



# Equality Impact Assessment Stage 2 for Services

Self Care medicines: Phase two



**Equality & Inclusion Team, Corporate Affairs**  
For enquiries, support or further information contact  
Email: [equality.inclusion@nhs.net](mailto:equality.inclusion@nhs.net)

**EQUALITY IMPACT AND RISK ASSESSMENT TOOL FOR SERVICES  
STAGE 2**

**ALL SECTIONS – MUST BE COMPLETED**  
Refer to guidance documents for completing all sections

**SECTION 1 - DETAILS OF PROJECT**

**Organisation: NHS Warrington CCG**

**Assessment Lead: Katie Horan**

**Directorate/Team responsible for the assessment:  
Engagement Team/ Medicines Management Team**

**Responsible Director/CCG Board Member for the assessment: Dr. Catherine Doyle**

**Who else will be involved in undertaking the assessment?**

**Date of commencing the assessment: 29.08.17**

**Date for completing the assessment: 02.01.18** following the 12 week consultation.

**SECTION 2 - EQUALITY IMPACT ASSESSMENT**

<b>Please tick which group(s) this service / project will or may impact upon?</b>	<b>Yes</b>	<b>No</b>	<b>Indirectly</b>
<b>Patients, service users</b>	*		
<b>Carers or family</b>	*		
<b>General Public</b>	*		
<b>Staff</b>	*		
<b>Partner organisations</b>	*		

**Background of the service / project being assessed:**

In January 2016, following a 12 week formal consultation, NHS Warrington Clinical Commissioning Group approved guidance on self-care prescribing. This advised that for minor short term health problems, patients should access advice and purchase medicines such as homely remedies as they and their family need rather than being prescribed by their GP or other clinicians. Patients are expected, where possible, to try to alter their diet and life-style if it is probable that this is the cause of a minor health problem.

Following the successful implementation of this policy, where 87% of local people agreed making the change would be a common sense approach, it is proposed that this policy is extended to include 29 additional medicines that fall within the following categories:

- Medicines and treatments that are available to purchase over-the-counter, used for

the treatment of minor, short-term medical conditions.

- Medicines and treatments where there is limited evidence of clinical benefit or cost-effectiveness.
- Medicines and treatments that are prescribed to treat conditions where there is no clinical need for treatment.

### **What are the aims and objectives of the service / project being assessed?**

- To ensure that the CCG use our prescribing resources effectively
- To deliver best patient outcomes from the medicines that our local population uses.
- To ensure that all medicines that are prescribed have evidence of clinical benefit or cost-effectiveness and no medicines and treatments are prescribed to treat conditions where there is no clinical need for treatment.

### **Services currently provided in relation to the project:**

The medications being assessed are all currently prescribed. The 29 items are:

- Topical pain relief
- Oral antihistamines for hay fever
- Decongestant nasal sprays and tablets
- Teething gel
- Vaginal moisturisers
- Warts and verrucae
- Topical circulatory products
- Antiperspirants
- Antifungal treatments (e.g. for athlete's foot)
- Topical treatments for bites and stings
- Topical treatments for cold sores
- Antibacterial Eye Drops (e.g. to treat conjunctivitis)
- Treatment for Diarrhoea
- Head lice treatments
- Treatments for infant colic
- Barrier creams for nappy rash
- Threadworm
- Vaginal thrush
- Haemorrhoids treatment

- Cough preparations
- Eye care products
- Probiotics
- Mild acne
- Cradle cap and dandruff
- Baby milks

**Which equality protected groups (age, disability, sex, sexual orientation, gender reassignment, race, religion and belief, pregnancy and maternity, marriage and civil partnership) and other employees/staff networks do you intend to involve in the equality impact assessment?**

**Please bring forward any issues highlighted in the Stage 1 screening**

All will be considered – the characteristics that will be affected most are age, disability and pregnancy as certain member of these groups are entitled to free NHS prescriptions. There is also the potential for impact on the deprived areas of Warrington.

