NHS
Wolverhampton
Clinical Commissioning Group

Equality Analysis Form

Name of Project/Review	**NHS England Consultation on conditions for which over the counter items should not routinely be prescribed in primary care**
Project Reference number	
Project Lead Name	**Hemant Patel**
Project Lead Title	**Head of Medicines Optimisation**
Project Lead Contact Number & Email	**01902 445281 hemant.patel1@nhs.net**
Date of Submission	**23.04.2018**
Version	**1.1**

Is the document:	
A proposal of new service or pathway	**YES**
A strategy, policy or project (or similar)	**YES**
A review of existing service, pathway or project	**YES**

Who holds overall responsibility for the project/policy/ strategy/ service redesign etc
Sally Roberts, Chief Nurse and Director of Quality
Who else has been involved in the development?
GP members **NHS England recommendations**

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Section A - Project Details

Preliminary Analysis – *copy the details used in the scoping report*

- NHS England have completed a consultation exercise on developing guidance for CCGs on conditions for which over the counter items should not routinely be prescribed in primary care:
- The guidance aims to reduce unwarranted variation by providing clear guidance to CCGs on items that should not be prescribed, to ensure that best value is obtained from prescribing budgets.
- Medicines optimisation team have sought GP members views, who have agreed in principle to support the outcome of the consultation.
- Local GPs raised concern with regards the impact of this guidance for those patients and particularly children, where socio economic factors may adversely affect individuals, this requires further understanding and a full equality impact of the recommendations is proposed prior to implementation.
- Mills & Reeve advice is to undertake engagement and involvement events with patients and clinicians.

Who will be affected by this work? e.g. staff, patients, service users, partner organisations etc.

This will affect patients, practices, community pharmacies and urgent care providers

Section B – Screening Analysis

Equality Analysis Screening
It is vital that the CCG ensures that it demonstrates that it is meeting its legal duty, as the responsible manager you will need to identify whether a Full Equality Analysis is required. A full EA will only not be required if none of the following aspects are identified and you are confident there is no impact. *E.g. 'This report is for information only' or 'The decision has not been made by the CCG' or 'The decision will not have any impact on patients or staff'. (Very few decisions affect all groups equally and this is not a rationale for not completing an EA.)*

Screening Questions	YES or NO
Is the CCG making a decision where the outcome will affect patients or staff? *For example will the project result in you making decisions about individuals in ways which may have a significant impact on them? e.g. service planning, commissioning of new services.*	Yes
If the CCG is enacting a decision taken by others, e.g. NHS England or Local Authority - does it have discretion to change, modify or mitigate the decision?	Yes
Is the board/committee being asked to make a decision on the basis that this proposal will have a consequential effect on any change? e.g. Financial changes	Yes
Will this decision impact on how a **provider** delivers its services to patients, directly or indirectly?	Yes
Will this decision impact on any third parties financial position (i.e. Provider, Local Authority, GP Practices)? *For example are you removing funding from theirs or any contract?*	no
If you have answered **NO** to **ALL** the above questions, please provide supporting narrative to explain why none of the above apply. (*Advice and guidance can be sought from the equality team if required).*	

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If the answer to ALL the questions in the screening questions is "NO", please complete the below section only and do not complete a full assessment.

Please forward the form with any supporting documentation to Blackcountry.Equality@ardengemcsu.nhs.uk

These initial assessments will be saved and retained as part of the CCG's audit trail. These will also be periodically audited as part of the CCG's Quality Assurance process and the findings reported to the Chief Nurse, PMO Lead and the CCG's Governance team.

Please ensure you are happy with the conclusion you have made, advice and guidance can be sought from: David.king17@nhs.net or Equality@ardengemcsu.nhs.uk

Sign Off / Approval (Section A and B)

Title	Name	Date
Project Lead	Hemant Patel	23.04.18
Equality and Inclusion Officer	David King	
Equality and Inclusion Comments	Has gone straight to Full EA.	
Programme Board Review		
Programme Board Chair		

If any of the screening questions have been answered "YES" then please forward your initial assessment to David.king17@nhs.net or Equality@ardengemcsu.nhs.uk

And complete the next section of the Equality Form Assessment, once you are ready to request approval of the change from the appropriate approval board.

