Department of
Health, Social Services and Public Safety
www.dhsspsni.gov.uk

CONSULTATION QUESTIONNAIRE - THE MEDICINES OPTIMISATION QUALITY FRAMEWORK

CONTENTS

Introduction

This consultation document is to give all citizens in Northern Ireland an opportunity to provide their views on a Medicines Optimisation Quality Framework, which aims to support better health and wellbeing for all people in Northern Ireland through improvements in the appropriate, safe and effective use of medicines.

Medicines play a crucial role in maintaining health, preventing illness, managing chronic conditions and curing disease. Medicines optimisation is about ensuring that the right patients get the right choice of medicine, at the right time to enable them to gain the best outcomes.

By focusing on patients and their experiences, the goal is to help patients to:

- improve their outcomes;
- take their medicines correctly;
- avoid taking unnecessary medicines;
- reduce wastage of medicines; and
- improve medicines safety.

Ultimately medicines optimisation can help encourage patients to take ownership of their treatment.

Medicines optimisation also requires multidisciplinary team working. Healthcare professionals working together to ensure patients have individualised care, know how to take their medicines correctly, are supported to improve adherence when needed and have their medicines reviewed at appropriate intervals to optimise outcomes.

The Medicines Optimisation Quality Framework has been developed to meet a number of objectives, these include:-

- Better health outcomes for individuals through the appropriate use of medicines, taken as prescribed.

- Better informed patients, engaged and involved in decisions about their medicines.
- Improved systems for medicines safety at transitions of care.
- An active medicines safety culture within health and social care organisations.
- Reduced variance in medicines use through the consistent delivery of medicines management best practices.
- Improved intra and inter professional collaboration and a HSC workforce who recognise their role in medicines optimisation and deliver it as part of routine practice.
- Better use of resources for the Health and Social Care Service through the consistent, evidence based and cost effective prescribing of medicines.
- A strategic focus for continuous improvement and innovation in the development and implementation of best practice related to medicines use.

The Framework complements existing policies, quality standards, Transforming Your Care principles and is specifically aligned with the Quality 2020 strategic themes of safety, effectiveness and patient/client experience.

The Framework has been compiled in anticipation of the increasing demands of

(i) **A growing and ageing population**.

Northern Ireland has the fastest growing population in the UK, a rising number of older people with increasing multi-morbidities and a health seeking culture in which people use more medicines with higher associated costs per head per annum than other countries. Therefore, there are potentially significant challenges ahead which require a renewed focus on using medicines to gain the right outcomes for patients at the right cost for the Health and Social Care Service.

(ii) **Advances in medicines and technology,**

Advances in medicines and technology continue to drive change in the range of services that can be provided safely in the community. This is to enable more people to be diagnosed, treated and cared for at home or close to where they live. New technologies have for example the potential to make medicine taking more convenient for the patient

which can improve adherence and outcomes. Advances in medicines and approaches based on predict, prevent and treat will become more common and translational genomics will allow for specific targeting of treatments to individuals.

The electronic care record and ongoing ICT development programme will facilitate better sharing of information between healthcare professionals and enable advances such as electronic prescribing.

(iii) **In recognition of a growing evidence base**

Global innovation in medicines development and improved access to medicines with a good evidence base for example NICE Guidance have contributed to an increase in life expectancy helping people to stay healthy for longer and many previously debilitating or fatal conditions are now prevented or managed, often on a long term basis, through regular medicines use.

