NHS
Vale of York
Clinical Commissioning Group

PRESCRIBING POLICY FOR PRIMARY CARE PROVIDERS
OCTOBER 2019

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Reviewing Committee(s):	CCG Executive Committee
Date:	18th September 2019
Approval Body	CCG Executive Committee
Approved date:	18/09/2019
Review Date:	October 2021
Equality Impact Assessment	Completed
Sustainability Impact Assessment	Completed
Related Policies	None
Target Audience:	Primary Care Providers
Policy Reference No:	PRE02
Version Number:	V1.1

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POLICY AMENDMENTS

Amendments to the Policy will be issued from time to time. A new amendment history will be issued with each change.

New Version Number	Issued by	Nature of Amendment	Approved by & Date	Date on Internet
1.0	NHS Vale of York CCG Prescribing Team	New Policy	Quality & Finance Committee 21/07/2016 Acting Chief Officer 02/08/2016	02/08/2016
1.1	NHS Vale of York CCG Prescribing Team	Addition of information regarding NHS Constitution and NICE TAs Removal of reference to 'grey drugs' Removal of reference to 'Chair's action' Added information on 7-day prescribing Added information on prescribing for compliance aids	CCG Executive Team 18/09/2019	

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CONTENTS

1. INTRODUCTION

1.1. Around 15-20% of a clinical commissioning group's money is spent on medicines; ~£50 million is spent on medicines in the Vale of York locality per year. It is the role of NHS Vale of York Clinical Commissioning Group to manage the local medicines bill, to ensure the most clinically appropriate, cost effective and safe use of medicines across the locality.

1.2. The CCG wants to commission the best treatments for local patients and wants the right clinician to have responsibility for those treatments – please see the document 'How we commission medicines.' We want patients to have access to medicines which improve the quality of their care, that have demonstrated cost effectiveness and are safe.

2. POLICY STATEMENT

2.1. The Vale of York Clinical Commissioning Group aspires to the highest standards of corporate behaviour and responsibility. It is the role of NHS Vale of York Clinical Commissioning Group to manage the local medicines bill, to ensure the most clinical appropriate, cost effective and safe use of medicines across the locality. The policy represents best practice and supports the requirement of the NHS to make best use of NHS resources.

3. IMPACT ANALYSES

Equality

3.1. As a result of performing the screening analysis, the policy does not appear to have any adverse effects on people who share Protected Characteristics and no further actions are recommended at this stage. The results of the screening are attached.

Sustainability

3.2. A Sustainability Impact Assessment has been undertaken. Four positive impacts were identified within the twelve sustainability themes. The results of the assessment are attached.

Scope

3.3. This policy applies to prescribers working in Primary Care Providers within the NHS Vale of York Clinical Commissioning Group boundaries. NHS Vale of York Clinical Commissioning Group recommends that all must comply with the arrangements outlined in this policy, as it is best practice and supports the use of the requirement of the NHS to make the best use of NHS resources.

3.4. The document applies to primary care healthcare professionals who prescribe; this may be general practitioners or non-medical prescribers.

4. POLICY PURPOSE/AIMS & FAILURE TO COMPLY

Prescribing Formulary and Medicines Commissioning Decisions

4.1. The NHS Constitution for England provides patients with the right of medicines and treatments that have been considered by the National Institute for Clinical Excellence (NICE) through the technology appraisal process. The Constitution also states that, where appropriate, positively assessed medicines and treatments be made available to patients, and be included in the formulary adopted by the local healthcare providers and commissioners. The Constitution states: *'You have the right to drugs and treatments that have been recommended by NICE for use in the NHS, if your doctor says they are clinically appropriate for you.'*

4.2. NICE Technology Appraisal Guidance (TAs) assess the clinical and cost effectiveness of health technologies, such as new pharmaceutical and biopharmaceutical products, and also some procedures, devices and diagnostic agents. Status of TAs: TAs aim to ensure that all NHS patients have equitable access to the most clinically- and cost-effective treatments that are available, and NHS commissioners are mandated to make funding available for the implementation of TA recommendations within 3 months of the issue of guidance. If the product has received approval for the Early Access to Medicines Scheme (EAMS), CCGs and Trusts will be expected to implement the NICE TA within a 30 day period. The funding requirement is set out in the NHS Constitution, and compliance is monitored through the national provider contracts.

