

## Quality and Equality Impact Assessment (QEIA)

Leeds Health and Care Partnership, QEIA template version 2.5, September 2024

To be completed with support from Quality, Equality and Engagement leads. Email for all correspondence: [wyicb-leeds.qualityteam@nhs.net](mailto:wyicb-leeds.qualityteam@nhs.net)

Complete all sections (see instructions / comments and consider the [Impact Matrix](#) in the Appendix).

Assessment Completion	Name	Role	Date	Email
<b>Scheme Lead</b>	[Removed for publication]	Principal Pharmacist for pathways & Inequalities	29.11.23	[Removed for publication]
<b>Programme Lead sign off</b>	[Removed for publication]	Programme Director – Long Term Conditions, Frailty and End of Life		

<b>A. Scheme Name</b>	O082 - Blood Glucose Testing Strips (BGTS) and Meter Reviews in line with the new West Yorkshire Integrated Care Board (WYICB) Guidance
<b>Type of change</b>	Start new
<b>ICB</b>	Leeds

### B: Summary of change

Briefly describe the proposed change to the service, why it is being proposed, the expected outcomes and intended benefits, including to patients, the public and ICB finances. Describe in terms of aims; objectives, links to the ICB's strategic plans and other projects, partnership arrangements, and policies (national and regional). Please also include the expected implementation date (or any key dates we need to be aware of).

**Background:**

In Leeds, people living with diabetes use a wide range of BGTS products to monitor their diabetes. This has been due to the variety of available products and variation in prescribing across GP practices and diabetes provider services. We currently have blood glucose meter guidance in place, but this isn't always adhered to. Blood glucose and ketone meters should be replaced every three years. Recent national commissioning recommendations on blood glucose and ketone meters and lancets have been published by NHS England (NHSE) which has made recommendations for testing equipment: <https://www.england.nhs.uk/publication/commissioning-recommendations-blood-glucose-and-ketone-meters-testing-strips-and-lancets/>

However, the guidance is very broad and lists too many products. When Leeds became an Integrated Care Board, we worked closely with our colleagues in Medicines Optimisation to standardise the BGTS meters available; based on the NHSE recommendations, accuracy, ease of use, special functions and cost-effectiveness. This standardisation process has allowed us to limit the choices to two dual-function meters and two standard blood glucose meters, two choices of universal lancets and safety lancets, for West Yorkshire. This work would be the second step (now that the formulary has been agreed at West Yorkshire level) to implement harmonisation of diabetes management and support the delivery of the National Diabetes Programme priorities, the NHS England (NHSE) Long-term Plan, NHSE Operating Guidance and the WY Health and Care Partnership Five Year Joint Forward Plan, WY Diabetes Care Programme and support:

- Equitable access to the same products for all eligible people, no matter where they live.
- Minimum quality standards established in a fair and transparent way to better address the needs of all people living with diabetes.
- Prescribing practices aligned across primary and secondary care.
- Making best use of NHS Resources, whilst ensuring that the price paid is commensurate to the quality offered.

We will be working at West Yorkshire level as well as place level to support the implementation of the guidance.

**Purpose:**

The purpose of this work is to utilise Interface Clinical Services to provide review services to GP practices in Leeds. Practices will have the option to utilise Interface to do this work. It is not mandatory. Some GP practices may choose to undertake these reviews themselves. For practices that do decide to utilise Interface Clinical Services to undertake these reviews, all contracts will be between the GP Practice and Interface Clinical Services. They will also have their own individual Data Protection Impact Agreement (DPIA). For assurance, the ICB will have a DPIA with Interface (however there is no contract between the Leeds office of the ICB and Interface Clinical Services; we serve only to facilitate the awareness and promotion of the support that is available).

The reviews will focus on adults with diabetes to align them with a preferred brand meter. It will also mean implementing harmonisation of West Yorkshire policy regarding diabetes monitoring and management.

The work will not impact those people who are under the care of Leeds Community Healthcare NHS Trust (LCH) Community Diabetes Service as they use a specific application to monitor with a particular meter. The work will also exclude children.

**Expected outcomes and intended benefits:**

Expected outcomes are that GP practices will want to utilise this support to review people on BGTS to align them to a first-choice formulary meter and test strips. This will result in potential cost savings of £250k. The intended benefits are that:

- People with diabetes will have a standardised product that is clinically assured to provide accurate monitoring of their condition and will replace outdated / old equipment.
- GP Practices will only need to stock identified brand meters, thus saving storage space, and reducing time pressures on staff training and familiarity with different brands.
- There will be a cost benefit to the Leeds prescribing budget.

**Timescales:**

We aim to commence this work in the new year once all appropriate documentation is signed off. Based on similar work that we are doing with Interface Clinical Services we anticipate it will take (approximation):

- Approximately two weeks: Contact GPs, PCN Links, Meds Optimisation Team PCN links
- Approximately 16 - 20 weeks to conduct reviews for interested practices.
- Approximately three weeks to carry out an evaluation of the work.

Dates can only be added in the new year once we understand the staff availability following the organisational restructure.