If you required any support to complete the FULL Equality form, please contact the Equality Manager.

The Completed EA will then require a final sign off as per section 10.

Section C - Full Equality Analysis Section

If at an initial stage further information is needed to complete a section this should be recorded and updated in subsequent versions of the EA. An Equality Analysis is a developing document, if you need further information for any section then this should be recorded in the relevant section in the form and dated.

1. Evidence used *What evidence have you identified and considered in determining the impact of this decision e.g. census demographics, service activity data, consultation responses*
NHS England carried out an Equality Impact Analysis as part of the consultation and subsequent recommendations. Census demographics – Wolverhampton provide healthcare services for the circa 270,000 patients who are registered with a GP in Wolverhampton. Wolverhampton is a diverse city and 32 per cent of our population belongs to black minority ethnic (BME) communities compared to 15 per cent for England. Wolverhampton is amongst the most deprived areas within the country ranking as the 11th most deprived local authority area in England. In recent years unemployment has fallen in the city but remains the sixth highest unemployment rate per local authority in England. Prescription data via ePACT. Comments and feedback from GP Members

Corporate Assurance Impact	
State overarching, strategy, policy, legislation this review or service change is compliant with	NHS England Consultation on conditions for which over the counter items should not routinely be prescribed in primary care.
Will this review or service change fit with the CCGs Boards Assurance Framework Aim and Objectives? If yes, please indicate which ones *(see notes page for guidance)*	
What is the intended benefit from this review or service change?	The guidance aims to reduce unwarranted variation by providing clear guidance to CCGs on items that should not be prescribed, to ensure that best value is obtained from prescribing budgets. If patients choose to self-manage these

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1. Evidence used *What evidence have you identified and considered in determining the impact of this decision e.g. census demographics, service activity data, consultation responses*	
	conditions it will potentially free up availability for appointments within GP practices.
Who is intended to benefit from the implementation of this review or service change?	Patients Practices CCG
What are the key outcomes/ benefits for the groups identified above?	Patients may receive treatment sooner Practices would have an increased availability for appointments for patients with more complex conditions CCG – would spend less on OTC medicines
Will the review or service change meet any statutory requirements, outcomes or targets?	

2. Impact of decision *In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should include any identified health inequalities which exist in relation to this work.*
2.1 Age *Describe age-related impact and evidence. This can include safeguarding, consent and welfare issues.*
Currently those under 16 or under 19 in full time education or over 60 would have recourse to receiving these items for the conditions mentioned below without charge. If they met the criteria of the recommendation they may be required to purchase their own treatment unless the practice deems they meet criteria to continue prescribing. There could be an adverse impact on children as they rely on adults to make purchasing decisions. However some of these patients will fall under a particular exemption meaning they would receive a prescription. In addition the CCG continue to commission services (Pharmacy first scheme & MECS service) available which allow patients to receive treatment without charge for minor ailments. Patients will be signposted to this if appropriate.
2.2 Disability *Describe disability-related impact and evidence. This can include attitudinal, physical, communication and social barriers as well as mental health/learning disabilities, cognitive impairments.*

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2. Impact of decision
In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should include any identified health inequalities which exist in relation to this work.

A patient with a continuing physical disability which means they cannot go out without the help of another person would currently have the treatment/s mentioned in this consultation funded/prescribed and possibly delivered by their nominated community pharmacy.
Vulnerable patient groups' e.g. frail elderly, patients with disabilities or mental health problems, care home patients etc. may struggle to access appropriate medication if not prescribed.

