

Pharmacist and Data-driven Quality Improvement in Primary care

#n/a

School/ Directorate

School of Nursing and Health Sciences

Person Responsible

Nicola Gray

Created

7th February, 2019

Last Review

7th February, 2019

Status

Complete

Next Review

12th February, 2020

Screening Data

What is the name/title of the policy/activity?

Pharmacist and Data-driven Quality Improvement in Primary care

Describe the aim, objective and intended consequences of the policy/activity.

The overall aim of the P-DQIP evaluation is to inform the development and implementation of NHS programmes to address the problem of preventable drug-related morbidity in older people.

The intervention being tested comprises:

1. case-finding support to facilitate identification of patients at high risk of drug related harm,
2. decision support to facilitate identification of drug therapy risks at individual patient level,
3. pharmacist support to increase review capacity in general practices, and
4. ongoing feedback on levels of high-risk prescribing and review activity to create and maintain momentum in reviewing and managing high-risk prescribing.

The P-DQIP programme will be rolled out across all general practices in NHS Tayside with the evaluation scheduled to start Sept. 2018.

Who is responsible for the policy/activity and who implements it?

The policy is the responsibility of the Scottish Improvement Science Collaborating Centre and will be implemented by pharmacists in GP practices across Scotland

Who is effected by this policy?

GP's, pharmacists and patients over the age of 65 who are on multiple drug prescriptions (10 or over)

Is there any indication that this policy is relevant to equality and the protected characteristics or that those with any of the protected characteristics will have a different experience in relation to the intended outcomes of the policy?

It is especially relevant to the protected characteristic of age because it is targeting patients over the age of 65. However due to the nature of the project, people with disabilities may also be part of the target group.

The impact of the project is likely to be positive because it involves the involvement of issuing pharmacists in the continuous review of multiple medications to reduce the likelihood of risk related to reactions between those

medications.

For patients on multiple medications there is a continuing risk of a reaction between medicines, reducing effectiveness or creating a further medical complication for the patient.

Up to 4% of hospital admissions are caused by adverse reaction to drugs and older people are at greater risk of multiple morbidity, thereby likely to have multiple medicines.

Recommend this EA for Full Analysis?

Yes

Comments

There is relevance to the protected characteristics of age and disability. In relation to the project, it is targeted specifically to over 65 year olds, who are at greater risk of multiple morbidity and also more likely to be prescribed multiple medicines.

In relation to the research team, they are a small team of four, male and female and they have a mix of ethnic groups and ages ranging from 30 - 50.

The project is likely to have a positive impact on this particular group of people, reducing risk of unintended complications from medicines and therefore hospital admissions.

Rate this EA

Low

Impact Assessment Data

Is this policy relevant to the protected characteristic of Age?

- Yes

The project targets those aged over 65 specifically because of their likelihood to have multiple morbidity and therefore prescribed multiple medicines.

In relation to the staff group, there is no relevance to age.

Is this policy relevant to the protected characteristic of Disability?

- Yes

Disability is more likely to come with the aging process, particularly when over 60. In this instance the group being targeted are over 65 year olds on multiple medications. That would fit with many disability related conditions.

The impact of the project is positive because it is likely to reduce risk from the use of multiple medications.

In relation to the staffing of the project, there is no relevance in relation to the current team, however those involved, should they acquire a disability whilst undertaking the project, they would have entitlement to any support, including reasonable adjustments, currently afforded them by their employment rights.

Is this policy relevant to the protected characteristic of Gender Reassignment?

- No

Whilst there may be someone who has re-assigned their gender within the targeted age group, the project focusses on the age group and multiple medications, rather than the gender status of an individual. It is however acknowledged

that someone who has or is undergoing medical and surgical interventions to reassign their gender, may receive multiple medications and therefore would be included in the project if they were within the specific age grouping.

There is no relevance to gender re-assignment in relation to the team undertaking the project, who would be protected by their current employment rights and subject to the University Dignity at Work and Study policy and principles.