4.3. Not all medicines are considered by NICE and therefore the decision to use other drugs is made on a local level. The Constitution provides a second right for patients: Medicines (and treatments) that have not yet been considered by, or have not received a positive recommendation for use in the NHS through a NICE technology appraisal process, should be considered by the local NHS using a robust assessment of the best available evidence. The Constitution states: *'You have the right to expect local decisions on funding of other drugs and treatments to be made rationally following a proper consideration of the evidence. If the local NHS decides not to fund a drug or treatment you and your doctor feel would be right for you, they will explain that decision to you.'*

4.4. NHS Vale of York Clinical Commissioning Group has a joint formulary with York Teaching Hospitals Foundation Trust and Scarborough and Ryedale Clinical Commissioning Group. The joint formulary is available here.

4.5. Consideration of any drug's status on the joint formulary is made at the Medicines Commissioning Committee which has doctor and pharmacist representatives from both NHS Vale of York Clinical Commissioning Group, York Teaching Hospitals Foundation Trust and Scarborough and Ryedale Clinical Commissioning Group and Tees, Esk and Wear Valley NHS Trust (as the local mental health provider). The committee considers the evidence for clinical benefit and the cost effectiveness of drugs compared with those already available. Where there is little high quality evidence of clinical benefit or the drug does not appear to be a cost effective option compared to that already available the committee, mindful of the need to be responsible with NHS resources will not recommend that the drug is added to the CCG formulary. It will not take such decisions lightly and will be

conscious of the need to make available to patients all new treatment options where it is deemed they are affordable and therefore resources allocated to their use.

4.6. Following discussion at the Medicines Commissioning Committee drugs are rated as red/amber/green/black:

- Green drugs are deemed suitable for primary or secondary care clinicians to prescribe.
- 'Amber specialist recommendation' - secondary care/specialist recommended and deemed suitable for a GP to continue, with appropriate supporting documents, no written shared care agreement is required
- 'Amber specialist initiation' – secondary care/specialist initiate and do required initial monitoring until deemed suitable for a GP to continue, with appropriate supporting documents, no written shared care agreement is required
- 'Amber shared care' - requires initiation by a specialist, but with the potential to transfer to primary care, within written and agreed shared care frameworks, and according to the agreed process for transfer of care of those drugs. The relevant shared care guidance documents are available on the home page of the joint formulary.
- Red drugs are deemed only appropriate for specialist prescribing and providers are funded to bear the costs of these drugs.
- Black drugs are deemed not appropriate for use locally by primary or secondary care clinicians. This is normally on the grounds of a lack of demonstrated cost effectiveness or safety.

4.7. Prescribers are expected to take into account the evidence for the safety, clinical effectiveness and cost effectiveness of the medicines they prescribe. They should take into account national and local guidance. It is NHS Vale of York Clinical Commissioning Group policy that prescribing is routinely in line with the local formulary.

4.8. NHS Vale of York CCG acknowledges that there will be circumstances where it may be required to prescribe outside the formulary. In these circumstances the clinician is requested to choose the most suitable option for prescribing non-formulary items. Prescribers are requested to consider the evidence regarding why the circumstances are exceptional compared with those of other patients.

4.9. Prescribers are also reminded of GMC Guidance - Good practice in prescribing and managing medicines and devices (2013) (in italics):

- You must keep up to date with, and follow, the law, our guidance and other regulations relevant to your work.
- You must recognise and work within the limits of your competence.

4.10. In providing clinical care you must:

- Prescribe drugs or treatment, including repeat prescriptions, only when you have adequate knowledge of the patient's health, and are satisfied that the drugs or treatment serve the patient's needs
- Provide effective treatments based on the best available evidence
- Check that the care or treatment you provide for each patient is compatible with any other treatments the patient is receiving, including (where possible) self-prescribed over-the-counter medications.

4.11. You should take account of the clinical guidelines published by the:

- NICE (England)
- Scottish Medicines Consortium and Health Improvement Scotland (including the Scottish Intercollegiate Guidelines Network) (Scotland)
- Department for Health, Social Services and Public Safety (Northern Ireland)
- All-Wales Medicines Strategy Group (Wales)
- Medical royal colleges and other authoritative sources of specialty specific clinical guidelines.