However they may fall into one exemption which may mean the patient would still receive a prescription. Two of the key exceptions from the recommendations are noted below :-

1. Circumstances where the prescriber believes that in their clinical judgement, exceptional circumstances exist that warrant deviation from the recommendation to self-care.
2. Individual patients where the clinician considers that their ability to self-manage is compromised as a consequence of medical, mental health or significant social vulnerability to the extent that their health and/or wellbeing could be adversely affected, if reliant on self-care. To note that being exempt from paying a prescription charge does not automatically warrant an exception to the guidance. Consideration should also be given to safeguarding issues.
3. Consideration will also be given to patients with a learning disablity or additional communication / support needs.

2.3 Gender reassignment (including transgender)
Describe any impact and evidence in relation to transgender people. This can include issues such as privacy of data and harassment.

No impact identified

2.4 Marriage and civil partnership
Describe any impact and evidence in relation to marriage and civil partnership. This can include working arrangements, part time working and caring responsibilities.

No impact identified

2.5 Pregnancy and maternity
Describe any impact and evidence in relation to Pregnancy and Maternity. This can include working arrangements, part time working and caring responsibilities.

2. Impact of decision

In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should include any identified health inequalities which exist in relation to this work.

Currently women who are pregnant or recently given birth would have recourse to receiving these items for the conditions mentioned in this consultation without charge.
The woman could continue to obtain treatment if provided via the MECS and Pharmacy First Service. In addition if they meet the exception criteria they could continue to receive these treatments via a prescription without charge.

2.6 Race

Describe race-related impact and evidence. This can include information on different ethnic groups, Roma gypsies, Irish travellers, nationalities, cultures and language barriers.

There is a risk if communication of these recommendations (and their application) does not consider those patients where English is not their first language and could lead to confusion.

This could be mitigated with effective communication to patients and support for practices.

2.7 Religion or belief

Describe any impact and evidence in relation to religion, belief or no belief on service delivery or patient experience. This can include dietary needs, consent and end of life issues.

No impact identified

2.8 Sex

Describe any impact and evidence in relation to men and women. This could include access to services and employment.

No impact identified

2.9 Sexual orientation

Describe any impact and evidence in relation to heterosexual people as well as lesbian, gay and bisexual people. This could include access to services and employment, attitudinal and social barriers.

No impact identified

2. Impact of decision

In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should include any identified health inequalities which exist in relation to this work.

2.10 Carers

Describe any impact and evidence in relation to part-time working, shift-patterns, general caring responsibilities. (Not a legal requirement but a CCG priority and best practice)

A patient with a continuing disability (e.g. physical or Mental Health condition) which means they cannot go out without the help of another person (carer) would currently have the treatment/s mentioned in this consultation funded/prescribed and possibly delivered by their nominated community pharmacy. Going forward this might no longer be the case.

However they may fall into one exemption which may mean the patient would still receive a prescription. Two of the key exceptions from the recommendations are noted below :-

1. Circumstances where the prescriber believes that in their clinical judgement, exceptional circumstances exist that warrant deviation from the recommendation to self-care.
2. Individual patients where the clinician considers that their ability to self-manage is compromised as a consequence of medical, mental health or significant social vulnerability to the extent that their health and/or wellbeing could be adversely affected, if reliant on self-care. To note that being exempt from paying a prescription charge does not automatically warrant an exception to the guidance. Consideration should also be given to safeguarding issues.

2.11 Other disadvantaged groups

Describe any impact and evidence in relation to groups experiencing disadvantage and barriers to access and outcomes. This can include socio-economic status, resident status (migrants, asylum seekers), homeless people, looked after children, single parent households, victims of domestic abuse, victims of drug/alcohol abuse. This list is not finite. This supports the CCG in meeting its legal duties to identify and reduce health inequalities.

Wolverhampton is the 11th most deprived local authority in the country. The national recommendations don't consider socio economic factors (poverty) and its impact on patients. Purchasing OTC products may not be an option for some.
This could possibly impact on a group of patients considered.

People on low incomes may not self-treat adequately and therefore there is the risk that they will then present to Urgent Care/ Accident and Emergency or emergency services with a condition that has deteriorated.

The MECS and Pharmacy First Service would mitigate against this as would the general exceptions included.