(iv) **The need for consistent delivery of best practices and cost effective medicines management.**

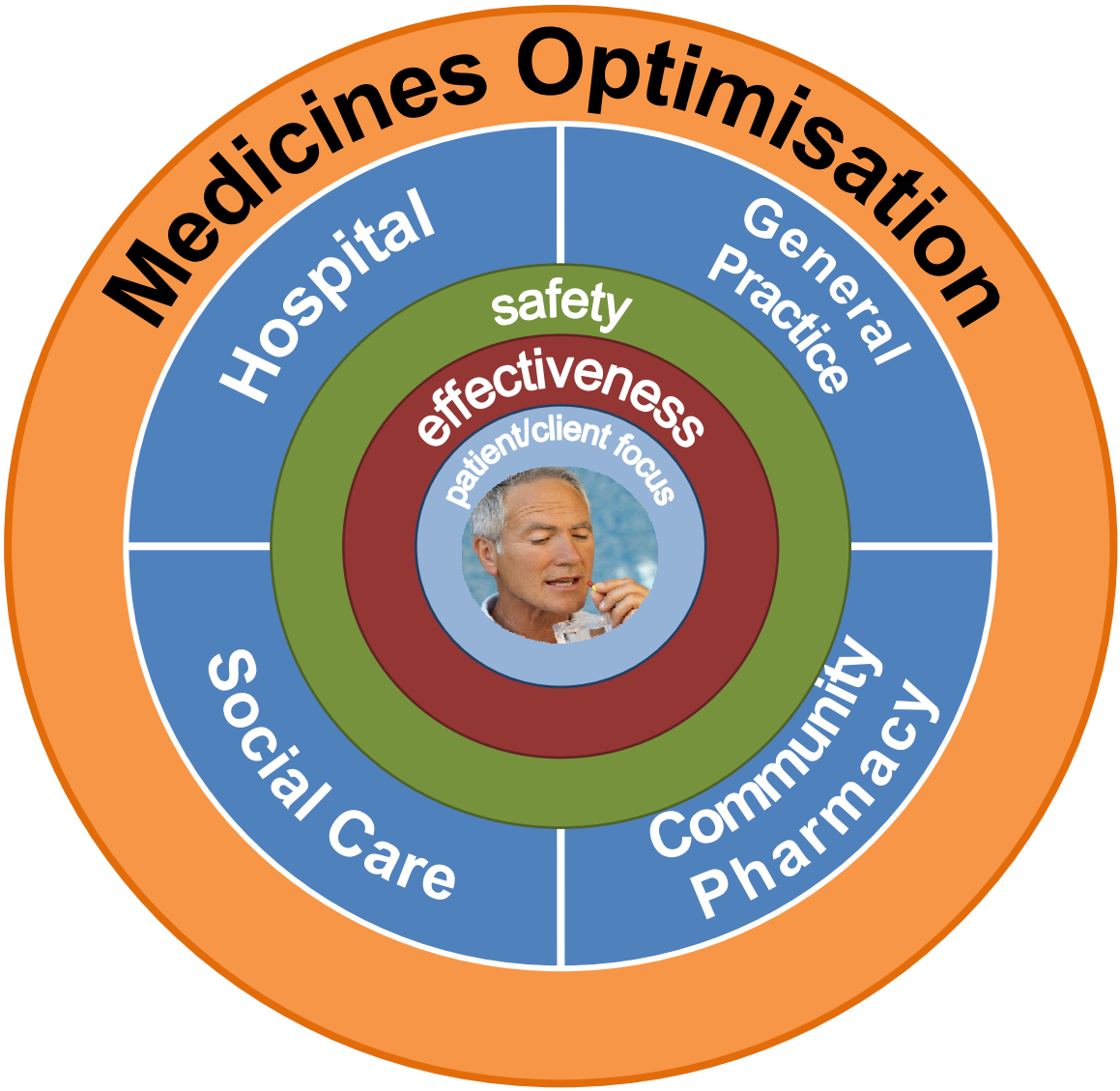
A King's Fund report concluded that there are wide variations in the quality of care in general practice stating that the delivery of high-quality care requires effective team working for which the skill-mix needs to evolve. For example, increasing the utilisation of pharmacists in the community working collaboratively with other health and social care professionals can help optimise patient's medicines use. Their clinical role should be enhanced and embedded in the overall care of the patient contributing to the safe and effective use of medicines and improved health outcomes.

Medicines Optimisation Quality Framework - Components

The Framework has three components.

