**Humber and North Yorkshire area prescribing committee**

**AGENDA ITEM NO:**

|  |  |
| --- | --- |
| **Date of Meeting:** |  |
| **Title of paper:** |  |
| **Director Sponsor:** |  |
| **Author:** |  |
| **Author contact details:** |  |
| **Author declarations of interests:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Executive Summary**  **Please provide no more than a one page summary and include key points** | | | | | |
|  | | | | | |
| **This item is presented to HNY APC for:** |  | | ***Decision*** | | |
|  | | ***Discussion*** | | |
|  | | ***Information*** | | |
|  | | ***Assurance*** | | |
| **HNY APC is asked to**: | | | | | |
| **Indicate how this item aligns with ICB strategic aims** (please tick all that apply) | | | | | |
| Improve outcomes in population health and healthcare | | | | |  |
| Tackle inequalities in outcomes, experience and access | | | | |  |
| Enhance productivity and value for money | | | | |  |
| Help the NHS support broader social and economic development | | | | |  |
| **Indicate how these aims will be measured**: | | | | | |
| **This proposal has the support of all HNY ICB localities** | | Yes | | No  Please list any locality that has not confirmed support; give extra detail in the exec summary as appropriate | |
| **This proposal has the support of all HNY ICB hospital trusts, as applicable** | | Yes | | No  Please list any Trust that has not confirmed support; give extra detail in the exec summary as appropriate | |

|  |  |  |
| --- | --- | --- |
| **IMPLICATIONS**  Please provide further detail in the executive summary above, where appropriate | | |
| Finance  If yes, complete [appendix 1](#appendix_one) | **Yes  No  N/A**  Rationale**:** | |
| Commissioning | **Yes  No  N/A**  Rationale**:** | |
| Quality | **Yes  No  N/A**  Rationale**:** | |
| HR | **Yes  No  N/A**  Rationale**:** | |
| Legal / regulatory | **Yes  No  N/A**  Rationale**:** | |
| Data protection / IG | **Yes  No  N/A**  Rationale**:** | |
| Health inequality / equality  If an equality impact is possible, complete [appendix 2](#appendix_two) | **Yes  No  N/A**  Rationale**:** | |
| Conflict of interest | **Yes  No  N/A**  Rationale**:** | |
| Sustainability | **Yes  No  N/A**  Rationale**:** | |
| **OTHER ASSESSED RISK:**  Nothing additional. | |

**Appendix 1: Financial implications summary**

|  |  |  |
| --- | --- | --- |
| **Please provide details of any financial implications of this proposal**  *Fill in section 1 OR section 2.* | | |
| **1. What are the anticipated implementation costs of this intervention?** Please include a costed estimate impact for the ICB and per locality |  | |
| **Is this intervention a like for like switch?** | Yes  Please fill in **section 1** | No  Please go to **section 2** |
| **1a) what are the costs of the medicines involved?** |  | |
| **1b) Will this intervention benefit primary or secondary care or both?** Please provide detail (e.g. patient experience / process / clinical outcomes) |  | |
| **2. Is this a “spend to save” initiative?** | Yes  Please fill in **section 2** | No |
| **2a) Detail the source of funds and the anticipated payback period** |  | |
| **2b) Will this intervention benefit primary or secondary care or both?** Please provide detail (e.g. patient experience / process / clinical outcomes) |  | |
| **2c) Will this intervention present as an activity saving or a reduction in prescribing costs?**  Please provide detail |  | |
| **2d) Provide a costed estimate of any savings over the full payback period** |  | |

**Appendix 2: Equality Impact assessment**

|  |  |  |  |
| --- | --- | --- | --- |
| **Equality Impact Assessment**  Indicate whether the decision has a positive or negative effect on any groups of people with protected characteristics, and on Human Rights | | | |
| **Protected Characteristic** | **Positive** | **Negative** | **Explanation** |
| Age |  |  |  |
| Disability |  |  |  |
| Gender |  |  |  |
| Pregnancy or maternity |  |  |  |
| Race |  |  |  |
| Religion and belief |  |  |  |
| Sexual orientation |  |  |  |
| Other vulnerable group |  |  |  |
| Human Rights |  |  |  |
| If you have answered that there is a negative impact to any one of the questions above, please explain what has been done or will be done to mitigate this. | | | |
|  | | | |