**C. Service change details – (Involvement and equality checklist)**

To be completed in conjunction with:

- Quality Manager: [Removed for publication]
- Equality Lead: [Removed for publication]

- Involvement Manager: [Removed for publication]

Questions (please describe the impact in each section)	Yes / No
<p>1. Could the project change the way a service is currently provided or delivered?</p> <p>This work could and should improve the support given to people living with diabetes. To manage their diabetes successfully they must use up-to-date, accurate and current equipment, which has been reviewed to ensure ease of use and cost efficiency. There is currently wide variability across Leeds (and nationally), and the recent NHSE commissioning statement has recommended that the work should offer minimal disruption to GP practice, as Interface Clinical Services will conduct these reviews and carry out any necessary re-alignments to the formulary choice meters.</p> <p>It will also offer people an opportunity to discuss how they are managing their monitoring of their diabetes and offer reassurance that they are to be given the most appropriate and up-to-date meter to help them manage their condition.</p>	<b>Yes</b>
<p>2. Could the project directly affect the services received by patients, carers, and families? – is it likely to specifically affect patients from protected or other groups? See <a href="#">Appendix A</a> for more detail.</p> <p>Diabetes has a higher prevalence in people who live in lower socioeconomic positions. The poorest people in the UK are 2.5 times more likely to have diabetes at any age than the average person, and once they have the condition, those in the most deprived homes are twice as likely to develop complications of diabetes as those in the least deprived (DUK: <a href="https://www.diabetes.org.uk/">https://www.diabetes.org.uk/</a>). People from Black African, African Caribbean and South Asian backgrounds are at risk of developing type 2 diabetes from the age of 25. This is much younger than the white population, as their risk increases from 40 (DUK website). Gestational diabetes is less common than type 1 or type 2 diabetes, but prevalence has been increasing. It affects at least 4–5 in 100 women during pregnancy, or 1 in 20 pregnancies in the UK. The prevalence of type 2 diabetes is slightly higher among men (12%) than women (8%) (NHS Digital 2021). There is a clear association between increasing age and higher diabetes prevalence, from 9.0% aged 45 to 54 to 23.8% aged 75 years and over (Public Health England 2016). Some studies of homeless people have shown an increased association with poor blood glucose control.</p> <p>The work carried out by Interface will be targeting the practices with the most expensive blood glucose meter prescribing, which may be historically older meters, therefore the review provides a chance to offer more up to date equipment which has been through a national evaluation programme.</p>	<b>Yes</b>

Questions (please describe the impact in each section)	Yes / No
<p>Interface Clinical Services are an intermediary company that support NHS organisations. The reviews are funded by the meter manufacturers, in this case Ascencia (they pay Interface to do the reviews) Their Contour Plus Blue meter is the first line choice for Type II diabetes monitoring (as decide by WY).</p> <p>Information regarding: Interface and review process can be found here: <a href="https://www.interface-cs.co.uk/nhs/clinical-reviews/">https://www.interface-cs.co.uk/nhs/clinical-reviews/</a>. This work is done in accordance with the WY Pharmaceutical and related Industries Collaborative working Policy.</p> <p>Interface will be linking directly with the GP practice and will offer a review tailored to meet the needs of the individual with diabetes, using whatever means the GP practice has identified to meet the needs of that patient (for example utilisation of Language Empire).</p>	
<p>3. Could the project directly affect staff? For example, would staff need to work differently / could it change working patterns, location etc.? Is it likely to specifically affect staff from protected groups?</p> <p>There is potential for it to affect GP Practice staff as they would:</p> <ol style="list-style-type: none"> <li>1. Need to be aware of the work.</li> <li>2. Facilitate Interface Clinical Services in conducting the work (contracting, sharing access arrangements).</li> </ol> <p>However, it should not impact staff adversely, and would not require a change in working patterns, locations etc. It should reduce pressure on GP practice who would usually have to undertake this work themselves. With any reviews that are conducted there is potential for some people who require a follow-up appointment with a GP or practice nurse, however, these numbers are not large (based on previous work carried out like this) and a GP Clinical lead at the practice would be made aware of this and have to agree to it as part of the contracting process with Interface.</p> <p>For practices that decline to work with Interface clinical services, this is work that they would need to undertake themselves regardless.</p> <p>A review of BGTS is often omitted or done rapidly at the annual diabetes review, so this work provides an opportunity to improve the quality of testing equipment and will save practice time.</p>	<p><b>Yes</b></p>

Questions (please describe the impact in each section)	Yes / No
<p>A full communication has been sent to all practices and awareness has been raised at individual practice level via discussion with PCN Links.</p> <p>This work goes on all the time with or without ICB input (Pharmaceutical companies are able to contact practices as they choose to promote products and services).</p>	
<p>4. Does the project build on feedback received from patients, carers, and families, including patient experience? What feedback and include links if available.</p> <p>The NHSE commissioning recommendations, involved people living with diabetes during its detailed evaluation process, that considered both quality and cost, using a national spec, developed alongside people living with diabetes and Diabetes UK.</p> <p>Throughout, this work has involved consulting local diabetes clinicians and specialists across the area and has also gone out to wider to all diabetes providers in West Yorkshire.</p> <p>This wider consultation closed on the 17 November 23 and the final guidance was ratified at the area prescribing committee on 30.11.23.</p> <p>There is no NHSE link for the engagement / involvement work.</p> <p>The (ICB or Interface) are not collating any information but patients' feedback and comments are collected as part of the review service but there is not a separate feedback survey / questionnaire.</p>	<p><b>Yes</b></p>

## D: To be completed in conjunction with the involvement and equality lead

Insert comments in each section as required	Yes / No
<p>Involvement activity required?</p> <p>Changes will be discussed with patients as part of the shared-decision making process in one-to-one reviews. Wider involvement activity is not required.</p>	<b>No</b>
<p>Formal consultation activity required?</p>	<b>No</b>
<p>Full Equality Impact Assessment (EIA) required?</p> <p>The equality and health inequality sections within the QEIA are sufficient in identifying any potential positive impacts / negative impacts or risks.</p>	<b>No</b>
<p>Communication activity required (patients or staff)?</p> <p>Already in train, as above - A full communication has been sent to all practices and awareness has been raised at individual practice level via discussion with PCN Links.</p>	<b>Yes</b>

## E. Data Protection Impact Assessment (DPIA)

A DPIA is carried out to identify and minimise data protection risks when personal data is going to be used and processed as part of new processes, systems, or technologies.

Question	Yes / No
<p>Does this project / decision involve a new use of personal data, a change of process or a significant change in the way in which personal data is handled?</p> <p>If yes, please email the IG Team at; <a href="mailto:wycib-leeds.dpo@nhs.net">wycib-leeds.dpo@nhs.net</a> for Leeds ICB or <a href="mailto:wycib-wak.informationgovernance@nhs.net">wycib-wak.informationgovernance@nhs.net</a> for the wider West Yorkshire ICB, to complete the screening form.</p>	<b>YES – DPIA completed</b>

## F. Evidence used in this assessment

List any evidence which has been used to inform the development of this proposal for example, any national guidance (e.g. NICE, Care Quality Commission, Department of Health, Royal Colleges), regional or local strategies, data analysis (e.g. performance data), engagement / consultation with partner agencies, interest groups, or patients.

Where applicable, state 'N/A' (not applicable) in boxes where no evidence exists, 'Not yet collected' where information has not yet been collected or delete where appropriate.

Evidence Source	Details
Research and guidance (local, regional, national)	<p>NHS England. Commissioning recommendations following the national assessment of blood glucose and ketone meters, testing strips and lancets Version 2, 12 October 2023</p> <p>Type 1 diabetes in adults: Diagnosis and Management, NICE guideline [NG17] Published: 26 August 2015 Last updated: 17 August 2022</p> <p>Type 2 diabetes in adults: management, NICE guideline [NG28] Published: 02 December 2015 Last updated: 29 June 2022</p>
Service delivery data such as who receives services	<p>Patients with Type I &amp; Type II diabetes in identified practices in Leeds. Practices have been chosen as they have the potential to make the most cost savings based on the equipment currently being used. This is a mixture of practices across the deprivation index.</p> <p>Interface does not keep patient identifiable data; this needs to be as anonymous as possible.</p> <p>All practices (in a priority order of potential cost savings are in a mixture of IMD's). They are citywide so all demographics referred to and identified would potentially be impacted. Practices have the list sizes of people with diabetes in their practice.</p>
Consultation / engagement	See above relating to NHSE engagement with people living with diabetes. In addition to this, some of the meters in use are already widely used across West Yorkshire and the paediatric team at LTHT are in the process of trying out one of the meters in their cohort, for future paediatric meter guidance



Evidence Source	Details
	<p>being developed (however Paediatric patients aged 19 &amp; under by this definition are Excluded from this work).</p> <p>GP practices decide what meters they want to use in their practices; therefore, this will dictate which meters patients are given. They should do this in line with the West Yorkshire Formulary, however, that has recently changed, therefore some may have stocks of other meters that are now not on the formulary.</p> <p>GPs have the final say if they want to be involved in this work and it does mean that if they do not agree then they may not be using formulary choice meters. This work has been discussed at Target to raise awareness. To clarify, off-formulary meters are safe, just not the preferred ones in use by West Yorkshire.</p>
Experience of care intelligence, knowledge, and insight (complaints, compliments, PALS, National and Local Surveys, Friends and Family Test, consultation outcomes)	NHSE
Other	

### G. Impact Assessment: Quality, Equality, Health Inequalities, Safeguarding

What is the potential impact on quality of the proposed change? Outline the expected outcomes and who is intended to benefit.

Include all potential impacts (positive, negative, or neutral).

For negative impacts, list the action that will be taken in mitigation. See guidance notes in [Appendix A](#).

<p><b>Quality Domain</b></p> <p>The list in each domain is not exhaustive; it is illustrative of the type of impact that should be considered. When describing impacts; use words that you consider are meaningful)</p>	<p><b>Quality elements and description of impact</b></p> <p>Where appropriate provide information about the proposed or current service that contextualises the impact. (Quantify where possible, e.g. number of patients affected) (List and number if more than one in each domain)</p>	<p><b>Impact: Positive / Negative / Neutral &amp; score</b></p> <p>(Assess each impact using the Impact Matrix; colour cell RAG)</p>	<p><b>What action will you take to mitigate any negative impact?</b></p> <p>How could the impacts and / or mitigating actions be monitored? Are there any communications or involvement considerations or requirements?</p>
<p><b>1. Patient Safety</b></p>	<p>Leeds currently offers a wide selection of diabetes monitoring equipment. As part of a wider piece of work at WY and National (NHSE) level, a formulary of first-choice monitoring equipment has been agreed. These products are proven to conform to the ISO standards below and have been through a rigorous evaluation process with NHSE to ensure quality and cost-effectiveness.</p> <p>Standards as a minimum, all recommended devices are compliant with the ISO Standard ISO 15197:2015, measure in mmol/l and provide plasma-calibrated meter readings only. No calibration or coding of meters is required, and they have a shelf-life of more than three years.</p> <p>By aligning people with diabetes to one of these products we will be offering them the most up-to-date technology to help manage</p>	<p style="text-align: center;"><b>20</b></p>	<p>Interface have been highlighting to practices any safety concerns, or Type 1 patients that are not testing that should be; alongside making sure that the formulary meters are recommended.</p>

<b>Quality Domain</b> The list in each domain is not exhaustive; it is illustrative of the type of impact that should be considered. When describing impacts; use words that you consider are meaningful)	<b>Quality elements and description of impact</b> Where appropriate provide information about the proposed or current service that contextualises the impact. (Quantify where possible, e.g. number of patients affected) (List and number if more than one in each domain)	<b>Impact: Positive / Negative / Neutral &amp; score</b> (Assess each impact using the Impact Matrix; colour cell RAG)	<b>What action will you take to mitigate any negative impact?</b> How could the impacts and / or mitigating actions be monitored? Are there any communications or involvement considerations or requirements?
	their condition. This should improve safety by ensuring accurate results.		
<b>2. Experience of care</b>	<p>Meters for measuring glucose (+/- ketones) should be replaced every three years to ensure the equipment is functioning effectively. By undertaking these reviews people with diabetes will be offered a discussion regarding their equipment and how they are managing their condition.</p> <p>This process aims to improve the individuals' experiences of diabetes care and mitigate any negative experiences. Please see section re: anxiety &amp; changing meters below in <a href="#">section H</a> (action plan).</p>	<b>20</b>	This is not collated by Interface.
<b>3. Clinical Effectiveness</b>	<p>This work will reduce variation in equipment used to monitor diabetes. The products offered have been nationally evaluated for quality and effectiveness, according to NHSE agreed criteria:  <a href="https://www.england.nhs.uk/wp-">https://www.england.nhs.uk/wp-</a></p>	<b>20</b>	<p>The ICB does not collect evidence of clinical effectiveness, any work done by Interface is shared / given to the practices directly.</p>