4.12. You must make good use of the resources available to you.

4.13. Documents you make (including clinical records) to formally record your work must be clear, accurate and legible. You should make records at the same time as the events you are recording or as soon as possible afterwards. Clinical records should include:

- Relevant clinical findings
- The decisions made and actions agreed, and who is making the decisions and agreeing the actions
- The information given to patients
- Any drugs prescribed or other investigation or treatment
- Who is making the record and when.

4.14. You are responsible for the prescriptions you sign and your decisions and actions when you supply and administer medicines and devices or authorise or instruct others to do so. You must be prepared to explain and justify your decisions and actions when prescribing, administering and managing medicines.

4.15. 'Prescribing' is used to describe many related activities, including supply of prescription only medicines, prescribing medicines, devices and dressings on the NHS and advising patients on the purchase of over the counter medicines and other remedies. It may also be used to describe written information provided for patients (information prescriptions) or advice given. While some of this guidance is particularly relevant to prescription only medicines, you should follow it in relation to the other activities you undertake, so far as it is relevant and applicable. The GMC guidance applies to medical devices as well as to medicines.

4.16. Serious or persistent failure to follow the GMC guidance will put your registration at risk.

5. ADVICE ON PRESCRIBING NON-FORMULARY ITEMS

5.1. The Medicines Commissioning Committee considers the evidence for clinical benefit and the cost effectiveness of drugs compared with those already available. Where there is little high quality evidence of clinical benefit or the drug does not appear to be a cost effective option compared to that already available the committee, mindful of the need to be responsible with NHS resources will not recommend that the drug is added to the CCG formulary. It will not take such decisions lightly and will be conscious of the need to make available to patients all new treatment options where it is deemed they are affordable and therefore resources allocated to their use.

5.2. The medicines management commissioning pharmacists can provide professional advice to prescribers on prescribing non-formulary items please email: VOYCCG.Rxline@nhs.net

5.3. When a prescriber decides to prescribe a non-formulary item they should consider the following:

- Is the treatment short-term or long-term?
- What is the indication for the treatment?
- What is the cost per year of non-formulary choice (based on the dosage specified)?
- How does this cost compare to formulary choices?
- Have previous formulary choices been tried previously and not been suitable? Detail the reasons in the patient's notes for future reference.
- As per GMC guidance can you confirm that you have considered the evidence for the use of this drug and consider that is necessary and clinically justified to prescribe a non-formulary medicine for the above named patient based on the patient's clinical exceptionality?
- Discuss the use of this drug with the GP Practice Prescribing Lead (or another experienced GP colleague within the practice)
- It is recommended, as per GMC guidance, that full records are made in a patient's record to document the decision.

Monitoring of non-formulary prescribing

5.4. The CCG will review the prescribing of non-formulary drugs via the prescribing data, medicines management support, clinical decision support software and peer review groups.

5.5. If prescribing of a non-formulary drug exceeds the CCG average for prescribing of the non-formulary drug across the whole CCG then prescribing data will be considered to review GP Practices and/or individual cases. The CCG will look for variance in normal practice.

6. PRESCRIBING INTERVALS/QUANTITIES

6.1. The duration of medicine provided should be a decision between the prescriber and the patient. NHS Vale of York Clinical Commissioning Group does not mandate

the quantities provided on prescription but would suggest between 28-56 days as standard, however, discretion should be used for individual patients or medicines. This must be coupled with a rigorous and effective medication review process, at least annually.

6.2. It is recommended that individual GP Practices have their own policies regarding quantities to help manage the expectations of patients.

6.3. When deciding on an appropriate duration/interval the following should be considered:

6.4. Is the prescription for a new drug (i.e. the patient has never taken the medication before)?

If prescribing for a new drug it is recommended to only prescribe an initial small quantity, e.g. 14 days, to ensure that the medication is suitable for the patient and to prevent waste.

When prescribing a new medicine the value of the medicine should also be considered. If the value of the medicine is in excess of £40 please consider prescribing 14 days' supply, at 14 days complete a follow-up appointment with the patient to check suitability and adherence, further supplies (28 days) can then be provided if the medicine is suitable. If the value of the medicine is <£40 then consider offering the patient one prescription for 14 days' supply followed by a further post-dated prescription for 28 days' supply, the patient should be offered the option to receive a follow-up appointment at 14 days but is not necessary if the patient has no concerns. The £40 figure provided here takes into consideration the cost of a GP appointment in comparison to the cost of the medication; at the £40 limit it would be deemed a cost-effective use of NHS resources to offer a further GP appointment.

6.5. Is the prescription for a medicine that will only be used acutely?

If prescribing for an acute condition only prescribe the smallest quantity for the duration of treatment of the acute episode, e.g. antibiotics, analgesia. Prescribers should consider the need to prescribe traditional and relatively large minimum quantities, e.g. 84 X ibuprofen or 100 X co-codamol 30/500 and consider prescribing just 50 or less for an acute problem that is expected to resolve quickly. The patient should be advised regarding what to do if they feel they require further medication beyond the length of the acute prescription. A further single issue repeat prescription could be offered when needed to save a face to face consultation.

6.6. Is the prescription for a controlled drug or a drug liable to misuse?

When prescribing for controlled drugs consider NICE Guidance NG46 Controlled drugs: safe use and management (April 2016) 'Prescribe enough of a controlled drug to meet the person's clinical needs for no more than 30 days. If, under exceptional circumstances, a larger quantity is prescribed, the reasons for this should be documented in the person's care record'.

If a drug is liable to misuse consider prescribing small quantities as appropriate for the individual circumstances.

6.7. Is the patient stable on their medication?

If a patient is stable on their medication, i.e. unlikely to change, then it may be more appropriate to offer longer* duration of prescriptions (*longer than 28-56 days). The duration of the prescription should take into account the need to balance the cost of the administration required to produce and dispense prescriptions versus the need to reduce the cost associated with medication waste. Such examples of medication that may be provided for longer include levothyroxine, oral contraceptives, hormone replacement therapy. Such patients may be suitable for Repeat Dispensing, for further information on Repeat Dispensing please click here.

6.8. Is the patient leaving the country?

Under NHS legislation, the NHS ceases to have responsibility for people when they leave the UK.

Patients who are UK residents who will be moving abroad should only be prescribed for within Department of Health guidance, which is normally to prescribe for no longer than a month when leaving the country, after which arrangements for obtaining medicines should be made in the country of domicile.

6.9. Is the patient going on holiday/travelling?

It is a national NHS expectation that GPs may prescribe a maximum of 3 months medication for patients going on extended holidays. For periods longer than three months or for patients moving abroad sufficient medication to allow the patient to access healthcare at their destination should be prescribed (this should not exceed three months' supply). Further information can be found at the NHS choices website

6.10. Advice on seven day prescriptions

Seven day prescriptions should be issued when 7 day dispensing is required.

For example when:

- There is a clear clinical need for restricting the quantity of medication that a patient holds at any one time e.g. concerns about overdose or misuse.
- There are frequent changes to the medication regime - using 7 day quantities will help to minimise waste as a result of medication changes. Once stability in dose/medication choice is achieved, consider moving to 28 day quantities.
- When a Monitored Dosage System (MDS) device is required to be supplied on a weekly basis to support the medication compliance of a particular patient.

- Dispensing contractor's obligations to provide medication in MDS does not necessitate 7 day prescribing UNLESS the MDS needs to be supplied to the patient on a weekly basis e.g. for patients in the above groups.

6.11. Advice on prescribing for Monitored Dosage Systems/ Multi-Compartment Compliance Aids (MCA)

- There are a wide variety of MDS/MCAs available beyond the familiar dosett box version.

- Pharmacists are required to assess patients who may fall under the Equality Act (EA) 2010 (formerly the Disability Discrimination Act - DDA) and provide 'reasonable adjustments' to how they provide medications. Pharmacists should consider the advice of other healthcare professionals in their determination of the EA eligibility of a patient.

- Where a patient is considered eligible by the pharmacist for a medication compliance aid, a small amount of funding is already globally incorporated in the national pharmacy contract.

- An EA 'reasonable adjustment' provided by a pharmacist may include providing easy opening tops, reminder charts or an MDS device appropriate for the patient.