Is this policy relevant to the protected characteristic of Marriage and Civil Partnership?

- No

In relation to the team involved in the project, marriage or civil partnership would have no relevance to their role in the project

Is this policy relevant to the protected characteristic of Pregnancy and Maternity?

- Yes

Any member of staff in the project team who is pregnant or nursing a child will have the protection of their Statutory rights, as well as access to the University Family Friendly policies and guidance. The University and Ninewells Hospital have child care and breast feeding facilities and undertake risk assessments where a members of staff is working in an area that may pose a risk to them or their child.

The project itself is not relevant to this characteristic.

Is this policy relevant to the protected characteristic of Race?

- Yes

Research has shown that there are greater levels of morbidity amongst some of the minority ethnic groups. E.g. there are greater levels of cardiovascular conditions within the African Caribbean communities in the UK. This is also linked to age in so far as older people are more likely affected by these conditions.

The process by which pharmacists identify people at risk from multiple medications is based purely on age and therefore there is unlikely to be any detriment based on ethnicity.

Is this policy relevant to the protected characteristic of Religion and Belief?

- No

The purpose of the project does not reflect on religion or belief.

Is this policy relevant to the protected characteristic of Sex?

- Yes

In relation to morbidity, women are more likely to visit their GP and therefore have more diagnosis of conditions.

However these is little difference in morbidity between older men and older women.

Because the project looks at age as a screen for multiple medication rather than gender, the project will not have a differential effect on genders.

Is this policy relevant to the protected characteristic of Sexual Orientation?

- No

The project is based on screening relating to age only. There is no indication that someone will be affected because of their sexuality.

Taking account of the findings so far, is there a possibility that the implementation of this policy would result in a different experience or a detriment for those with protected characteristics?

- Yes

The project is specific to a particular age group (over 65) and therefore will not look at younger people. In addition, because it is looking at multiple medications, it is possible that some of those requiring these medications will have a disability as defined by the Equality Act 2010. However the overall aim of the project is to reduce risk and hospital admissions and so the project overall is beneficial to these groups.

Based on your findings so far, what recommendations or changes (if any) would you make in relation to the

policy and how it is implemented?

At this stage there are no recommendations for changes to the project.

Not applicable

Where you have recommended actions/changes to the policy, what are the timescales for completion of these

08-02-2019

What monitoring arrangements do you have in place to identify changes in any impact or relevance?

During the project, monitoring on the basis of disability, race and gender would help to identify specific groups receiving multiple medications and could help to inform further risk reduction strategies.

Comments

The project is specific to age related use of multiple medications and aims to identify risk for users. The screening for the project is based on age and so other characteristics in the main are unaffected by the project. However because of the nature of the conditions that would require multiple medications over a long period of time, it is likely that users would have a disability as defined by the Equality Act 2010.

There are no recommendation relating to the project, however monitoring of the users identified may help to identify further links to the equality groups.

Organisation Sign-off Data

Having read the EIA, do you approve its findings and recommendations?

- Yes

What are your reasons for approving/not approving the EIA?

The project has a relevance to age and disability. However there is insufficient evidence to indicate any issues relating to the other protected groups.

The proposals are a positive step to reducing risk from hospital admission and complications due to multiple drug usage and so there are no changes to the proposal.

If you have approved the EIA, do you agree with the monitoring arrangements in place?

- Yes

Due to the lack of clear information, monitoring the wider characteristics , especially age , gender, disability and ethnicity, would help to identify any clear trends which may lead to further interventions.

Where you have not approved the monitoring process, what other steps do you require to be taken?

n/a

Comments

The project has a positive impact on the health and wellbeing of those covered by the project (over 65 and on multiple prescriptions). However it could also be used to identify risk of other protected groups through monitoring of the characteristics of those screened.

Whilst there are no recommendations for change to this project , it presents an opportunity to identify risk trends in order that other interventions might be explored.

Next Review Date

2020-02-12

Outstanding Actions

No outstanding actions