, projects or policies that need to change to support the effectiveness of this proposal?]

What is the outcome of the Equality Impact Assessment?

Choose ONE option:

No major change – the EIA demonstrates that the project plan is robust. The evidence shows no potential for discrimination and opportunities to promote equality have been identified and implemented.

Adjust the project proposals/plan to remove barriers or to better promote equality. This might mean introducing measures to mitigate the potential effect.

Continue the project despite potential for adverse impact or missed opportunities to promote equality, provided you have satisfied yourself that it does not unlawfully discriminate.

The EIA identified actual or potential unlawful discrimination. Changes have been made to the project to remove any unlawful discrimination.

Action Plan – Details of proposed mitigation/improvement			
Action	**Owner**	**Due Date**	**Outcome**

Step 4: Monitoring, Evaluation and Review

Please provide details of how the actual impact of the project will be monitored?

[Consider:

- How you will measure the effects of the project
- When the policy/ practice will be reviewed and what could trigger an early revision
- Who will be responsible for monitoring and review
- What type of information is needed for monitoring and how often it will be analysed
- How to engage relevant stakeholders in implementation, monitoring and review]

When will this EIA be reviewed?

Date:

Step 5: Approval and publication

Approved by Equality & Diversity Lead	Date: Name:
Approved by Project Lead / RO	Date: Name:

Step 6: Monitoring and Reviewing the Action Plan

Review of EIA - Update / Observations / Changes	
Please provide details:	
Approved by Equality & Diversity Lead	Name: Date:
Approved by Project Lead	Name: Date:
Date of Next Review (If no further review required please provide reasons)	Date: