**Specification for the Oversupply Dashboard**

**April 2024**

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# Background

The comparators have been developed in response to the National Overprescribing Review (NOR) and relate to the quality of the prescribing system in addressing or avoiding overprescribing.

Specifically, the comparators relate to the aspect of the prescribing process that manages repeat prescriptions as the total quantity over time of individual prescription products dispensed to patients will be the sum of multiple prescriptions for those products. Repeat prescriptions make up around three-quarters of all prescription items.

In the context of overprescribing, the repeats process plays an important role in checking the appropriateness of the prescribed product for the patient as well as the appropriateness of total amount prescribed and dispensed (supply) to the patient over time.

It is desirable that the total amount dispensed to patients over time balances wasted quantities of the product with the administrative burden for prescribers and staff, and for patients, the convenience of access to and safe supply of prescribed products.

With the right level of management of the process and patient involvement, wasted quantities could be minimised and risky levels of certain products avoided.

**These metrics are not a clinical directive; they have been developed alongside a short life working group of clinicians giving guidance for expected best practice for typical use cases.**

# Approach to metric selection

The comparators show quantity dispensed per patient above a threshold quantity. The default threshold is chosen to be what would be clinically appropriate for most patients, accepting that, for some patients, larger quantities may be appropriate.

Prescribers typically do not see the amount that has been dispensed over a given period as they typically authorise prescriptions on a prescription-by-prescription basis. The comparators contribute two pieces of information to prescribers:

1. what has been dispensed to the patient not just what has been prescribed; and
2. the cumulative quantity dispensed over a 12-month rolling period.

Medicine categories were selected where the medicines included followed a regular dosing schedule with limited variance across all clinical indications. Medicine groups were also influenced by patient safety risks or known areas of oversupply.

# Advice for healthcare professionals:

The drug groups have been identified for several reasons such as a suspected scale of oversupply or where prescribing across clinical indications are all broadly the same (ie to treat issue X and issue Y a patient should only receive 1 per day, rather than 1 per day for X and 5 per day for Y). The drug list within the categories are not exhaustive, for example around 15% of prescribing of laxatives could not be given a defined maximum daily dose and is therefore excluded from the metrics. Likewise, the categories themselves are not exhaustive, and patients may be receiving excessive supply in other areas of the BNF that are not included in this dashboard.

When requesting patient details, you will be provided with all the oversupply a patient has received within the scope of the dashboard to assist with the patient’s medication review. If you discover an issue such as a monthly prescription set to weekly, please be mindful this may impact on other medicines the patient receives that are not included in the dashboard.

The quantities stated are the quantities claimed for reimbursement by the dispensing pharmacy/ies. When reviewing patients, remain mindful that the data may highlight concerning dispensing activity. Concerns that there has been fraudulent activity can be reported to the [NHS Fraud and Corruption reporting line](http://www.cfa.nhs.uk/reportfraud) or your usual escalation point.

# Drug grouping

# Drug group descriptions and coverage

All prescribing of included products in the rolling 12-month period are included in the patient’s total quantity irrespective of changes of brand, strength, or chemical substance.

The table below explains in detail the strengths and substances included in each drug group. The table also includes the proportion of items in the rolling 12-month period to July 2024 included in the dashboard out of all items prescribed in that BNF paragraph in the same period.

*Table 4.1.1: Drug groupings and the proportion of prescribing included for analysis*

|  |  |  |
| --- | --- | --- |
| Drug Group | Category description | Percentage of BNF paragraph included in metrics |
| Antiplatelets excluding aspirin | Solid oral presentations containing clopidogrel (75mg), dipyridamole (200mg), ticagrelor (60mg, 90mg) or prasugrel (5mg, 10mg) | 38% |
| Aspirin | Solid oral presentations containing 75mg aspirin | 62% |
| Blood Glucose Testing Strips | Blood glucose test strips | 100% |
| Blood Glucose Sensors | Blood glucose continuous monitoring sensors | 100% |
| Oral Anticoagulants | Delayed oral anticoagulants excluding warfarin | 84% |
| Oral Nutritional Supplements | ONS 125ml, 200ml, 220ml and 250ml drinks excluding tube feeding products | 76% |
| Paediatric Oral Nutritional Supplements | Paediatric ONS 200ml drinks excluding tube feeding products | 58% |
| Inhalers | Fixed dose inhalers | 28%\* |
| Statins | Solid oral one-a-day statins | 98% |
| Laxatives | Laxative tablets, capsules, sachets and liquid with a defined daily maximum dose | 85%\* |

*\* of BNF section(s)*

Patients may have some related prescribing that is not included in the dashboard, for example 15% of all laxatives prescribed are not included in the laxative metric. It is important that during medication reviews patients are reviewed holistically and not just for the drug items included within the dashboard. To assist this, when a patient request has been received the NHSBSA will include all metrics for the patients requested.