- The removal of a medicine from the manufacturer's original packaging and its repackaging into an MCA can affect its stability. https://www.sps.nhs.uk/ has information on medication suitable for packaging in an MCA. A user guide to searching the sps website is available at: https://www.sps.nhs.uk/wp-content/uploads/2016/08/How-to-find-information-on-medicinesguide.pdf

- CQC have provided advice on using MCAs – Aug 2019 https://www.cqc.org.uk/guidance-providers/adult-social-care/using-multi-compartment-compliance-aids-mcas-care-homes

7. USE OF COMPUTERISED CLINICAL DECISION SUPPORT SOFTWARE

7.1. The NICE Medicines Optimisation Guidance – The safe and effective use of medicines to enable the best possible outcomes (March 2015) recommends the use of clinical decision support software (CDSS). CDSS is defined as software designed and embedded in general practice computers that provides intelligently filtered, evidence-adaptive knowledge or person-specific information, to directly support clinical decision making at the point of prescribing medicines. CDSS embedded in general practice has shown great potential in facilitating safe prescribing by performing background safety checks and providing clinical advice and alerts to prescribers. Furthermore CDSS supports cost-effective, evidence based prescribing, helping GP Practices to make best use of NHS resources by supporting prescribers to prescribe in line with the York and Scarborough joint formulary.

7.2. NHS Vale of York Clinical Commissioning Group have a policy to use such clinical decision support software in line with NICE NG5; when the software meets the definition as stated above; and provides net savings on the prescribing budget and therefore contributes to the CCG's strategic plan. The policy by NHS Vale of York Clinical Commissioning Group to use clinical decision support software in all member GP Practices is aimed at creating equity across the NHS Vale of York Clinical Commissioning Group.

7.3. The current clinical decision support software approved by NHS Vale of York Clinical Commissioning Group is Optimise Rx. The current choice of software is reviewed on an annual basis.

7.4. Further information on Optimise Rx:

- Is fully integrated with the patient record to enable the delivery of prescribing best practice and to optimise cost savings
- Prescribing options, alerts and prompts based on evidence based best practice, safety and cost, supporting medicines optimisation
- Reference messages combine national guidance and local formulary information promoting clinically effective prescribing and guiding towards formulary prescribing
- Patient specific and clinically intuitive prescribing options that take into account the full patient history (as coded), increasing the likelihood of clinical acceptance
- Fully integrated within the workflow of the GP clinical system

8. PRESCRIBING OF MEDICINES FOR UNLICENSED USE

8.1. The GMC defines 'unlicensed medicines' as medicines used outside the terms of their UK licence (sometimes referred to as 'Off Label' use) or which have no licence for use in the UK. Although prescribing unlicensed medicines is not recommended, the GMC states that "you may prescribe unlicensed medicines where, on the basis of an assessment of the individual patient, you conclude, for medical reasons, that it is necessary to do so to meet the specific needs of the patient".

8.2. The following extract is from the GMC 'Good practice in prescribing and managing medicines and devices' (2013): "*When prescribing an unlicensed medicine you must:*

- Be satisfied that there is sufficient evidence or experience of using the medicine to demonstrate its safety and efficacy
- Take responsibility for prescribing the medicine and for overseeing the patient's care, monitoring, and any follow up treatment, or ensure that arrangements are made for another suitable doctor to do so
- Make a clear, accurate and legible record of all medicines prescribed and, where you are not following common practice, your reasons for prescribing an unlicensed medicine".

Points for consideration: (See GMC guidelines for full version)

8.3. Prescribing unlicensed medicines may be necessary where:

- There is no suitably licensed medicine that will meet the patient's need
- A suitably licensed medicine is not available
- The prescribing forms part of a properly approved research project.

Information for patients on unlicensed medicines

8.4. You must give patients (or their parents or carers) sufficient information about the medicines you propose to prescribe to allow them to make an informed decision.

8.5. Some medicines are routinely used outside the terms of their licence, for example in treating children. In emergencies or where there is no realistic alternative treatment and such information is likely to cause distress, it may not be practical or necessary to draw attention to the licence. In other cases, where prescribing unlicensed medicines is supported by authoritative clinical guidance, it may be sufficient to describe in general terms why the medicine is not licensed for the proposed use or patient population. You must always answer questions from patients (or their parents or carers) about medicines fully and honestly.

8.6. If you intend to prescribe unlicensed medicines where that is not routine or if there are suitably licensed alternatives available, you should explain this to the patient, and your reasons for doing so.