- A **Regional Medicines Optimisation Model** which outlines what should be done at each stage of the patient journey to help gain the best outcomes from medicines.
- **Quality standards** which describe what patients can expect when medicines are included as part of their treatment. These standards will identify:
    - What best practice should be delivered and any gaps in best practice which need to be addressed.
    - Recommendations for change.
- **A regional medicines innovation plan** to support the sustainable delivery of the quality standards which identifies the priority areas for research and service development required to address the gaps in best practice in medicines optimisation over a five year period 2015-2020.

Regional Medicines Optimisation Model



Supported by:

- **Delivery of best practices** - new Controls Assurance Standards for Medicines Optimisation.
- **Available Quality systems** - including ICT infrastructure supporting connectivity, electronic transmission of prescriptions, access to the Electronic Care Record, prescribing support, NI Formulary, enhanced prescription data analysis.
- **Supporting infrastructure** - including the Regional Medicines Governance Team Regional Medicines Management Pharmacy Team, Education, Learning and Development Providers, Effective commissioning, Funding Streams, A Regional Innovation Programme.
- **Multidisciplinary professionals** working collaboratively, communicating and sharing information to meet the needs of patients.

Medicines optimisation will promote a common understanding for Health and Social Care providers and patients of what is expected when medicines are included in an individual's treatment in Primary and Secondary Care as well as within Community Care and Social Care. Below in tabular form is a summary of what you should expect as routine practice with regards to medicines optimisation in the different settings – Hospital, General Practice, Social Care and Community Pharmacy.

Hospital	**General Practice**
On Admission • Patients bring their medicines to hospital so that they can be checked and used where possible. • Within 24 hours of admission patients have a medicines reconciliation check by a pharmacist. It involves collecting information about current medicines, checking for omissions, duplications and other discrepancies and then recording and communicating any changes. Patients, family members or carers may be involved in this process. • If patients move from one ward to another within a hospital, medicines reconciliation occurs again. **Following Medical Assessment/Diagnosis** • Patients are involved in decisions making about their medicines and receive information about new medicines and the expected health outcomes. • Patients have the opportunity to speak to a healthcare professional and ask questions about their medicines. • During the inpatient stay prescription charts are monitored and reviewed in conjunction with medical notes and relevant medical laboratory results. • Patient responses to medication therapy are monitored and best practices relating to 'high risk medicines' are followed **Administration of medicines** • On some wards patients may be able to administer their own medicines however if this is not possible medicines are administered on time following a check that the direction to administer is appropriate and other related factors are taken into consideration **On discharge** • Prior to discharge the medicines reconciliation process is repeated. • Patients receive a supply of their prescribed medicines and are provided with accurate, up-to date information about their ongoing treatment where necessary. • Patients know who to contact if they have a query about their medicines after discharge. • Accurate and up-to date information about medicines is communicated to the patient's GP, Community Pharmacy and social care worker where relevant.	**When you visit your general practice** • Patients registering with the practice for the first time have a medicines reconciliation check. • During consultations patients are involved in decisions making about their medicines, receive information about new medicines and the expected health outcomes. • Patients taking multiple medicines or taking 'high risk medicines' are identified and where appropriate receive additional information and advice to help take their medicines safely and effectively. • All patients on repeat medication have an annual face to face clinical medication review. (This may be more frequent depending on the individual's care plan or type of medication). • Patient responses to medication therapy are monitored. Medicines that are not beneficial and not evidence based are not continued. • Patients with problems taking their medicines as prescribed (non-adherent) are referred for an adherence assessment. • Patients are involved in decisions about their medicines and are encouraged to ask questions about their treatment and to be open about stopping medication. • Patients discharged from hospital have their medicines reviewed. • Prescribers have up to date information to support clinically appropriate and safe prescribing. • Prescribers have access to information and advice about polypharmacy and patients taking multiple medicines. • Practices provide information about prescribed medicines to hospitals and other appropriately authorised health and social care professionals to assist medicines safety during transitions of care.