<b>Quality Domain</b> The list in each domain is not exhaustive; it is illustrative of the type of impact that should be considered. When describing impacts; use words that you consider are meaningful)	<b>Quality elements and description of impact</b> Where appropriate provide information about the proposed or current service that contextualises the impact. (Quantify where possible, e.g. number of patients affected) (List and number if more than one in each domain)	<b>Impact: Positive / Negative / Neutral &amp; score</b> (Assess each impact using the Impact Matrix; colour cell RAG)	<b>What action will you take to mitigate any negative impact?</b> How could the impacts and / or mitigating actions be monitored? Are there any communications or involvement considerations or requirements?
	<a href="https://www.duk.org.uk/content/uploads/2023/04/PRN00037-Commissioning-recommendations-following-the-national-assessment-of-blood-glucose-and-ketone-meters-te.pdf">content/uploads/2023/04/PRN00037-Commissioning-recommendations-following-the-national-assessment-of-blood-glucose-and-ketone-meters-te.pdf</a>		
<b>4. Equality</b>	Diabetes has a higher prevalence in people who live in lower socioeconomic positions. The poorest people in the UK are 2.5 times more likely to have diabetes at any age than the average person, and once they have the condition, those in the most deprived homes are twice as likely to develop complications of diabetes as those in the least deprived (DUK).  People from Black African, African Caribbean and South Asian backgrounds are at risk of developing type 2 diabetes from the age of 25. This is much younger than the white population, as their risk increases from 40 (DUK website).	<b>20</b>	Practices will already be aware of the patients that require Blood Glucose testing and therefore these patients will automatically be reviewed as part of this process  The work carried out by Interface will be targeting the practices with the most expensive blood glucose meter prescribing, which may be historically older meters, therefore the review provides a chance to offer more up to date equipment which has been through a national evaluation programme.

<p><b>Quality Domain</b></p> <p>The list in each domain is not exhaustive; it is illustrative of the type of impact that should be considered. When describing impacts; use words that you consider are meaningful)</p>	<p><b>Quality elements and description of impact</b></p> <p>Where appropriate provide information about the proposed or current service that contextualises the impact. (Quantify where possible, e.g. number of patients affected) (List and number if more than one in each domain)</p>	<p><b>Impact: Positive / Negative / Neutral &amp; score</b></p> <p>(Assess each impact using the Impact Matrix; colour cell RAG)</p>	<p><b>What action will you take to mitigate any negative impact?</b></p> <p>How could the impacts and / or mitigating actions be monitored? Are there any communications or involvement considerations or requirements?</p>
	<p>Gestational diabetes is less common than type 1 or type 2 diabetes, but prevalence has been increasing. It affects at least 4–5 in 100 women during pregnancy, or 1 in 20 pregnancies in the UK.</p> <p>The prevalence of type 2 diabetes is slightly higher in among men (12%) than women (8%) (NHS Digital 2021).</p> <p>There is a clear association between increasing age and higher diabetes prevalence, from 9.0% aged 45 to 54 to 23.8% aged 75 years and over (Public Health England 2016).</p> <p>Some studies of homeless people have shown an increased association with poor blood glucose control.</p>		<p>Highest cost is due to inappropriate prescribing patterns. This does not impact higher IMD areas, by doing it this way <b>no</b> patients are disadvantaged. By doing this it <b>reduces</b> inequalities.</p> <p>Interface will be linking directly with the GP practice and will offer a review tailored to meet the needs of the individual with diabetes, using whatever means the GP practice has identified to meet the needs of that patient (for example utilisation of Language Empire).</p>

<b>Quality Domain</b> The list in each domain is not exhaustive; it is illustrative of the type of impact that should be considered. When describing impacts; use words that you consider are meaningful)	<b>Quality elements and description of impact</b> Where appropriate provide information about the proposed or current service that contextualises the impact. (Quantify where possible, e.g. number of patients affected) (List and number if more than one in each domain)	<b>Impact: Positive / Negative / Neutral &amp; score</b> (Assess each impact using the Impact Matrix; colour cell RAG)	<b>What action will you take to mitigate any negative impact?</b> How could the impacts and / or mitigating actions be monitored? Are there any communications or involvement considerations or requirements?
<b>5. Safeguarding</b>	All reviews are undertaken by clinical pharmacists who are trained in Adult Safeguarding. Any concerns or flags associated with this would be raised with the GP practice following their safeguarding procedures.	<b>Neutral (0)</b>	
<b>6. Workforce</b>	<p>GP practices that choose to utilise this service will be directly impacted positively. The work required to undertake these reviews would be provided by Interface which would reduce the pressures on GP practice time.</p> <p>There are likely to be some people who may need a follow-up with a GP or Practice nurse following these reviews. However, overall – it should save GP practices time.</p> <p>There will also be a reduced request for prescriptions as these reviews will consider the quantity of BGTS strips required</p>	<b>20</b>	If Interface was not supporting practices with this work, it would result in the need for it to be done by the GP Practices. Interface keep a log of hours spent in practice and volume of patients seen which is shared directly with the practice.