Detailed list of items included in each category are included below or in the supporting Drug Group file maintained on the NHSBSA website or in [appendix 1](#_Appendix_1:_Medicine) below.

# Oversupply thresholds

Thresholds have been set by the Short Life Working Group and should be treated as guidance or best practice – there may and indeed will be cases where due to specific circumstances the patient may have required an excess of medication, for example being given an excess supply for during extended travel, or where a patient’s symptom management required switching medications multiple times within the 12-month rolling period. However, in typical prescribing we would not expect to see quantities in excess of the defined threshold.

*Table 4.2.1 Oversupply thresholds and rationale*

|  |  |  |
| --- | --- | --- |
| Drug Group | Threshold | Threshold rationale |
| Antiplatelets excluding aspirin | 392 | 1 per day of clopidogrel 75mg, prasugrel 5mg or 10mg *and/or*  2 per day of dipyridamole 200mg or ticagrelor 60mg or 90mg  Plus 28 days for claim frictions |
| Aspirin | 392 | 1 per day  Plus 28 days for claim frictions |
| Blood Glucose Testing Strips | 200 – 3,750 | Dependent on patient’s other diabetes prescribing, see table below |
| Blood Glucose Sensors | 420 | Enough sensors to last the duration of 420 days.  Different sensors have different durations therefore 420 is the expected duration |
| Oral Anticoagulants | 392 | 2 per day of apixaban, dabigatran or 2.5mg or 15mg rivaroxaban  *and/or*  60mg per day of edoxaban  *and/or*  1 per day 10mg or 20mg rivaroxaban  *and/or*  30mg per day 1mg/ml rivaroxaban suspension  Plus 28 days for claim frictions |
| Oral Nutritional Supplements | 364 | 2 drinks per day for a maximum 6 months (no claim friction allowance) |
| Paediatric Oral Nutritional Supplements | 364 | 2 drinks per day for a maximum 6 months (no claim friction allowance) |
| Inhalers | 13 | 1 inhaler per 30 days *and/or*  30 tablets per 30 days (rounded down) *and/or*  A combination of full inhalers per 30 days and 30 tablets per 30 days (rounded down)  Plus 1 inhaler or 30 tablets (rounded down) for claim frictions |
| Statins | 392 | 1 per day  Plus 28 days for claim frictions |
| Laxatives | 182 | 182 days prescribing at maximum strength (no claim friction allowance) |

A detailed breakdown of the weighting for each presentation is available on the Drug Lists table – for example, 1 typically refers to 1 per day, 2 refers to 2 per day etc. For oral nutrition products, this is the number of millilitres per drink (200 refers to 200ml drink, 250 refers to 250ml drink), for laxatives this can either refer to number of tablets/capsules/sachets per day, or maximum millilitres per day.

For blood glucose test strips, the threshold is dependent on what other prescribing the patient has received in the 12 months to reporting date. Broadly, groups 1 to 3 are for patients who have not received insulin within the 12 month period, and groups 4 and 5 are for patients who have received insulin in the 12 month period.

*Table 4.2.2 Oversupply thresholds for blood glucose test strips and rationale*

|  |  |  |
| --- | --- | --- |
| Diabetes group | Threshold | Diabetes prescribing |
| Group 1 | 200 | No insulin, no diabetes prescribing, with or without metformin |
| Group 2 | 450 | No insulin, diabetes prescribing excluding sulfonylureas, nateglinide and repaglinide |
| Group 3 | 750 | No insulin, have received sulfonylureas, nateglinide and/or repaglinide |
| Group 4 | 3,750 | Insulin, fewer than 12 blood glucose sensors |
| Group 5 | 200 | Insulin, 12 or more blood glucose sensors |

# Prescription types

For all in scope medicines, a breakdown of the proportion of prescribing type is included below for the period of March 2023 to February 2024. For paper prescriptions, we do not hold whether this was acute, repeat prescribing or repeat dispensing. ‘Repeat’ includes repeat dispensing and repeat prescribing on EPS where It has been applied to the EPS token. The figures below are for all patients, whether oversupplied or appropriately supplied.