Social Care

Nursing, Residential homes and Childrens homes

- When individuals first move into the home and at each transition of care thereafter their medicines are checked with their GP Practice and Community Pharmacy.
- Adequate supplies of medicines are always available and prescription ordering systems in homes are carefully managed and monitored to avoid waste.
- Individuals with specific medication needs such as Parkinson's disease or Diabetes or those taking multiple medicines and 'high risk medicines' are identified and receive the appropriate care in line with best practice.
- Individuals who take their own medicines are monitored to ensure they are taking them as prescribed.
- Medicines are administered on time following a check that the direction to administer is appropriate.
- Individuals taking repeat medication have an annual clinical medication review, the frequency of the review may vary depending on the care plan
- Care home staff have contact with pharmacists in the community to assist with queries about medication.

Domiciliary care

- Domiciliary care staff have a defined role in helping with medicines taking.
- They have appropriate information about the individual's current medication and are aware of any changes following a transition of care, such as discharge from hospital.
- They receive training on 'High Risk Medicines' and have easy access to information about all medicines.
- They have contact with pharmacists in the community to assist with queries about medication.

Community Pharmacy

- On presentation of a prescription the pharmacist will carry out a check of the prescription before it is dispensed. This will inform the level of information and advice that is needed for the patient to take their medicines safely and effectively.
- High quality medicines are dispensed safely.
- Patients receive appropriate information and advice with the supply of medicines, particularly if a new medicine or a 'high risk medicine' is supplied.
- If the presentation of a repeat medicine changes, the patient is advised of this change and reassured of continued efficacy.
- Patients are offered a medicines review after a significant change in their medication. For example following discharge from hospital or after starting new treatment regimen.
- Patients having problems taking their medicines as prescribed have their adherence needs assessed and appropriate support provided.
- Patients are asked if they need all their repeat medicines before they are supplied to reduce the risk of waste.
- Pharmacists work closely with other health and social care professionals to ensure patients are on the most appropriate medication and have contact with pharmacists working in local GP practices and hospitals.
- To support safe transitions pharmacies provide information about medicines supplies to the pharmacist conducting a medicines reconciliation check after admission to hospital or to appropriately authorised health and social care professionals in a nursing or residential home.
- On discharge from hospital the community pharmacy receives up to date, timely information regarding the patient's medication.
- Pharmacies may provide other services such as clinical medication reviews and monitor health outcomes from medicines to support medicines optimisation.

Quality standards

In order to support the Regional Medicines Optimisation Model, ten new minimum quality standards have been developed to drive consistency and bring about a common understanding about what service providers are expected to provide and what patients can expect to receive when medicines are included as part of their treatment in any Health and Social Care setting.

The standards address issues relevant to all patients within the three overarching quality domains of safety, effectiveness and patient/client focus as outlined in the following table.

Quality Theme	**Medicines Optimisation Standards**
Safety - **Preventing and minimising harm related to medicines use.** • **Safe and secure use of medicines** • **Avoid adverse drug events** • **Avoid adverse drug reactions**	1. Safer Transitions of Care 2. Risk Stratification of medicines 3. Safety/Reporting and Learning culture
Effectiveness - **Right patient, right medicine, right time, right outcome, right cost.** • **Evidence based-practice** • **Decisions transparent and robust** • **Discontinuation of medicines no longer required or deemed not cost-effective**	4. Access to medicines you need 5. Clinical and Cost Effective Use of Medicines and Reduced Waste 6. Clinical Medication Review 7. Administration
Patient/Client Focus - **Patients involved in decisions about their treatment with medicines.** • **Shared decision-making between the patient and health professional** • **Supporting patients** • **Adherence to medicines**	8. Safer Prescribing with Patient Involvement 9. Better information about medicines 10. Supporting Adherence and Independence

The ten standards within the Medicines Optimisation Quality Framework are listed as follows:

Standard 1 – Safer Transitions of Care
Checks occur at each transition of care to ensure that the transfer of medicines and medicines information between patients, carers and health and social care workers is safe, accurate and timely.