<b>Quality Domain</b> The list in each domain is not exhaustive; it is illustrative of the type of impact that should be considered. When describing impacts; use words that you consider are meaningful)	<b>Quality elements and description of impact</b> Where appropriate provide information about the proposed or current service that contextualises the impact. (Quantify where possible, e.g. number of patients affected) (List and number if more than one in each domain)	<b>Impact: Positive / Negative / Neutral &amp; score</b> (Assess each impact using the Impact Matrix; colour cell RAG)	<b>What action will you take to mitigate any negative impact?</b> How could the impacts and / or mitigating actions be monitored? Are there any communications or involvement considerations or requirements?
	according to clinical need. This frees up time for the practice which would otherwise have to process multiple requests.		
<b>7. Health inequalities</b>	Practices targeted for this work have the potential to make the most impact on cost savings based on meters currently being used. The practices cover a wide range of deprivation scores, and as such should represent varied communities.  <b>Deprivation, race, maternity, age, gender/sex, homeless people</b>  As above in the equality section.	<b>20</b>	The highest cost is due to inappropriate prescribing patterns. This does not impact higher IMD areas. By doing the work this way no patients are disadvantaged and inequalities are reduced.
<b>8. Sustainability</b>	There is currently no provision to recycle old meters, but this will be taken to the Yorkshire and Humber Tech network – environment group meeting for discussion. Interface should liaise with the meter	<b>Neutral (0)</b>	There is no way to recycle old meters due to the risk of blood-borne viruses. Lithium batteries can be removed from them and recycled. Meter manufacturers also do not recycle due to the

<b>Quality Domain</b> The list in each domain is not exhaustive; it is illustrative of the type of impact that should be considered. When describing impacts; use words that you consider are meaningful)	<b>Quality elements and description of impact</b> Where appropriate provide information about the proposed or current service that contextualises the impact. (Quantify where possible, e.g. number of patients affected) (List and number if more than one in each domain)	<b>Impact: Positive / Negative / Neutral &amp; score</b> (Assess each impact using the Impact Matrix; colour cell RAG)	<b>What action will you take to mitigate any negative impact?</b> How could the impacts and / or mitigating actions be monitored? Are there any communications or involvement considerations or requirements?
	companies to see what provisions they have in place.		carbon footprint of collecting them being greater than doing so.
<b>9. Other</b>			

## H. Action Plan

Describe the action that will be taken to mitigate negative impacts.

<b>Identified impact</b>	<b>What action will you take to mitigate the impact?</b>	<b>How will you measure impact / monitor progress?</b> (Include all identified positive and negative impacts. Measurement may be an existing or new quality indicator / KPI)	<b>Timescale</b> (When will mitigating action be completed?)	<b>Lead</b> (Person responsible for implementing mitigating action)
Non-English speakers / people with a disability such as hearing impairment / learning disability.	Reviews will be undertaken utilising whatever methods the practice has identified for that individual. This may include for example the utilisation of	Interface and GP practice will monitor any feedback they receive from people regarding their experience and demographic data.	We aim to respond to issues within seven days of being made aware of them.	Interface Clinical Lead GP Clinical Lead



Identified impact	What action will you take to mitigate the impact?	How will you measure impact / monitor progress? (Include all identified positive and negative impacts. Measurement may be an existing or new quality indicator / KPI)	Timescale (When will mitigating action be completed?)	Lead (Person responsible for implementing mitigating action)
	<p>language line, interpreters, video call, easy ready letters etc.</p> <p>Monitoring of compliance with the accessible information standard</p>	<p>This will then be reviewed in weekly update meetings with Interface and the ICB. Where appropriate action will be taken to act on, improve, amend, process, or approach.</p>		
Anxiety regarding changing equipment	<p>In the interests of a quality, individual-led review of BTGS: It has been recommended to I.C.S that they are to discuss during a contracting call with GP Practice:</p> <ol style="list-style-type: none"> <li>1. People with diabetes are to be contacted on different days and times (three attempts) to maximise the opportunity of contacting them. (e.g. don't call multiple times on the same day).</li> <li>2. Where possible, leave voicemail for them with a brief explanation about what the call was about (whilst maintaining confidentiality).</li> </ol>	<p>Interface and GP practice will monitor any feedback they receive from people with diabetes regarding their experience. This will then be reviewed in weekly update meetings with Interface and the ICB. Where appropriate action will be taken to act on, improve, amend, process, or approach</p>	<p>We aim to respond to issues within seven days of being made aware of them.</p>	<p>Interface Clinical Lead GP Clinical Lead</p>

Identified impact	What action will you take to mitigate the impact?	How will you measure impact / monitor progress? (Include all identified positive and negative impacts. Measurement may be an existing or new quality indicator / KPI)	Timescale (When will mitigating action be completed?)	Lead (Person responsible for implementing mitigating action)
	<p>3. GP practice to follow up with a text message to person with diabetes where there is a mobile number re: call from withheld number to discuss their prescription.</p> <p>4. In the event all above has been exhausted a paper review with a Switch / Stop action will be conducted and followed up with a letter (taking into account any individual needs re: Vision, Language barriers etc).</p> <p>Weekly advice to PCN links to recommend GP practice send a text to the person advising them there will be a withheld number call to discuss their Diabetes Monitoring Equipment.</p>			

## I. Monitoring & review; Implementation of action plan and proposal

The action plan should be monitored regularly to ensure:

- a. actions required to mitigate negative impacts are undertaken.
- b. KPIs / quality indicators are measured in a timely manner so positive and negative impacts can be evaluated during implementation / the period of service delivery.