8.7. You should be careful about using medical devices for purposes for which they were not intended.

9. ROLES & RESPONSIBILITIES

Role

9.1. The Strategic Lead Pharmacist and Executive Director of Primary Care and Population Health are responsible for the policy content

9.2. Primary Care Organisations within the NHS Vale of York Clinical Commissioning Group boundaries are responsible for implementing the content of the policy

10. POLICY IMPLEMENTATION

10.1. Following approval by the Governing Body, the policy will be:

- Published on the CCG's website and will be available to staff on the organisation's intranet.
- The policy will be brought to attention of Primary Care Organisations and within NHS Vale of York Clinical Commissioning Group

11. TRAINING & AWARENESS

11.1. This policy will be published on the CCG's website and will be available to staff on the organisation's intranet.

11.2. Any queries relating to the policy should be directed to the Strategic Lead Pharmacist, NHS Vale of York Clinical Commissioning Group

12. MONITORING & AUDIT

Monitoring & Accountability

12.1. The Strategic Lead Pharmacist will be reviewing the impact of the policy on an annual basis.

13. POLICY REVIEW

13.1. This policy will be reviewed by a period of no longer than 3 years as stated or in response to any relevant changes in local and / or national policies and guidance, whichever is sooner.

14. REFERENCES

- General Medical Council. Good practice in prescribing and managing medicines and devices (2013)
- NICE Guidance NG46 Controlled drugs: safe use and management (April 2016)
- NICE NG5 Medicines Optimisation: the safe and effective use of medicines to enable the best possible outcomes (March 2015)

15. ASSOCIATED POLICIES

- Prescribing Medicines That is Available to Purchase
- Brand Medicine Prescribing
- Branded-Generic Medicine Prescribing Policy

16. CONTACT DETAILS

Strategic Lead Pharmacist
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17. APPENDIX 1: EQUALITY IMPACT ANALYSIS FORM

1.	Title of policy/ programme/ service being analysed
	Prescribing Policy for Primary Care Providers
2.	Please state the aims and objectives of this work.
	It is the role of NHS Vale of York Clinical Commissioning Group to manage the local medicines bill, to ensure the most clinical appropriate, cost effective and safe use of medicines across the locality. The policy represents best practice and supports the requirement of the NHS to make best use of NHS resources.
3.	Who is likely to be affected? (e.g. staff, patients, service users)
	Patients
4.	What sources of equality information have you used to inform your piece of work?
	None – affects the entire population
5.	What steps have been taken ensure that the organisation has paid due regard to the need to eliminate discrimination, advance equal opportunities and foster good relations between people with protected characteristics
	None – affects the entire population
6.	Who have you involved in the development of this piece of work?
	Primary Care Organisation representatives, Local Medical Committee representatives

7.	What evidence do you have of any potential adverse or positive impact on groups with protected characteristics? Do you have any gaps in information? Include any supporting evidence e.g. research, data or feedback from engagement activities There is nothing in the policy that does not support equality and diversity in accordance with the CCG Equality and Diversity Strategy.	
Disability People who are learning disabled, physically disabled, people with mental illness, sensory loss and long term chronic conditions such as diabetes, HIV)	Consider building access, communication requirements, making reasonable adjustments for individuals etc	
Not applicable		
Men and Women	Consider gender preference in key worker, single sex accommodation etc	
Not applicable		
Race or nationality People of different ethnic backgrounds, including Roma Gypsies and Travellers	Consider cultural traditions, food requirements, communication styles, language needs etc.	
Not applicable		
This applies to all age groups. This can include safeguarding, consent and child welfare	Consider access to services or employment based on need/merit not age, effective communication strategies etc.	
Not applicable		

Trans People who have undergone gender reassignment (sex change) and those who identify as trans	Consider privacy of data, harassment, access to unisex toilets & bathing areas etc.
N/a	
Sexual orientation This will include lesbian, gay and bi-sexual people as well as heterosexual people.	Consider whether the service acknowledges same sex partners as next of kin, harassment, inclusive language etc.
N/a	
Religion or belief Includes religions, beliefs or no religion or belief	Consider holiday scheduling, appointment timing, dietary considerations, prayer space etc.
N/a	
Marriage and Civil Partnership Refers to legally recognised partnerships (employment policies only)	Consider whether civil partners are included in benefit and leave policies etc.
N/a	
Pregnancy and maternity Refers to the pregnancy period and the first year after birth	Consider impact on working arrangements, part-time working, infant caring responsibilities etc.
N/a	
Carers This relates to general caring responsibilities for someone of any age.	Consider impact on part-time working, shift-patterns, options for flexi working etc.
Not applicable	

Other disadvantaged groups This relates to groups experiencing health inequalities such as people living in deprived areas, new migrants, people who are homeless, ex-offenders, people with HIV.	Consider ease of access, location of service, historic take-up of service etc
Not applicable	