*Table 4.3.1: Prescription type split for in-scope presentations August 23 – July 24*

|  |  |  |  |
| --- | --- | --- | --- |
| Drug type | Paper | Acute | Repeat |
| Antiplatelets excluding aspirin | 7% | 1% | 92% |
| Aspirin 75mg | 7% | 2% | 92% |
| Blood Glucose Sensors | 0% | 4% | 96% |
| Blood Glucose Testing Strips | 5% | 8% | 87% |
| Inhalers | 5% | 3% | 92% |
| Laxatives | 5% | 15% | 80% |
| Oral Anticoagulants | 8% | 2% | 91% |
| Oral Nutritional Supplements | 4% | 31% | 65% |
| Paediatric Oral Nutritional Supplements | 3% | 18% | 79% |
| Statins | 7% | 2% | 92% |

# Prescribing data

All data is based on prescriptions from English prescribing organisations that were submitted to the NHSBSA for processing.

English prescribing that has been dispensed in Wales, Scotland, Guernsey / Alderney, Jersey and Isle of Man is also included – however these items may be effectively excluded from the comparators that include only prescriptions items for which a patient could be identified.

All data excludes:

* Items not dispensed, disallowed and those returned to the contractor for further clarification.
* Prescriptions prescribed and dispensed in Prisons, Hospitals and Private prescriptions.
* Items prescribed but not presented for dispensing or not submitted to NHS Prescription Services by the dispenser
* Items prescribed for instalment dispensing that is those using ‘FP10MDA’ forms

# Identified patients

Patient counts are based on NHS numbers read from EPS messages or scanned from paper forms. These have not been subject verification by the NHS Patient Demographics Service and may therefore include inaccurate or mis-scanned NHS numbers

Information will be produced anonymously without any identifiable information being included – and a risk assessment will be conducted to establish whether the re-identification risk warrants further disclosure control.

Organisations with direct clinical care for a patient who see information of concern, may request the underlying NHS Numbers for any comparators. In so doing they can compare records to clinical systems and conduct case review. This will also provide them with an opportunity to resolve any spurious NHS numbers generated during the scanning process.

See Section 8 for analysis of patient identification rates at the time of development of the prototype comparators.

# NHS structure

Patients are reported against a single practice to provide a comprehensive view of their prescriptions:

* Where possible each patient is reported against the most recent registered practice from data available to the NHS BSA data warehouse at the time of reporting. This may be from the most recent Electronic Prescribing System (EPS) message received for a patient, or the most recent update from the NHS Personal Demographics Service (PDS). Where no registered practice information is found the latest organisation to have issued a prescription to the patient is used. This may result in some patients being allocated to non-GP practices and excluded from the dashboard until such time as registered practice information becomes known to NHS BSA.

This means that the data reported against a single GP practice may include data relating to prescriptions from other organisations such as a previous practice or non-GP organisations.

Any higher NHS organisation structure can be derived via that practice, and is provided within the dashboard at the following levels:

* + National
  + Integrated Care Board (ICB)
  + Sub Integrated Care Board Location (SICBL)

# Other breakdowns

Other breakdowns are available for some comparators on the following basis:

* **Age** – age is reported as a single age for the patient at the last month in the 12-month rolling period and identified within the dashboard as under 75 or 75 years and older. Patient age is based:
  + on the most recent EPS message, or,
  + if that is not available the most recent information that we hold from NHS Personal demographics service, or,
  + if that is not available, the maximum age associated with the prescription using the ePACT2 methodology[[1]](#footnote-2).
* **Polypharmacy** – patients are recorded as polypharmic where they have received 10 or more distinct chemical substances in the last month of the 12-month rolling period from BNF chapters 1-10, excluding chapter 5. This is aligned with the definition used in the polypharmacy dashboard.

# Guiding principles

Based on the previous work on the polypharmacy prescribing comparators, the Oversupply data group worked to three key guiding principles: -

1. Keep it simple

2. Keep the end users in mind at all times

3. Must follow best evidence base where available.

# Comparator Specifications

Please note as new comparators are developed and added to the dashboard more information may be added here. The specifications differ depending on the data used and are grouped in presentations.

