

BNSSG Primary Care Commissioning Committee (PCCC)

Date: 26th May 2020

Time: 9.00am – 11:00am

Location: Virtual meeting to be held via Microsoft Teams. Details to be included in the calendar invite.

Agenda Number :	9
Title:	Prescribing Quality Scheme 2020/21
Purpose: Decision	
Key Points for Discussion:	
<p>GP practice engagement with the Prescribing Quality Scheme (PQS) has been good in 2019/20, with all practices participating.</p> <p>The Medicines Optimisation Team wish to continue running a PQS in 2020/21 with 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 • A percentage of funding linked to the quality projects that will achieve savings e.g. through reduced adverse events, admissions etc <p>In light of the COVID-19 pandemic, the scheme has been revised from 12 to 9 months (particularly in relation to achievement of budget which will be set for 9 months from July 2020 to March 2021), but there has been no change in terms of the potential payment to practices in order to protect practice income which will still be £1 per patient.</p> <p>The Prescribing Quality Scheme for 20/21 has reviewed and updated to consider the response needed to support primary care with priorities during the COVID 19 pandemic to ensure quality and safety with all medicines prescribed. Where possible we have also linked and aligned work with the STP Long Term plan response. When developing specific quality projects, consideration has also been made to the shift away from face to face appointments in primary care e.g. avoiding projects where follow up blood tests may be needed.</p> <p>We request a review and agreement of the payment split between achieving financial balance and undertaking quality projects at 50:50.</p> <p>Previously medication reviews were included in the PQS. As these are now included in the NHS</p>	

England DES (Structured Medication Reviews) for PCNs from October 2020 medication reviews have been removed from PQS for 20/21 and replaced with other quality projects with wider system safety and quality benefits.

Following the recent publication from NHSE re: Primary care support to care homes, it is recognised that pharmacists working throughout primary care will be required to play a key role in supporting all aspects of the response to this.

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>	<p>To approve the Prescribing Quality Scheme for 2020/21 and agree the split of funding.</p> <p>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</p> <p>Also to approve the quality project themes.</p>
<p>Previously Considered By and feedback :</p>	<p>GP membership meetings; feedback has been incorporated into the scheme content.</p> <p>Primary Care Operational Group have considered the scheme. PCOG were previously supportive of the PQS and the 50:50 payment split between achievement of budget and 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>Financial / Resource Implications:</p>	<p>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>
<p>Legal, Policy and Regulatory Requirements:</p>	<p>There are no legal implications anticipated in relation to this scheme. Such schemes are normal practice in CCGs nationally.</p>
<p>How does this reduce Health Inequalities:</p>	<p>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.</p>
<p>How does this impact on Equality & diversity</p>	<p>An Equality Impact Screening Assessment has been completed for the scheme. There are no significant implications.</p>

Patient and Public Involvement:	None
Communications and Engagement:	None
Author(s):	Debbie Campbell, Shaba Nabi, Helen Wilkinson, Kate Davis, Lisa Rees, Alison Mundell
Sponsoring Director / Clinical Lead / Lay Member:	Dr Peter Brindle

Agenda item: 9

Report title: Prescribing Quality Scheme 2020/21

1. Background

In 2019/20 BNSSG CCG commissioned GP practices to undertake an annual Prescribing Quality Scheme (PQS). Funding for the PQS 2019/20 was up to a maximum of £1 per registered patient, with the scheme including quality, safety and cost saving tasks. 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. In 2019/20 payment was split 50:50 between achieving financial balance and quality projects.

GP practice engagement with the scheme has been good in 2019/20, with all practices participating. It is suggested that the 2020/2021 scheme has a similar format to previous years, with the same funding of up to a maximum of £1 per registered patient, although the scheme will run over 9 months rather than 12 months due to COVID particularly in relation to the budget set and monitoring of financial achievement of budget.

- 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
- A percentage of the funding linked to the quality projects that will achieve savings e.g. through reduced adverse events, admissions etc

In developing a new scheme for 2020/21, we have consulted with GP membership, CCG Control Centres 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.

Since initially writing the 20/21 scheme earlier in the year, it has been reviewed and updated to consider the response needed to support primary care with priorities during the COVID 19 pandemic to ensure quality and safety with all medicines prescribed. When developing specific

quality projects, consideration has also been made to the shift away from face to face appointments in primary care e.g. avoiding projects where follow up blood tests may be needed.