Standard 2 – Risk Stratification of Medicines
Patients who may be at risk because of the medicines that they use receive the appropriate help to take their medicines safely.

Standard 3 – Safety/Reporting and Learning Culture
Organisations promote an open and transparent culture with evidence of processes for the reporting, prevention, detection, communication and cascade of learning from medication incidents and adverse drug reactions.

Standard 4 – Access to medicines you need
Patients have appropriate, equitable and timely access to quality assured, evidence-based and cost-effective medicines.

Standard 5 - Clinical and Cost Effective Use of Medicines and Reduced Waste
Within organisations a culture exists promoting a shared responsibility for the appropriate, clinical and cost effective use of medicines supported by systems for avoiding unnecessary waste.

Standard 6 – Clinical Medication Review
Patients have face to face clinical medication reviews on a regular basis.

Standard 7 – Administration
Following an initial check that the direction to administer a medicine is appropriate, patients who have their medicines administered receive them on time and as prescribed.

Standard 8 - Safer prescribing with patient involvement
Prescribing is carried out in a manner which promotes safety and optimal health outcomes, with patients involved in decisions about their treatment.

Standard 9 – Better information about medicines
Patients/carers receive the information they need to take their medicines safely and effectively.

Standard 10 – Supporting adherence and independence
People are helped to remain independent and self manage their medicines where possible but receive support with adherence when needed.

A regional medicines innovation plan

A new strategic approach to pharmaceutical innovation is proposed to support and drive continuous improvement through the development and implementation of best practice in medicines optimisation in Northern Ireland using existing funding streams and resources where possible.

This will involve a high level alliance of stakeholders involving commissioners working to provide the necessary leadership and focus for the development and implementation of evidence based best practice associated with each medicines quality standard.

The approach has three components

- **A regional medicines innovation plan**
- **A regional centre for medicines innovation, research and service development**
- **A medicines optimisation network**

The regional medicines innovation plan will be agreed by the high level group of stakeholders. The plan would prioritise projects in a programme of translation, research and service development with clear outputs and timelines for developing, testing and implementing solutions.

As the programme will draw on the activities of a range of different organisations accessing different funding streams and with varied outputs it is proposed that this work is undertaken under the governance of a new **Northern Ireland Medicines Optimisation and Innovation Centre (NIMOIC).**

The medicines optimisation network would link to other health and life science networks and provide an opportunity for building and sharing knowledge and developing collaborative working partnerships.

How to Respond to this Consultation

This consultation invites views on the Medicines Optimisation Quality Framework. A Consultation Response Questionnaire follows in the next section.

A response can be submitted by letter, fax or e-mail.

Details are:

Post:
Department of Health, Social Services and Public Safety
Medicines Policy Branch
Room D3.22
Castle Buildings
Belfast
BT4 3SQ

Fax: (028) 90522335
E-mail: medicinesoptimisation@dhsspsni.gov.uk

Completed consultation response questionnaires must be received by the Department by **5.00pm Friday 14th August 2015.** Responses received after this date will only be considered with prior agreement from the Department.

If you have any queries regarding the consultation please email your query to: medicinesoptimisation@dhsspsni.gov.uk

Medicines Optimisation Quality Framework - Questionnaire

The Department of Health, Social Services and Public Safety welcomes your views on the Medicines Optimisation Quality Framework

Before you submit your response, please read Appendix 1 about the effect of the Freedom of Information Act 2000 on the confidentiality of responses to public consultation exercises.

(Please tick a box)

I am responding: as an individual ☐ on behalf of an organisation ☐

Name: _____

Job Title: _____

Organisation:_____

Address: _____

_____

Postcode _____

Email: _____

Views are invited on the following questions by 5.00 pm Friday 14th August 2015

The aim of the Medicines Optimisation Quality Framework is to support better health and wellbeing for all people in Northern Ireland through improvements in the appropriate, safe and effective use of medicines. Medicines optimisation is about ensuring that the right patients get the right choice of medicine, at the right time.