Quantity refers to the baseline unit of each drug group, ie:-

* tablets, capsules, sachets, oral suspension or syrup for antiplatelets, aspirin, laxatives or statins.
* Sensors or strips for blood glucose sensors and blood glucose test strips.
* Drinks for oral nutritional supplementation or paediatric oral nutritional supplementation
* Days of maximum prescribing for laxatives
* 30 days’ dose for inhalers

# Patient comparators

## % Over threshold patients

|  |  |
| --- | --- |
| Title | % over threshold patients |
| Description | The proportion of patients receiving a greater quantity than threshold in the 12-month rolling period |
| Numerator | Number of distinct patients identified receiving a greater quantity of prescribing than the threshold within the 12-month period. |
| Denominator | Total number of distinct patients identified who have received at least one item within the drug group in the 12-month period. |
| Rationale / Comments | This figure shows the scale of the issue and how many patients may have received an excessive amount of prescribing.  Depending on the previous prescribing pattern and the intervention, a patient may continue to be flagged as oversupplied for a period of up to 12 months after an intervention.  For example, Patient A receives a repeat script of 50 aspirin per month for 12 months (total rolling: 600) and as an intervention in January, the patient has the repeat prescription removed. In the first months after intervention their total rolling will continue to flag between February and June despite receiving no further prescribing, and in June they will no longer be oversupplied (total rolling: 350).  Patient B receives a repeat script of 50 aspirin per month for the 12 month (total rolling: 600) and as an intervention in January, the patient’s script is corrected to 28. The patient will continue to flag as overprescribed until November (total rolling: 380).  Patient C received an acute script for 600 aspirin (threshold: 392) in January– they will appear as oversupplied each month until the following January.  As the patient’s oversupply status is dependent on previous prescribing and what appropriate intervention had been applied, we would suggest looking at % over threshold quantity to see immediate impacts, and % over threshold patients to observe long term trends and impacts. |

# Quantity comparators

## % Over threshold quantity

|  |  |
| --- | --- |
| Title | % over threshold quantity |
| Description | The proportion of quantity above threshold in the 12-month rolling period |
| Numerator | Total quantity of drugs each individual patient has received in excess of the threshold in the drug group. |
| Denominator | Total quantity of drugs dispensed in the drug group. |
| Rationale / Comments | This figure shows the total scale of oversupply and will more quickly respond to the impact of an intervention.  For example, patient A is the only oversupplied patient of aspirin in Practice 1. Patient A receives a repeat script of 50 aspirin per month for 12 months (total rolling: 600) and as an intervention in January, the patient has the repeat prescription removed. In the first months after intervention until June the patient will still flag as oversupplied. For the practice, the oversupplied quantity will continue to reduce each month immediately following the intervention (January: 208, February: 158, March: 108, April: 58, May: 8, June: 0).  Patient B is the only patient oversupplied aspirin in Practice 2. Patient B receives a repeat script of 50 aspirin per month for the 12 month (total rolling: 600) and as an intervention in January, the patient’s script is corrected to 28. The patient will continue to flag as overprescribed until November, however for the practice, the oversupplied quantity will continue to reduce each month immediately following the intervention (January: 208, February: 186, March: 164, April: 142, May: 120, June: 98, July: 76, August: 54, September: 32, October: 10, November: 0).  Patient C is the only patient oversupplied aspirin in Practice 3. Patient C received an acute script for 600 aspirin in January. The quantity over threshold will continue to show 208 over threshold until the following January.  This metric will show immediate impacts of interventions, however long-term changes and improvements to patient safety are better represented through % over threshold patients. |

## Threshold quantity

|  |  |
| --- | --- |
| Title | Threshold quantity |
| Description | Defined threshold per drug group. |
| Numerator | The maximum quantity of all prescribing supplied to a patient within the drug group within the 12-month rolling period which is considered appropriate supply. Any patient who exceeds this is considered oversupplied. |
| Denominator | No denominator – threshold only |
| Rationale / Comments | The threshold has been set to show how much of a category we would typically expect a single patient to receive within a 12-month rolling period. There may be instances where the patient has received in excess of this for legitimate reasons, eg a patient on the maximum monthly prescription requests a move to a 6-month prescription.  The threshold has been set as guidance and should be treated as highlighting patients who may be at risk. |