We have considered areas of importance 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.

Following publication of the update to the GP contract agreement 2020/21 to 2023/24 by NHS England to include Structured Medication Reviews (which will now begin in October 2020), we have removed the CCG polypharmacy medication review project which has featured in previous years. We will work with practices and PCNs to support implementation of the new Structured Medication Reviews in order to target the finite PCN pharmacist resources for maximum value e.g. through identifying priority patient cohorts and risk stratification.

Through the recent publication from NHSE re: Primary care support to care homes, it is also recognised that pharmacists working throughout primary care will be required to play a key role in supporting all aspects of the response to this.

The quality projects chosen for 2020/21 link to local or national priorities, with an overarching theme of patient safety. See Appendix 1 for further details.

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.

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.

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.

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.

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: 2020-21 Prescribing Quality Scheme

Appendix 2: Equality Impact Assessment

Medicine Optimisation Prescribing Quality Scheme 2020/21

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

In light of the COVID-19 pandemic, the scheme has been revised from 12 to 9 months, but there has been no change in terms of the potential payment to practices and the value of the scheme will still be £1 per patient.

The Prescribing Quality Scheme for 20/21 has developed whilst considering the response needed to support primary care with priorities during the COVID 19 pandemic to ensure quality and safety with all medicines prescribed. Where possible we have also linked and aligned work with the STP Long Term plan response. When developing specific quality projects, consideration has also been made to the shift away from face to face appointments in primary care e.g. avoiding projects where follow up blood tests may be needed.

The BNSSG CCG 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.

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 1st July 2020 to 31st March 2021.

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 £1 per 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 2020 (mid-point in the year).

While demographic growth has been added as part of the budget setting methodology for 2020/21, any significant changes in practice population in-year will be taken into consideration. Practice size will be reviewed in September 2020, comparing this to March 2020 list size in order to take into account significant changes in patient list size.

Calculations of payments due for achievements for the 2020/21 scheme will be made during June 2021 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 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 2020/21, 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 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.

Following the publication by NHSE&I of the Primary Care and community health support to care home residents (COVID-19 response) document on 1st May 2020 it will be important for all pharmacists and pharmacy technicians, working in primary care and across the system, to support and ensure involvement in the BNSSG response to this where appropriate. This work will be supported by the BNSSG CCG Medicines Optimisation Team who will play a key role in facilitating all aspects of work relating to this.

Part One – Achieving Financial Balance

The CCG primary care prescribing budget for 20/21 has been uplifted from 19/20 to cover demographic growth and inflation. 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 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.

The most significant savings available to the CCG this year are through cost effective drug switches as directed by the CCG

Cost saving activities will include, but are not limited to the list below. Consideration will be given to the new ways of working in primary care and whether work which would usually involve blood tests is practical at the current time.

- Monthly review of cost saving dashboard
- 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, co-proxamol, homeopathy)
- 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. hay fever, dry eye, vitamins
- Reviews of non-formulary prescribing e.g. emollients, blood glucose testing strips, insulin needles, appliances such as leg and night bags (including review of appropriate quantities)
- DOAC reviews and switch to edoxaban where clinically appropriate as well as use of edoxaban as first choice DOAC for new patients where clinically appropriate
- Ongoing work to use alogliptin first line where clinically appropriate
- Ongoing work around use of oral nutritional supplements
- Use of cost effective preparations
- Ongoing work to use formulary choice inhalers in and 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 2020/21 all GP practices will be set a 'fair share' prescribing budget. The prescribing budget will be based on spend for July 2020 to March 2021. Any additional costs attributed to actions that have needed to be taken due to COVID 19 will be reviewed and taken into account at the end of the year.

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.

In 20/21 we are in a second transitional year to support practices to move towards their indicative fair share prescribing budget. This needs to be modelled when we have a clearer picture of 2019/20 out turn and achievement of budgets by practices.