Q1	**Is the aim of the Medicines Optimisation Quality Framework clear throughout the document?**

(Please tick a box)

Yes ☐ No ☐ Don't know/ no views ☐

Additional Comments

Section 1 of the Medicines Optimisation Quality Framework details the history of medicines management in Northern Ireland 2000-2014.

Q2	**Does Section 1 provide a comprehensive review of medicines management? (Please tick a box)**

Yes ☐ No ☐ Don't know/ no views ☐

Additional Comments

Section 2 of the Medicines Optimisation Quality Framework details the key challenges to address in moving to medicines optimisation.

Q3	**Are the key challenges in moving to medicines optimisation comprehensive and clear within the Framework? (Please tick a box)**

Yes ☐ No ☐ Don't know/ no views ☐

Additional Comments

Section 3 of the Medicines Optimisation Quality Framework details the Medicines Optimisation model

Q4	**Do you think the Medicines Optimisation model visually demonstrates the key aim and objectives of medicines optimisation? (Please tick a box)**

Yes ☐ No ☐ Don't know/ no views ☐

Additional Comments

Medicines optimisation will promote a common understanding for Health and Social care providers and patients of what is expected when medicines are included in an individual's treatment in primary and secondary care as well as within Community Care and Social Care. Section 3 provides a number of tables of what a patient should expect as routine practice with regards to medicines optimisation in the different settings – Hospital, Community Pharmacy, General Practice and Social Care

Q5	**Is it clear from the list of activities provided in the tables in Section 3 of the Framework of what a patient should expect as routine practice with regards to medicines optimisation in the different Health and Social Care settings? (Please tick a box)**

Yes ☐ No ☐ Don't know/ no views ☐

Additional Comments

Section 4 of the Medicines Optimisation Quality Framework details the quality standards for medicines optimisation. The next set of questions are to seek your views on each of the quality standards and proposed recommendations.

Standard 1 – Safer transitions of care

Q6 (a) Do you agree that when a patient moves from one health and social care setting to another, for example from Hospital to General Practice, checks are to occur on each occasion to ensure the safe, accurate and timely transfer of medicines information between patients, carers and health and social care professionals. (Please tick a box)

Yes ☐ No ☐ Don't know/ no views ☐

Additional Comments

Q6 (b) Do you agree with the recommendations within the Framework in relation to safer transitions of care? (Please tick a box)

Yes ☐ No ☐ Don't know/ no views ☐

Additional Comments

Standard 2 – Risk Stratification of Medicines

Q7 (a) All medicines carry a level of risk, but some are known to carry a greater risk of side effects, adverse reactions and/or admission to hospital than others. Do you agree that when patients who may be at risk because of the medicines that they use receive the appropriate help to take their medicines safely? (Please tick a box)

Yes ☐ No ☐ Don't know/ no views ☐

Additional Comments

Q7 (b) Do you agree with the recommendations within the Framework in relation to risk stratification of medicines? (Please tick a box)

Yes ☐ No ☐ Don't know/ no views ☐

Additional Comments

Standard 3 –Safety/Reporting and Learning culture

Q8 (a) Do you agree that organisations across health and social care should promote an open and transparent culture with evidence of processes for the reporting, prevention, detection, communication and cascade of learning from medication incidents and adverse drug reactions?
(Please tick a box)

Yes ☐ No ☐ Don't know/ no views ☐

Additional Comments

Q8 (b) Do you agree with the recommendations within the Framework in relation to safety/reporting and learning culture? (Please tick a box)

Yes ☐ No ☐ Don't know/ no views ☐

Additional Comments

Standard 4 –Access to Medicines you need

Q9 (a) Do you agree that patients should have appropriate, equitable and timely access to quality assured, evidence based and cost-effective medicines? (Please tick a box)

Yes ☐ No ☐ Don't know/ no views ☐

Additional Comments

Q9 (b) Do you agree with the recommendations within the Framework in relation to access to medicines you need? (Please tick a box)