Sign off
Laura Angus Strategic Lead Pharmacist, NHS Vale of York Clinical Commissioning Group 
01st August 2019
Dr Andrew Lee Executive Director of Primary Care and Population Health, NHS Vale of York Clinical Commissioning Group
Date analysis was approved by responsible Director 18th September 2019

19. APPENDIX 2: SUSTAINABILITY IMPACT ASSESSMENT

Staff preparing a policy, Governing Body (or Sub-Committee) report, service development plan or project are required to complete a Sustainability Impact Assessment (SIA). The purpose of this SIA is to record any positive or negative impacts that this is likely to have on sustainability.

Title of the document	Prescribing Policy for Primary Care Providers
What is the main purpose of the document	It is the role of NHS Vale of York Clinical Commissioning Group to manage the local medicines bill, to ensure the most clinical appropriate, cost effective and safe use of medicines across the locality. The policy represents best practice and supports the requirement of the NHS to make best use of NHS resources.
Date completed	01st August 2019
Completed by	Laura Angus, Strategic Lead Pharmacist NHS Vale of York Clinical Commissioning Group

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Travel	Will it provide / improve / promote alternatives to car based transport?	n/a		
	Will it support more efficient use of cars (car sharing, low emission vehicles, environmentally friendly fuels and technologies)?	n/a		
	Will it reduce 'care miles' (telecare, care closer) to home?	n/a		
	Will it promote active travel (cycling, walking)?	n/a		
	Will it improve access to opportunities and facilities for all groups?	n/a		

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
	Will it specify social, economic and environmental outcomes to be accounted for in procurement and delivery?	n/a		
Procurement	Will it stimulate innovation among providers of services related to the delivery of the organisations' social, economic and environmental objectives?	n/a		
	Will it promote ethical purchasing of goods or services?	n/a		
Procurement	Will it promote greater efficiency of resource use?	1	Makes best use of NHS resources by seeking to ensure prescribing is safe, evidence based, clinically appropriate and cost-effective	
	Will it obtain maximum value from pharmaceuticals and technologies (medicines management, prescribing, and supply chain)?	1	Makes best use of NHS resources by seeking to ensure prescribing is safe, evidence based, clinically appropriate and cost-effective	
	Will it support local or regional supply chains?	n/a		
	Will it promote access to local services (care closer to home)?	n/a		
	Will it make current activities more efficient or alter service delivery models	n/a		

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Facilities Management	Will it reduce the amount of waste produced or increase the amount of waste recycled? Will it reduce water consumption?	n/a		
Workforce	Will it provide employment opportunities for local people?	n/a		
	Will it promote or support equal employment opportunities?	n/a		
	Will it promote healthy working lives (including health and safety at work, work-life/home-life balance and family friendly policies)?	n/a		
	Will it offer employment opportunities to disadvantaged groups?	n/a		
Community Engagement	Will it promote health and sustainable development?	n/a		
	Have you sought the views of our communities in relation to the impact on sustainable development for this activity?	1	The draft version of the policy has been sent to GP Practices and Local Medical Committee for consultation	
Buildings	Will it improve the resource efficiency of new or refurbished buildings (water, energy, density, use of existing buildings, designing for a longer lifespan)?	n/a		

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
	Will it increase safety and security in new buildings and developments?	n/a		
	Will it reduce greenhouse gas emissions from transport (choice of mode of transport, reducing need to travel)?	n/a		
	Will it provide sympathetic and appropriate landscaping around new development?	n/a		
	Will it improve access to the built environment?	n/a		
Adaptation to Climate Change	Will it support the plan for the likely effects of climate change (e.g. identifying vulnerable groups; contingency planning for flood, heat wave and other weather extremes)?	n/a		
Models of Care	Will it minimise 'care miles' making better use of new technologies such as telecare and telehealth, delivering care in settings closer to people's homes?	n/a		
	Will it promote prevention and self-management?	n/a		
	Will it provide evidence-based, personalised care that achieves the best possible outcomes with the resources available?	1	Makes best use of NHS resources by seeking to ensure prescribing is safe, evidence based, clinically appropriate and cost-effective	

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
	Will it deliver integrated care, that co-ordinate different elements of care more effectively and remove duplication and redundancy from care pathways?	n/a		