Payment Schedule:

	Pence per registered patient
Achieve 20/21 allocated 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 Two – Quality & Safety Projects

This section of the scheme has been updated for 2020/21. Practices will be requested to complete all projects but will be guided by the Medicines Optimisation Team as to the most appropriate project from the Cardiovascular projects depending on practice benchmarking data

Following publication of the update to the GP contract agreement 2020/21 to 2023/24 by NHS England to include Structured Medication Reviews (expected October 2020), we have removed the CCG polypharmacy medication review project which has featured in previous years. We will work with practices and PCNs to support implementation of the new Structured Medication Reviews in order to target the finite PCN pharmacist resources for maximum value e.g. through identifying priority patient cohorts and risk stratification and providing benchmarking data

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

Education sessions where appropriate will be provided for practices throughout the year to support the projects. Topics may include pain management, polypharmacy and the Medicines Safety Programme. Further details will follow as soon as possible to allow practices to release staff. These sessions may be delivered virtually due to the current COVID 19 pandemic.

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</p>

	<p>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.</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 review of long term nitrofurantoin, including a baseline review and the implementation of guidelines which will be released during 20/21. • Review of general long term antibiotic prescribing for appropriateness and adherence to guidance • Review of a cohort of patients with reported penicillin allergy to ensure clear documentation of reaction type. <p>There may also be the requirement for completion of a RCA for patients who have been diagnosed with a gram negative bacteraemia.</p>
<p>Medicines Safety</p>	<p>This project aims to promote medicines safety and reduce the potential harm associated with medicines through the use of a risk stratification tool</p> <p>Safety work will include</p> <ul style="list-style-type: none"> • Use of the risk stratification tool to review patients highlighted as potentially at risk from their medicines (which will also support PCN pharmacists undertake Structured Medication Reviews) • Re-running the PINCER tool • Review of female patients prescribed valproate • Continued focus on practice processes in relation to red traffic light drug documentation in EMIS and medicines reconciliation • Continued focus on engagement with processes in relation to increasing primary care incident reporting via Datix. • Complete RCA's related to patients admitted to secondary care with a stroke as directed by the CCG/Trusts
<p>Respiratory</p>	<p>The key area of focus for 20/21 will be a project to identify and review asthma patients who are overusing short acting bronchodilators (SABAs) or having repeated courses of oral prednisolone to ensure optimisation of their inhaler therapy as per guidance.</p> <p>Additionally, CCG MOPs will support the practice to identify COPD patients with an MRC>3 on a single LAMA or LABA who may be breathless in order to optimise their treatment and step up to a combined LABA/LAMA as appropriate in line with NICE guidance. This project can be undertaken throughout the year as part of routine COPD reviews.</p>

	<p><i>Please note that the BNSSG asthma and COPD guidelines are currently being updated. Practices will be asked to ensure that they are familiar with these updated documents and have embedded them in practice. Publication has been delayed slightly due to COVID</i></p> <p><i>We will also provide practices with steps they can take to reduce the carbon impact from inhalers where clinically appropriate and cost effective.</i></p>
Cardiovascular	<p>Lipids: A review of compliance with NICE guidance (CG 181) and BNSSG guidance (updated 2020) in relation to lipid lowering therapy to ensure patients prescribed low intensity statins are reviewed.</p> <p>Or</p> <p>Diabetes: A review of prescribing of GLP-1 inhibitors and whether relevant patient targets are being achieved at 6 months (e.g. weight loss and reduction of HbA1c) and a retrospective review of patients currently prescribed Freestyle Libre to ensure that appropriate reviews are being undertaken and communicated to primary care to support ongoing prescribing.</p>
Hydroxocobalamin IM Injection	<p>A review of all patients in the practice prescribed Vitamin B12 IM injection against the BNSSG Hydroxocobalamin guidance to determine ongoing treatment goals and outcomes and whether supplementation still required.</p>
Just in case/End of life medication	<p>Retrospective audits of End of Life medications including syringe drivers and 'just in case' medications.</p> <p>An audit of syringe driver prescribing by primary care to support the recommendations of the Gosport Report of 2018 and to provide reassurance to the CCG of appropriate prescribing in this area. (This work will also be supported by audit completed by Secondary Care Trusts and Community Provider)</p> <p>Brief review of Just in Case medication prescribing in the practices to determine and feedback:</p> <ul style="list-style-type: none"> • When Just in case medicines are prescribed in a patients journey • Quantities and choices of medication prescribed and whether in line with local guidance

The quality projects chosen for 2020/21 link to local or national priorities, with an overarching theme of patient safety

- **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** 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>

- Audit of syringe driver prescribing is linked to the **Gosport Report of 2018** and the learning from this and recommendations made:
<https://www.gov.uk/government/publications/gosport-independent-panel-report-government-response>

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 2020.

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 June 2021 following publication of March 2021 ePACT2 data.