Yes ☐ No ☐ Don't know/ no views ☐

Additional Comments

Standard 5 –Clinical and cost effective use of medicines and reduced waste

Q10 (a) Do you agree that we all, whether patients, carers or health and social care professionals have a shared responsibility for the appropriate, clinical and cost effective use of medicines and to avoid unnecessary waste? (Please tick a box)

Yes ☐ No ☐ Don't know/ no views ☐

Additional Comments

Q10 (b) Do you agree with the recommendations within the Framework in relation to clinical and cost effective use of medicines and reduced waste? (Please tick a box)

Yes ☐ No ☐ Don't know/ no views ☐

Additional Comments

Standard 6 –Clinical medication review

The patient is central to medicines optimisation and regular discussions or medicine reviews should take place between the patient and health and social care practitioner.

Medication reviews are carried out in people of all ages. The NICE guideline defines a medication review as 'a structured, critical examination of a person's medicines with the objective of reaching an agreement with the person about treatment, optimising the impact of medicines, minimising the number of medication-related problems and reducing waste' Medication reviews are conducted face to face with the patient and with full access to patient medication records.

Q11 (a) Do you agree that a clinical medication review for each patient should take place on a regular basis? (Please tick a box)

Yes ☐ No ☐ Don't know/ no views ☐

Additional Comments

Q11 (b) Do you agree with the recommendations within the Framework in relation to clinical medication review?(Please tick a box)

Yes ☐ No ☐ Don't know/ no views ☐

Additional Comments

Standard 7 – Administration

Some patients will require their medicines to be administered. This will occur in hospital, various health and social care settings, such as nursing homes and possibly in the patient's own home where a carer will be tasked to administer the patient's medicine.

Q12 (a) Do you agree that patients who have their medicines administered receive them on time and as prescribed? (Please tick a box)

Yes ☐ No ☐ Don't know/ no views ☐

Additional Comments

Q12 (b) Do you agree with the recommendations within the Framework in relation to administration? (Please tick a box)

Yes ☐ No ☐ Don't know/ no views ☐

Additional Comments

Standard 8 – Safer prescribing with patient involvement

Q13 (a) Do you agree that when a medicine is prescribed it should be done in a manner which promotes safety and optimal health outcomes for the patient and with the patient fully involved in decisions about their treatment? (Please tick a box)

Yes ☐ No ☐ Don't know/ no views ☐

Additional Comments

Q13 (b) Do you agree with the recommendations within the Framework in relation to safer prescribing with patient involvement? (Please tick a box)

Yes ☐ No ☐ Don't know/ no views ☐

Additional Comments

Standard 9 – Better information about medicines

Q14 (a) Do you agree that patients/carers should receive the information they need to take their medicines safely and effectively? (Please tick a box)

Yes ☐ No ☐ Don't know/ no views ☐

Additional Comments

Q14 (b) Do you agree with the recommendations within the Framework in relation to better information about medicines? (Please tick a box)

Yes ☐ No ☐ Don't know/ no views ☐

Additional Comments

Standard 10 – Supporting adherence and independence

Q15 (a) Do you agree that people are helped to remain independent and self manage their medicines where possible but receive support with adherence when needed? (Please tick a box)

Yes ☐ No ☐ Don't know/ no views ☐

Additional Comments

Q15 (b) Do you agree with the recommendations within the Framework in relation to supporting adherence and independence? (Please tick a box)

Yes ☐ No ☐ Don't know/ no views ☐

Additional Comments

Supporting Continuous improvement and innovation in medicines use.

Section 5 proposes a new strategic approach to pharmaceutical innovation to support and drive continuous improvement through the development and implementation of best practice in medicines optimisation in Northern Ireland, involving a high level alliance of stakeholders involving commissioners working to provide the necessary leadership and focus for the development and implementation of evidence based best practice associated with each medicines quality standard.