3. Human rights *The principles are Fairness, Respect, Equality, Dignity and Autonomy.*				
Will the proposal impact on human rights?	Yes	☑	No	☐
Are any actions required to ensure patients' or staff human rights are protected?	Yes	☑	No	☐
If so what actions are needed? *Please explain below.*				

Ensure the exemptions and how to manage them are made clear to patients and practices.
As part of the implementation of this guidance, it is important that the CCGs need to supply patients with enhanced information on signposting so that they are able to access the right service. This could be done through care navigation, 111 services, local promotion of self-care and pharmacy services.

It is important to note that this guidance is not intended to discourage patients from going to the GP when it is appropriate to do so and indeed GPs will continue to recommend relevant treatments, however, they may no longer prescribe those medications covered by this.

4. How will you measure how the proposal impacts health inequalities?

<u>The CCG has a legal duty to identify and reduce health inequalities.</u>

e.g. patients with a learning disability were accessing cancer screening in substantially smaller numbers than other patients. By revising the pathway the CCG is able to show increased take up from this group, this a positive impact on this health inequality.

Feedback from patients and practices. The CCG will periodically review this feedback to help update this EA and recommendations.

4. How will you measure how the proposal impacts health inequalities? **<u>The CCG has a legal duty to identify and reduce health inequalities.</u>** *e.g. patients with a learning disability were accessing cancer screening in substantially smaller numbers than other patients. By revising the pathway the CCG is able to show increased take up from this group, this a positive impact on this health inequality.*

5. Engagement/consultation What engagement is planned or has already been done to support this project?		
Engagement activity	**With who?** *e.g. protected characteristic/group/community*	**Date**
Meds management team will be working with communication colleagues to undertake a series of engagement & involvement events for public and Gp members/non-medical prescribers. This will enable CCG to fully understand the impact of identified medicines withdrawal locally. We will also create and disseminate an online survey which will be distributed widely through our PPG Chairs, Citizen Forum Groups and Patient Partners.	With the public and specific patient groups that include some who may have been prescribed treatments for conditions covered by the recommendations. In addition we will aim to involve GP members & non-medical prescribers. PPG Chairs, Citizen Forum Groups and Patient Partners.	June, July & August 2018
The outcome of engagement will result in a marketing campaign to both the public and stakeholders to communicate the changes.	public and stakeholders	This will be delivered during September 2108.
Please summarise below the key finding / feedback from your engagement activity and how this will shape the policy/service decisions e.g. patient told us, so we will… (If a supporting document is available, please provide it or a link to the document)		

5. Engagement/consultation What engagement is planned or has already been done to support this project?		
Engagement activity	**With who?** *e.g. protected characteristic/group/community*	**Date**

6. Mitigations and changes

If you have identified mitigations or changes, summarise them below. E.g. restricting prescribing over the counter medication. It was identified that some patient groups require high volumes of regular prescribing of paracetamol, this needs to remain under medical supervision for patient safety, therefore an exception is provided for this group which has resolved the issue.

It should be noted that the CCG policy is guidance for primary care prescribers. The final decision to prescribe will remain with the prescriber. However, due regard needs to be given to professional guidance around resource management.

In addition the CCG continue to commission services (Pharmacy first scheme & MECS service) available which allow patients to receive treatment without charge for minor ailments.

Patients may fall into one of many exemptions which may result in the patient receiving a prescription. Two of the key exceptions from the recommendations are noted below :-

1. Circumstances where the prescriber believes that in their clinical judgement, exceptional circumstances exist that warrant deviation from the recommendation to self-care.
2. Individual patients where the clinician considers that their ability to self-manage is compromised as a consequence of medical, mental health or significant social vulnerability to the extent that their health and/or wellbeing could be adversely affected, if reliant on self-care. To note that being exempt from paying a prescription charge does not automatically warrant an exception to the guidance. Consideration should also be given to safeguarding issues.