**Outcome:** Once the proposal has been implemented, the actual impacts will need to be evaluated and a judgement made as to whether the intended outcomes of the proposal were achieved ([Section H](#) to be completed as agreed following implementation)

<b>Implementation:</b> State who will monitor / review	<b>Name of individual, group or committee</b>	<b>Role</b>	<b>Frequency</b>
a. that actions to mitigate negative impacts have been taken.	<ol style="list-style-type: none"> <li>a. Will use a targeted approach according to IMD and ethnicity to ensure the health inequalities gap isn't widened.</li> <li>b. By offering an equipment review, this will improve the quality of care received, and it may identify problems the person with diabetes is having e.g. having access to the right equipment, using their equipment or interpreting results. Some of these issues will be dealt with by Interface and others referred back to the GP practice.</li> <li>c. By offering a range of telephone slots at different times, this will improve access.</li> </ol>		
b. the quality indicators during the period of service delivery. State the frequency of monitoring (e.g. Recovery Group Monthly, QSC Quarterly, J. Bloggs, Project Manager Unplanned Care Monthly)	<ol style="list-style-type: none"> <li>b. The BGTS project group will meet with to monitor uptake in the areas of health inequalities.</li> <li>c. Any learning from the ONS project and any feedback from people with diabetes will be reviewed regularly and acted upon</li> </ol>		

<b>Implementation:</b> State who will monitor / review	<b>Name of individual, group or committee</b>	<b>Role</b>	<b>Frequency</b>
	d. Any feedback or complaints from GP practices will be reviewed and acted upon.		

<b>Outcome</b>	<b>Name of individual, group or committee</b>	<b>Role</b>	<b>Date</b>
Who will review the proposal once the change has been implemented to determine what the actual impacts were?	[Removed for publication] [Removed for publication] [Removed for publication] [Removed for publication] [Removed for publication]	Senior Service development lead for Interface Clinical Services,  Advanced Pharmacist for Diabetes Leeds meds Opt Team,  Pharmacy tech – Diabetes, meds Opt team  Service Improvement Lead for meds Opt.  Fed back to Diabetes Steering Group Long term Conditions Board	TBC

## J. Summary of the QEIA

Provide a brief summary of the results of the QEIA, e.g. highlight positive and negative potential impacts; indicate if any impacts can be mitigated. Taking this into account, state what the overall expected impact will be of the proposed change.

The QEIA and summary statement must be reviewed by a member of the Quality Team and include next steps.

<p>This work will provide positive impacts on the patients that undergo a review, ensuring they have the most up-to-date equipment to help manage their diabetes.</p> <p>Identified above population groups will be positively impacted by this work as they will automatically be highlighted during the review process given the prevalence of diabetes in these communities.</p> <p>Next steps:</p> <ul style="list-style-type: none"> <li>• Commence sign-up of the 25 practices, to begin via Interface clinical services.</li> <li>• Meet weekly for a progress update to discuss any positives or issues.</li> <li>• Conduct reviews between the mid-end of February 2025</li> </ul>
---

## K: For Team use only

<b>1. Reference</b>	XX /
<b>2. Form completed by (names and roles)</b>	[Removed for publication] – Meds Optimisation Service Improvement Lead [Removed for publication] – Meds Optimisation Advanced Pharmacist (Diabetes Care) [Removed for publication] – Meds Optimisation Pharmacy Technician
<b>3. Quality Review completed by:</b>	Name: [Removed for publication] Date: 07.05.2024
<b>4. Equality review completed by:</b>	Name: [Removed for publication] First review date: 09.01.2024 Second review date: 16.04.2024

	Third review date: 08.05.2024
<b>5. Date form / scheme agreed for governance</b>	Reviewed at Panel Assurance meeting: 16.05.2024
<b>6. Proposed review date (6 months post implementation date)</b>	
<b>7. Notes</b>	10.04.2024 - Involvement team reviewed  16.04.2024 - Quality and Equality Provisional second review

**L: Likely financial impact of the change (and / or level of risk to the ICB)**

<b>Level of risk to the ICB</b>
<b>Low</b>
<b>Medium</b>
<b>High</b>

**M: Approval to proceed**

<b>Approval to proceed</b>	<b>Name / Role</b>	<b>Yes / No</b>	<b>Date</b>
PMO / PI / Director			
Proposed 6-month review date (post implementation)	To be agreed with Pathway Integration / Programme or scheme lead		

## N: Review

To be completed following implementation only.

<b>1. Review completed by</b>	
<b>2. Date of Review</b>	
<b>3. Scheme start date</b>	

<b>4. Were the proposed mitigations effective?</b> (If not why not, and what further actions have been taken to mitigate?)

<b>5. Is there any intelligence / service user feedback following the change of the service?</b> If yes, where is this being shared and have any necessary actions been taken because of this feedback?

<b>6. Overall conclusion</b> Please provide brief feedback of scheme, i.e. its function, what went well and what didn't.

**7. What are the next steps following the completion of the review?**

i.e. Future plans, further involvement / consultation required?

--



## Appendix A: Impact Matrix

This matrix is included to help your thinking and determine the level of impact on each area.

### Likelihood

Score	Likelihood	Regularity
0	Not applicable	
1	Rare	Not expected to occur for years, will occur in exceptional circumstances.
2	Unlikely	Expected to occur at least annually. Unlikely to occur...
3	Possible	Expected to occur at least monthly. Reasonable chance of...
4	Likely	Expected to occur at least weekly. Likely to occur.
5	Almost certain	Expected to occur at least daily. More likely to occur than not.

