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| Study title: | **3i-O** (Impact of an Intervention on Inequalities in Overprescribing study [Work Package 1])Please note that this work package 1 will run concurrently with work package 2, which some practices are already participating in.  Practices can be involved in either or both work packages.  |
| IRAS no.: | 344331 |
| Study summary: | Overprescribing is receiving medicines that the patient may not want, may not need or may cause them more harm than benefit. Overprescribing increases the medication burden for patients and risks of adverse effects, hospital admissions and deaths. It wastes medications and increases costs to the NHS and wider society. Reducing overprescribing is part of the NHS Long Term Plan. Overprescribing is strongly linked to health inequalities. It especially affects vulnerable people, those from deprived areas and Black and minority ethnic communities. Most NHS prescribing (and therefore overprescribing) happens in general practice. We have previously run feedback campaigns to reduce overprescribing of addictive painkillers or reduce unnecessary antibiotic prescribing in general practice. Our previous research has shown that providing performance feedback often works in reducing overprescribing. However, we do not know if it works effectively for all patients or whether it exacerbates or reduces health inequalities. We want to find out if providing feedback interventions or similar interventions to reduce overprescription of addictive painkillers and antibiotics work without making it more difficult for some people to get the health care they need, or whether or they make health inequalities worse or better. |
| NIHR portfolio study?  Will there be accruals for the practice? | NIHR Portfolio study.  One accrual per practice participating.  (Individual patient accruals will not be recorded). |
| What is required of the practice: | * Sign data sharing agreement
* Enable smartcard access for NECS\*
* Display a poster about the study
* Add information about the study to website (if possible)
* Add information about the study to prescription slips for 6 weeks (if possible)
* Keep a record of patients who ask to be excluded from the study in response to the study information on the poster/website/prescription slips.
* Add a code to the clinical record for patients who ask to be excluded.  (Those who are part of the national data opt-out will automatically be excluded).

 \*Patient data will be extracted from the clinical system by NHS North of England Care System Support (NECS). The data will be linked to NHSE Hospital Episode Statistics database and then pseudonymised (identifiers used for linkage removed) and uploaded to NECS Digital Secure Environment which will be accessed by two statisticians from the research team.  Appropriate approvals will be in place from the [Health Research Authority (HRA) Confidentiality Advisory Group (CAG)](https://www.hra.nhs.uk/about-us/committees-and-services/confidentiality-advisory-group/) and the [Research Ethics Committee (REC)](https://www.hra.nhs.uk/about-us/committees-and-services/res-and-recs/) to allow this. |
| Payments/support costs: | Practices will receive a one-off research cost payment of **£100** for taking part and a one-off service support cost of **£18.00** for informed consent from practice manager. |
| Benefits to patients and/or practice: | Taking part in this project may be of educational benefit and an opportunity to reflect on clinical practice.  Findings from the study will be fed back to your practice if requested.  It may provide evidence for your NHS Appraisal, revalidation, continuing professional development or Care Quality Commission review. |
| Commercial/Non-commercial study? | Non-commercial |
| Please contact: | Bethan Copsey: B.Copsey@leeds.ac.uk  |
| Deadline for response: | 31st October 2025  |