## Highest number of quantities prescribed to an individual patient over 12 months

|  |  |
| --- | --- |
| Title | Highest number of quantities prescribed to an individual patient over 12 months |
| Description | The maximum prescribing to an individual patient within the drug group. |
| Numerator | The highest quantity dispensed to a single patient across the rolling 12-month period. |
| Denominator | No denominator |
| Rationale / Comments | This metric shows the maximum prescribing a single patient within the geography has received – this is to give contextualisation beyond what is available in the distribution chart to show the scale of excess.  Higher oversupply quantity gives greater risk to the patient and/or greater waste. |

## Average quantity above threshold over 12 months

|  |  |
| --- | --- |
| Title | Average quantity above threshold over 12 months |
| Description | The average excess supply given to all patients who have received an oversupply. |
| Numerator | Total oversupplied quantity within the drug group across the 12-month rolling period. |
| Denominator | Total number of patients who have been oversupplied within the drug group within the 12-month rolling period. |
| Rationale / Comments | This metric shows, of patients who have been oversupplied, what is the typical scale of the issue. A smaller number shows that of those oversupplied they are typically near to the threshold with a small amount of oversupply per patient, a larger number shows that either there are many patients receiving a significant oversupply or a few patients receiving an oversupply of many multiples of expected supply. |

# Cost comparators

## Over threshold NIC

|  |  |
| --- | --- |
| Title | Over threshold NIC (net ingredient cost) |
| Description | The apportioned net ingredient cost assigned to a patient’s oversupply |
| Numerator | Total net ingredient cost per patient per drug group multiplied by the quantity of oversupplied product to that patient |
| Denominator | The total quantity supplied to the patient |
| Rationale / Comments | The equation above calculates, for each oversupplied patient, a proportion of the NIC equal to the proportion of quantity oversupplied. This figure is then summed across all oversupplied patients. Patients who were within threshold have a figure of £0.00.  Using this calculation per patient and summing this total figure gives a more accurate figure than looking across the whole drug group as it factors in which products were supplied to which patient and is also influenced by any price variations over time.  This does not calculate the true NIC of the first [threshold] quantity of supply and the true NIC of supply after that point but averages the oversupply across every dispense event as in most cases patients will be receiving continued oversupply each dispensing event. |

## % over threshold NIC

|  |  |
| --- | --- |
| Title | % over threshold NIC (net ingredient cost) |
| Description | The proportion of apportioned net ingredient cost assigned to a patient’s oversupply |
| Numerator | Over threshold NIC |
| Denominator | Total NIC |
| Rationale / Comments | The proportion of net ingredient cost spend that is attributed to oversupply. This is given at national level for information only and not to be used as a performance metric as this is influenced by outside factors such as price fluctuations. |

## Cost if over threshold patients were at threshold

|  |  |
| --- | --- |
| Title | Cost if over threshold patients were at threshold |
| Description | The total NIC of appropriately supplied items |
| Numerator | The total net ingredient cost (NIC) per patient per drug group multiplied by the quantity within threshold for to that patient |
| Denominator | The total quantity supplied to the patient |
| Rationale / Comments | This figure is the other side of the calculation of over threshold NIC.  (Cost if over threshold patients were at threshold) + (Savings if over threshold patients were at threshold) = total NIC  This figure is the total NIC for all patients who are appropriately supplied, plus the NIC for oversupplied patients if they had only received the threshold. |

## Savings if over threshold patients were at threshold

|  |  |
| --- | --- |
| Title | Savings if over threshold patients were at threshold |
| Description | Counterfactual NIC savings possible if patients who received excess supply received the threshold quantity |
| Numerator | Total net ingredient cost per patient per drug group multiplied by the quantity of oversupplied product to that patient |
| Denominator | The total quantity supplied to the patient |
| Rationale / Comments | This figure is equal to the over threshold NIC. This comparator shows the counterfactual of what potentially could have been saved if oversupplied patients had only received the threshold amount of prescribing.  (Cost if over threshold patients were at threshold) + (Savings if over threshold patients were at threshold) = total NIC  This figure can be influenced by factors outside of the control of the end user, such as price fluctuations. The over threshold NIC has been proportioned across an individual patient’s costs, however if a patient received significant prescribing prior to a price rise this figure will underestimate savings; likewise if they received a significant proportion of their prescribing prior to a price drop this figure will overestimate savings. |