### Scoring matrix

- **Opportunity:** 5 to 0
- **Consequence:** -1 to -5

Likelihood	5	4	3	2	1	0	-1	-2	-3	-4	-5
5	25	20	15	10	5	0	-5	-10	-15	-20	-25
4	20	16	12	8	4	0	-4	-8	-12	-16	-20
3	15	12	9	6	3	0	-3	-6	-9	-12	-15
2	10	8	6	4	2	0	-2	-4	-6	-8	-10
1	5	4	3	2	1	0	-1	-2	-3	-4	-5

Category
Opportunity
Low – moderate risk
High risk

## Opportunity and consequence

Impact	Score	Rating	The proposed change is anticipated to lead to the following level of opportunity and / or consequence
<b>Positive</b>	5	Excellence	<p>Multiple enhanced benefits including excellent improvement in access, experience and / our outcomes for all patients, families, and carers. Outstanding reduction in health inequalities by narrowing the gap in access, experience and / or outcomes between people with protected characteristics and the general population.</p> <p>Leading to consistently improvement standards of experience and an enhancement of public confidence, significant improvements to performance and an improved and sustainable workforce.</p>
	4	Major	<p>Major benefits leading to long-term improvements and access, experience and / our outcomes for people with this protected characteristic. Major reduction in health inequalities by narrowing the gap in access, experience and / our outcomes between people with this protected characteristic and the general population. Benefits include improvements in management of patients with long-term effects and compliance with national standards.</p>
	3	Moderate	<p>Moderate benefits requiring professional intervention with moderate improvement in access, experience and / or outcomes for people with this protected characteristic. Moderate reduction in health inequalities by narrowing the gap in access, experience and / or outcomes between people with this protected characteristic and the general population.</p>
	2	Minor	<p>Minor improvement in access, experience and / or outcomes for people with this protected characteristic. Minor reduction in health inequalities by narrowing the gap in access, experience and / or outcomes between people with this protected characteristic and the general population.</p>
	1	Negligible	<p>Minimal benefit requiring no / minimal intervention or treatment. Negligible improvements in access, experience and / or outcomes for people with this protected characteristic. Negligible reduction in health inequalities by narrowing the gap in access, experience and / or outcomes between people with this protected characteristic and the general population.</p>
<b>Neutral</b>	0	Neutral	No effect either positive or negative.

Impact	Score	Rating	The proposed change is anticipated to lead to the following level of opportunity and / or consequence
<b>Negative</b>	-1	Negligible	<p>Negligible negative impact on access, experience and / or outcomes for people with this protected characteristic. Negligible increase in health inequalities by widening the gap in access, experience and / or outcomes between people with this protected characteristic and the general population.</p> <p>Potential to result in minimal injury requiring no / minimal intervention or treatment, peripheral element of treatment, suboptimal and / or informal complaint / inquiry.</p>
	-2	Minor	<p>Minor negative impact on access, experience and / or outcomes for people with this protected characteristic. Minor increase in health inequalities by widening the gap in access, experience and / or outcomes between people with this protected characteristic and the general population.</p> <p>Potential to result in minor injury or illness, requiring minor intervention and overall treatment suboptimal.</p>
	-3	Moderate	<p>Moderate negative impact on access ,experience and / or outcomes for people with this protected characteristic. Moderate increase in health inequalities by widening the gap in access, experience and / or outcomes between people with this protected characteristic and the general population.</p> <p>Potential to result in moderate injury requiring professional intervention.</p>
	-4	Major	<p>Major negative impact on access, experience and / or outcomes for people with this protected characteristic. Major increase in health inequalities by widening the gap in access, experience and / or outcomes between people with this protected characteristic and the general population.</p> <p>Potential to lead to major injury, leading to long-term incapacity / disability.</p>
	-5	Catastrophic	<p>Catastrophic negative impact on access, experience and / or outcomes for people with this protected characteristic. Catastrophic increase in health inequalities by widening the gap in access, experience and / or outcomes between people with this protected characteristic and the general population.</p> <p>Potential to result in incident leading to death, multiple permanent injuries or irreversible health effects, an event which impacts on a large number of patients, totally unacceptable level of effectiveness or treatment, gross failure of experience and does not meet required standards.</p>

## Appendix B: Guidance notes on completing the impacts section G

Domain	Consider
<b>1. Patient Safety</b>	<ul style="list-style-type: none"> <li>• Safe environment.</li> <li>• Preventable harm.</li> <li>• Reliability of safety systems.</li> <li>• Systems and processes to prevent healthcare acquired infection.</li> <li>• Clinical workforce capability and appropriate training and skills.</li> <li>• Provider’s meeting CQC Essential Standards.</li> </ul>
<b>2. Experience of care</b>	<ul style="list-style-type: none"> <li>• Respect for person-centred values, preferences, and expressed needs, including cultural issues; the dignity, privacy, and independence of service users; quality-of-life issues; and shared decision making.</li> <li>• Coordination and integration of care across the health and social care system.</li> <li>• Information, communication, and education on clinical status, progress, prognosis, and processes of care to facilitate autonomy, self-care, and health promotion.</li> <li>• Physical comfort including pain management, help with activities of daily living, and clean and comfortable surroundings.</li> <li>• Emotional support and alleviation of fear and anxiety about such issues as clinical status, prognosis, and the impact of illness on patients, their families, and their finances.</li> <li>• Co-produce with the population and service users as the default position for project design.</li> <li>• Use what we know from insight and feedback in project design and be explicit in the expected outcomes for experience of care improvements.</li> <li>• Involvement of family and friends, on whom patients and service users rely, in decision-making and demonstrating awareness and accommodation of their needs as caregivers.</li> <li>• Transition and continuity as regards information that will help patients care for themselves away from a clinical setting, and coordination, planning, and support to ease transitions.</li> <li>• Access to care e.g., time spent waiting for admission, time between admission and placement in an in-patient setting, waiting time for an appointment or visit in the out-patient, primary care or social care setting.</li> </ul> <p>[Adapted from the NHS Patient Experience Framework, DoH 2011] revised in: <a href="https://www.england.nhs.uk/wp-content/uploads/2021/04/nhsi-patient-experience-improvement-framework.pdf">https://www.england.nhs.uk/wp-content/uploads/2021/04/nhsi-patient-experience-improvement-framework.pdf</a></p>