The CCG policy will also be reviewed if:

- There is new relevant national guidance
- The APC issues new verdicts on any new medicines and items
- Any applications for change to the status of specific medicines and items in the schedule are made by local clinicians and approved by the APC
- Every two years (as per the review date on front sheet)

7. Is further work required to complete this EA? *Please state below what work is required and to what section e.g. additional consultation or engagement is required to fully understand the impact on a particular protected group (e.g. disability)*			
Work needed	**Section**	**When**	**Date completed**
e.g. Further engagement with disabled service users to identify key concerns around using the service.	*2 - Disability*	*June to July'17*	*September 2017*
Evaluation from engagement & involvement		August 2018	September 2018

8. Development of the Equality Analysis *If the EA has been updated from a previous version please summarise the changes made and the rationale for the change, e.g. Additional information may have been received – examples can include consultation feedback, service Activity data*		
Version	**Change and Rationale**	**Version Date**
e.g. Version 0.1	*The impact on wheelchair users identified additional blue badge spaces are required on site to improve access for this group.*	*26 September 2017*

9. Preparation for Sign off	
	Please Tick
1) Send the completed Equality Analysis with your documentation to Equality@ardengemcsu.nhs.uk and David.king17@nhs.net for feedback prior to Executive Director (ED) sign-off.	
2) Make arrangements to have the EA put on the appropriate programme board agenda	
3) Use the Action / version section to record the changes you are intending to make to the document and the timescales for completion.	

10. Final Sign off

The Completed EA forms must be signed off by the completing manager. They will be reviewed as part of the decision making process.

The completed form should also be sent to PMO so that the CCG can maintain an up to date log of all EAs.

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10. Final Sign off The Completed EA forms must be signed off by the completing manager. They will be reviewed as part of the decision making process. The completed form should also be sent to PMO so that the CCG can maintain an up to date log of all EAs.	
Version approved:	
Designated People	
Project officer* (Senior Officer responsible including action plan) Name: Date:	
Equality & Inclusion Review and Quality Assurance Name: David King Date: 24/4/18	
Executive Director Review: Name: Date:	
Name of **Approval Board** (*e.g. Commissioning Committee; Governing Body; Primary Care Commissioning Committee*) at which the EA was agreed at: Approval Board: Approval Board Ref Number: Chair: Date: Comments: Actions from the Approval Board to complete:	
Review date for action plan (section 7):	

BOARD ASSURANCE FRAMEWORK NOTES

(Please **DELETE** before submission)

Following a review of the BAF, it will now be based on the risks associated with the CCG achieving its strategic aims and objectives as follows:-

Strategic Aims	**Strategic Objectives**
1. Improving the quality and safety of the services we commission	a. Ensure on-going safety and performance in the system Continually check, monitor and encourage providers to improve the quality and safety of patient services ensuring that patients are always at the centre of all our commissioning decisions

2. Reducing health inequalities in Wolverhampton	a. Improve and develop primary care in Wolverhampton – Deliver our Primary Care Strategy to innovate, lead and transform the way local health care is delivered, supporting emerging clinical groupings and fostering strong local partnerships to achieve this b. Deliver new models of care that support care closer to home and improve management of Long Term Conditions Supporting the development of Multi-Speciality Community Provider and Primary and Acute Care Systems to deliver more integrated services in Primary Care and Community settings
3. System effectiveness delivered within our financial envelope	a. Proactively drive our contribution to the Black Country STP Play a leading role in the development and delivery of the Black Country STP to support material improvement in health and wellbeing for both Wolverhampton residents and the wider Black Country footprint. b. Greater integration of health and social care services across Wolverhampton Work with partners across the City to support the development and delivery of the emerging vision for transformation; including exploring the potential for an 'Accountable Care System.' c. Continue to meet our Statutory Duties and responsibilities Providing assurance that we are delivering our core purpose of commissioning high quality health and care for our patients that meet the duties of the NHS Constitution, the Mandate to the NHS and the CCG Improvement and Assessment Framework d. Deliver improvements in the infrastructure for health and care across Wolverhampton The CCG will work with our members and other key partners to encourage innovation in the use of technology, effective utilisation of the estate across the public sector and the development of a modern up skilled workforce across Wolverhampton.