# Patient Identification Rates

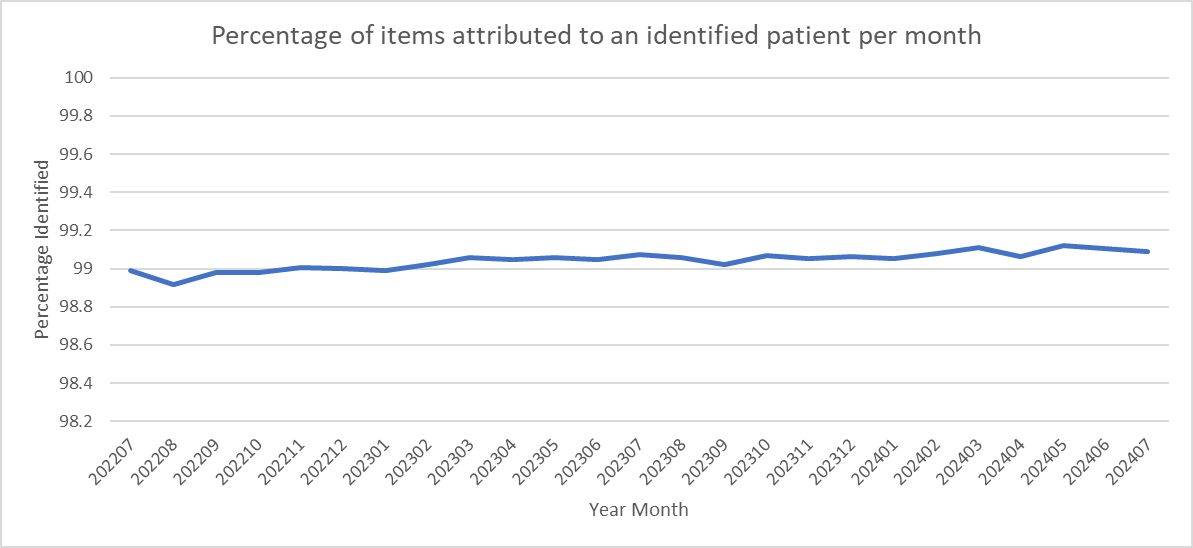
Since July 2023, there has been a high proportion of items with patient identified across drug groups. Overall, 99.0% of all items included in the dashboard are for identified patients since January 2022, with 377 million items out of 381 million being dispensed to an identified patient (July 2022 – July 2024).

*Table 8.1: Percentage of items attributed to an identified patient per drug group.*

|  |  |
| --- | --- |
| Drug type | Identified Items |
| Antiplatelets excluding aspirin | 99.1% |
| Aspirin 75mg | 99.1% |
| Blood Glucose Sensors | 99.2% |
| Blood Glucose Testing Strips | 99.4% |
| Inhalers | 99.1% |
| Laxatives | 98.7% |
| Oral Anticoagulants | 98.8% |
| Oral Nutritional Supplements | 98.6% |
| Paediatric Oral Nutritional Supplements | 99.1% |
| Statins | 99.1% |

Items which have not been attributed to an identified patient have not been included within the dashboard and may or may not be oversupply.

*Chart 8.2 Percentage of items attributed to an identified patient per month.*



# Appendix 1: Medicine group details

The comma separated values (csv) file include the lists of products by BNF code as of April 2024. This file contains the drug groupings, BNF code, presentation, and weighting for each presentation.



# Appendix 2: Working group and other advisors

The Oversupply Working Group and other advisors

We extend our thanks to the following members of the oversupply working group and other advisors for their assistance in developing the dashboard:

Alison Smith (Prescribing Support Consultant Dietitian, NHS Hertfordshire and West Essex ICB)

Ana Rita Ubaldo (Senior Analyst, NHS England)

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Sam Alderson (Senior Analytical Lead, NHS England)

Sati Ubhi (Director of Pharmacy & Medicines Optimisation, NHS Cambridgeshire and Peterborough ICB)

Simon Cooper (Director of Medicines Optimisation, NHS Portsmouth CCG)

1. See the following document for more details, <https://www.nhsbsa.nhs.uk/sites/default/files/2018-02/180115%20Age%20Logic%20Summary%20Flow%20Chart%20-%20Revised%20Layout.pdf> [↑](#footnote-ref-2)