<p><b>3. Clinical Effectiveness</b></p>	<ul style="list-style-type: none"> <li>• Implementation of evidence-based practice (NICE, pathways, royal colleges etc.).</li> <li>• Clinical leadership.</li> <li>• Care delivered in most clinically and cost-effective setting.</li> <li>• Variations in care.</li> <li>• The quality of information collected and the systems for monitoring clinical quality.</li> <li>• Locally agreed care pathways.</li> <li>• Clinical engagement.</li> <li>• Elimination of inefficiency and waste.</li> <li>• Service innovation.</li> <li>• Reliability and responsiveness.</li> <li>• Accelerating adoption and diffusion of innovation and care pathway improvement.</li> <li>• Preventing people dying prematurely.</li> <li>• Enhancing quality of life.</li> <li>• Helping people recover from episodes of ill health or following injury.</li> </ul>
<p><b>4. Equality</b></p>	<p>In order to answer section C and G4 the groups that need consideration are (use the links for more information):</p> <ul style="list-style-type: none"> <li>• <b>Age:</b> <a href="https://www.equalityhumanrights.com/equality/equality-act-2010/your-rights-under-equality-act-2010/age-discrimination">https://www.equalityhumanrights.com/equality/equality-act-2010/your-rights-under-equality-act-2010/age-discrimination</a></li> <li>• <b>Disability:</b> <a href="https://www.equalityhumanrights.com/equality/equality-act-2010/your-rights-under-equality-act-2010/disability-discrimination">https://www.equalityhumanrights.com/equality/equality-act-2010/your-rights-under-equality-act-2010/disability-discrimination</a></li> <li>• <b>Gender reassignment:</b> <a href="https://www.equalityhumanrights.com/equality/equality-act-2010/your-rights-under-equality-act-2010/gender-reassignment-discrimination">https://www.equalityhumanrights.com/equality/equality-act-2010/your-rights-under-equality-act-2010/gender-reassignment-discrimination</a></li> <li>• <b>Pregnancy and maternity:</b> <a href="https://www.equalityhumanrights.com/en/our-work/managing-pregnancy-and-maternity-workplace">https://www.equalityhumanrights.com/en/our-work/managing-pregnancy-and-maternity-workplace</a></li> <li>• <b>Race:</b> <a href="https://www.equalityhumanrights.com/equality/equality-act-2010/your-rights-under-equality-act-2010/race-discrimination">https://www.equalityhumanrights.com/equality/equality-act-2010/your-rights-under-equality-act-2010/race-discrimination</a></li> <li>• <b>Religion or belief:</b> <a href="https://www.equalityhumanrights.com/equality/equality-act-2010/your-rights-under-equality-act-2010/religion-or-belief-discrimination">https://www.equalityhumanrights.com/equality/equality-act-2010/your-rights-under-equality-act-2010/religion-or-belief-discrimination</a></li> <li>• <b>Sex:</b> <a href="https://www.equalityhumanrights.com/equality/equality-act-2010/your-rights-under-equality-act-2010/sex-discrimination">https://www.equalityhumanrights.com/equality/equality-act-2010/your-rights-under-equality-act-2010/sex-discrimination</a></li> <li>• <b>Sexual orientation:</b> <a href="https://www.equalityhumanrights.com/equality/equality-act-2010/your-rights-under-equality-act-2010/sexual-orientation-discrimination">https://www.equalityhumanrights.com/equality/equality-act-2010/your-rights-under-equality-act-2010/sexual-orientation-discrimination</a></li> </ul>

	<p>Other groups would include, but not be limited to, people who are:</p> <ul style="list-style-type: none"> <li>• Carers.</li> <li>• Homeless.</li> <li>• Living in poverty.</li> <li>• Asylum seekers / refugees.</li> <li>• In stigmatised occupations (e.g. sex workers).</li> <li>• Problem substance use.</li> <li>• Geographically isolated (e.g. rural).</li> <li>• People surviving abuse.</li> </ul>
<b>8. Safeguarding</b>	<ul style="list-style-type: none"> <li>• Will this impact on the duty to safeguard children, young people, and adults at risk?</li> <li>• Will this have an impact on Human Rights – for example any increased restrictions on their liberty?</li> </ul>
<b>9. Workforce</b>	<ul style="list-style-type: none"> <li>• Staffing levels.</li> <li>• Morale.</li> <li>• Workload.</li> <li>• Sustainability of service due to workforce changes (Attach key documents where appropriate).</li> </ul>
<b>10. Health Inequalities</b>	<ul style="list-style-type: none"> <li>• Health status, for example, life expectancy.</li> <li>• access to care, for example, availability of given services.</li> <li>• behavioural risks to health, for example, smoking rates.</li> <li>• wider determinants of health, for example, quality of housing.</li> </ul>
<b>11. Sustainability</b>	<p>See: <a href="https://www.bma.org.uk/media/3464/bma-climate-change-and-sustainability-paper-october-2020.pdf">https://www.bma.org.uk/media/3464/bma-climate-change-and-sustainability-paper-october-2020.pdf</a></p> <p>Climate change poses a major threat to our health as well as our planet. The environment is changing, that change is accelerating, and this has direct and immediate consequences for our patients, the public and the NHS.</p> <p>Also consider; technology, pharmaceuticals, transport, supply/purchasing, waste, building / sites, and impact of carbon emissions.</p> <p>Visit Greener NHS for more info:  <a href="https://www.england.nhs.uk/greenernhs/">https://www.england.nhs.uk/greenernhs/</a></p>
<b>12. Other</b>	<ul style="list-style-type: none"> <li>• Publicity / reputation.</li> <li>• Percentage over / under performance against existing budget.</li> <li>• Finance including claims.</li> </ul>