We agree to participate in the Medicines Optimisation Prescribing Quality Scheme for 2020/21.

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	Helen Wilkinson
Job Title	Principal Pharmacist
Department/Service	Medicines Optimisation
Telephone number	07769 163 650
E-mail address	hwilkinson1@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 projects within the 2020/21 scheme are detailed in the table below:

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.</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 review of long term nitrofurantoin, including a baseline review and the implementation of guidelines which will be released during 20/21. • Review of general long term antibiotic prescribing for appropriateness and adherence to guidance • Review of a cohort of patients with reported penicillin allergy to ensure clear documentation of reaction type. <p>There may also be the requirement for completion of a RCA for patients who have been diagnosed with a gram negative bacteraemia.</p>
Medicines Safety	<p>This project aims to promote medicines safety and reduce the potential harm associated with medicines through the use of a risk stratification tool</p> <p>Safety work will include</p> <ul style="list-style-type: none"> • Use of the risk stratification tool to review patients highlighted as potentially at risk from their medicines (which will also support PCN pharmacists undertake Structured Medication Reviews) • Re-running the PINCER tool • Review of female patients prescribed valproate • Continued focus on practice processes in relation to red traffic light drug documentation in EMIS and medicines reconciliation • Continued focus on engagement with processes in relation to increasing primary care incident reporting via Datix. • Complete RCA's related to patients admitted to secondary care with a stroke as directed by the CCG/Trusts

Respiratory	<p>The key area of focus for 20/21 will be a project to identify and review asthma patients who are overusing short acting bronchodilators (SABAs) or having repeated courses of oral prednisolone to ensure optimisation of their inhaler therapy as per guidance.</p> <p>Additionally, CCG MOPs will support the practice to identify COPD patients with an MRC>3 on a single LAMA or LABA who may be breathless in order to optimise their treatment and step up to a combined LABA/LAMA as appropriate in line with NICE guidance. This project can be undertaken throughout the year as part of routine COPD reviews.</p> <p><i>Please note that the BNSSG asthma and COPD guidelines are currently being updated. Practices will be asked to ensure that they are familiar with these updated documents and have embedded them in practice. Publication has been delayed slightly due to COVID</i></p> <p><i>We will also provide practices with steps they can take to reduce the carbon impact from inhalers where clinically appropriate and cost effective.</i></p>
Cardiovascular	<p>Lipids: A review of compliance with NICE guidance (CG 181) and BNSSG guidance (updated 2020) in relation to lipid lowering therapy to ensure patients prescribed low intensity statins are reviewed.</p> <p>Or</p> <p>Diabetes: A review of prescribing of GLP-1 inhibitors and whether relevant patient targets are being achieved at 6 months (e.g. weight loss and reduction of HbA1c) and a retrospective review of patients currently prescribed Freestyle Libre to ensure that appropriate reviews are being undertaken and communicated to primary care to support ongoing prescribing.</p>
Hydroxocobalamin IM Injection	<p>A review of all patients in the practice prescribed Vitamin B12 IM injection against the BNSSG Hydroxocobalamin guidance to determine ongoing treatment goals and outcomes and whether supplementation still required.</p>
Just in case/End of life medication	<p>Retrospective audits of End of Life medications including syringe drivers and 'just in case' medications.</p> <p>An audit of syringe driver prescribing by primary care to support the recommendations of the Gosport Report of 2018 and to provide reassurance to the CCG of appropriate prescribing in this area. (This work will also be supported by audit completed by Secondary Care Trusts and Community Provider)</p> <p>Brief review of Just in Case medication prescribing in the practices to determine and feedback:</p> <ul style="list-style-type: none"> • When Just in case medicines are prescribed in a patients journey • Quantities and choices of medication prescribed and whether in

	line with local guidance
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The quality projects chosen for 2020/21 link to local or national priorities, with an overarching theme of patient safety

- **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** 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>
- Audit of syringe driver prescribing is linked to the **Gosport Report of 2018** and the learning from this and recommendations made; <https://www.gov.uk/government/publications/gosport-independent-panel-report-government-response>

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 COPD 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>

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
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> <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 2019/20 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.</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
				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. Women may benefit more from the antibiotic project looking at long term nitrofurantoin use as they are more likely to be the cohort of patients receiving this treatment for UTI prophylaxis.
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: Helen Wilkinson

Date: 19.05.2020