The approach has three components

- **A regional medicines innovation plan**
- **A regional centre for medicines innovation, research and service development.**
- **A medicines optimisation network**

Q16 Do you agree with the new strategic approach proposed within Section 5 of the Medicines Optimisation Quality Framework? (Please tick a box)

Yes ☐ No ☐ Don't know/ no views ☐

Additional Comments

Human Rights and Equality Implications

Section 75 of the Northern Ireland Act 1998 requires Departments in carrying out their functions relating to Northern Ireland to have due regard to the need to promote equality of opportunity:

- between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;
- between men and women generally;
- between person with a disability and persons without; and
- between persons with dependants and persons without.

In addition, without prejudice to the above obligation, Departments should also, in carrying out their functions relating to Northern Ireland, have due regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group. Departments also have a statutory duty to ensure that their decisions and actions are compatible with the European Convention on Human Rights and to act in accordance with these rights.

In accordance with guidance produced by the Equality Commission for Northern Ireland and in keeping with Regulation 75 of the Northern Ireland Act 1998, the Framework has been equality screened and a preliminary decision has been taken that a full EQIA is not required.

The Department is inviting responses to the following questions:

Q17 Are the actions/proposals set out in this consultation document likely to have an adverse impact on any of the nine equality groups identified under Section 75 of the Northern Ireland Act 1998?

Yes ☐ No ☐

If yes, please state the group or groups and provide comment on how these adverse impacts could be reduced or alleviated in the proposals

Q18 Are you aware of any indication or evidence – qualitative or quantitative – that the actions/proposals set out in this consultation document may have an adverse impact on equality of opportunity or on good relations?

Yes ☐ No ☐

If yes, please give details and comment on what you think should be added or removed to alleviate the adverse impact.

Q19 Is there an opportunity for the Medicines Optimisation Quality Framework to better promote equality of opportunity or good relations? Is there an opportunity to better promote equality of opportunity or good relations?

Yes ☐ No ☐

If you answered yes" to this question please give details as to how.

Q20 Are there any aspects of this where potential human rights violations may occur?

Yes ☐ No ☐

Any other comments:

Further Comments

Please use the box below to insert any further comments, recommendations or suggestions you would like to make in relation to the Medicines Optimisation Quality Framework.

Thank you for your comments.

You should send your completed consultation response questionnaire to:

Post:
Department of Health, Social Services and Public Safety
Medicines Policy Branch
Room D3.22
Castle Buildings
Belfast
BT4 3SQ

Fax: (028) 90 522335
E-mail: medicinesoptimisation@dhsspsni.gov.uk

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If you have any queries regarding the consultation please email your query to: medicinesoptimisation@dhsspsni.gov.uk

Appendix 1

FREEDOM OF INFORMATION ACT 2000 – CONFIDENTIALITY OF CONSULTATIONS

DHSSPS will publish a summary of responses following completion of the consultation process. Your response, and all other responses to the consultation, may be disclosed on request. The Department can only refuse to disclose information in exceptional circumstances. **Before** you submit your response, please read the paragraphs below on the confidentiality of consultations, they will give you guidance on the legal position about any information given by you in response to this consultation.

The Freedom of Information Act 2000 gives the public a right of access to any information held by a public authority, namely, DHSSPS in this case. This right of access to information includes information provided in response to a consultation. DHSSPS cannot automatically consider as confidential, information supplied to it in response to a consultation.

However, it does have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity should be made public or be treated as confidential. **If you do not wish information about your identity to be made public, please include an explanation in your response.**

This means that information provided by you in response to the consultation is unlikely to be treated as confidential, except in very particular circumstances. The Secretary of State for Constitutional Affairs' Code of Practice on the Freedom of Information Act provides that:

- The Department should only accept information from third parties in confidence, if it is necessary to obtain that information in connection with the exercise of any of the Department's functions, and it would not otherwise be provided;

- The Department should not agree to hold information received from third parties "in confidence" which is not confidential in nature; and

- Acceptance by the Department of confidentiality provisions must be for good reasons, capable of being justified to the Information Commissioner.

For further information about confidentiality of responses please contact the Information Commissioner's Office (or see the web site at: https://ico.org.uk/)