**How will you involve people from equality/protected groups in the decision making related to the project?**

A formal 12 week consultation will commence on Friday 22<sup>nd</sup> September. Targeting:

- Those who do not pay for prescriptions so:
- Those with certain long term conditions and those affected by Cancer – work with support groups and providers to target these groups
- Age – target schools, colleges, Older Peoples groups, Care Homes
- Disability – as above re: LTC
- Pregnant women and those who have had a baby in the past 12 months – target breast feeding groups, mums and tots and providers to target these groups
- Low income – target CAB, Job Centres, job clubs, deprived wards, neighbourhood wardens, community centres, Wellbeing Mentors
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**Does the project comply with the NHS Accessible Information Standard? (providing any documents, leaflets, resources in alternative formats if requested to meet differing communication needs of patients and carers) YES**

### EVIDENCE USED FOR ASSESSMENT

**What evidence have you considered as part of the Equality Impact Assessment?**

- **All research evidence base references including NICE guidance and publication– please give full reference**

- **Bring over comments from Stage 1 and prior learning (please append any documents to support this)**

Prior learning from the phase one consultation in 2015/16.



004 16 GB Report  
Medicines Managemen

The policy is now being consulted on nationally.

### ENSURING LEGAL COMPLIANCE

Think about what you are planning to change; and what impact that will have upon 'your' compliance with the Public Sector Equality Duty (refer to the Guidance Sheet complete with examples where necessary)

In what way does your current service delivery help to:	How might your proposal affect your capacity to:	How will your mitigate any adverse effects? ( You will need to review how effective these measures have been)
<b>End Unlawful Discrimination?</b>	<b>End Unlawful Discrimination?</b>	<b>End Unlawful Discrimination?</b>
N/A	N/A	N/A
<b>Promote Equality of Opportunity?</b>	<b>Promote Equality of Opportunity?</b>	<b>Promote Equality of Opportunity?</b>
N/A	N/A	N/A
<b>Foster Good Relations Between People</b>	<b>Foster Good Relations Between People</b>	<b>Foster Good Relations Between People</b>
N/A	N/A	N/A

### WHAT OUTCOMES ARE EXPECTED/DESIRED FROM THIS PROJECT?

**What are the benefits to patients and staff?**

To ensure that the CCG use our prescribing resources effectively and deliver best patient outcomes from the medicines that our local population uses.

To ensure that all medicines that are prescribed have evidence of clinical benefit or cost-effectiveness and no medicines and treatments are prescribed to treat conditions where there is no clinical need for treatment.

**How will any outcomes of the project be monitored, reviewed, evaluated and promoted where necessary?**

**“think about how you can evaluate equality of access to, outcomes of and satisfaction with services by different groups”**

12 monthly review of patient experience, feedback, PALS and complaints.  
12 month review of prescribing budget

**EQUALITY IMPACT AND RISK ASSESSMENT**

**Does the ‘project’ have the potential to:**

- Have a **positive impact (benefit)** on any of the equality groups?
- Have a **negative impact / exclude / discriminate** against any person or equality group?
- **Explain** how this was identified? Evidence/Consultation?
- Who is most likely to be **affected** by the proposal and **how** (think about barriers, access, effects, outcomes etc.)
- Please include all evidence you have considered as part of your assessment e.g. Population statistics, service user data broken down by equality group/protected group

**Please see Equality Groups and their issues guidance document, this document may help and support your thinking around barriers for the equality groups**

Equality Group / Protected Group	Positive effect	Negative effect	Neutral /Indirect effect	Please explain - MUST BE COMPLETED
<b>Age</b>		*		People are entitled to free NHS prescriptions if they are: <ul style="list-style-type: none"> <li>• Under 16</li> <li>• Aged 16-18 and in full time education</li> <li>• Aged 60 or over</li> </ul> As this change refers to restriction of prescriptions and is not a blanket ban of the

				<p>products, on consultation if the GP or health professional determines the clinical need of that patient is severe enough they retain the right to use their clinical judgement to prescribe the medications.</p> <p>The criteria for exceptions that was agreed for phase one of the OTC policy to enable medications to still be prescribed for i.e. people with LD, very low income, people with English as their second language etc will support the wellbeing for this cohort of patients to ensure the Public Sector Equality Duty is met.</p> <p><b>Issues raised through the consultation:</b> Relating to care home and domiciliary care agencies not being able to administer OTC medications.</p> <p>The CCG and WBC are working together to update the Medication Guidelines for Nursing and Residential Homes and Domiciliary Care Policies and Procedures 2016 this should mitigate this risk.</p> <p>The majority of concerns raised, for both infant colic and baby milk, related to the cost of these medications if bought over the counter, with many respondents stating for specialist baby milk the cost is approximately £20.</p> <p>Treatment for infant colic for children where lactose intolerance is a long term condition and it has been confirmed by testing is the current criteria for prescribing and this will still remain the same.</p> <p>For baby milk, this will still be prescribed if there is a clinical need for specialist milk i.e. allergies to cow's milk. The restriction will only be for if there is no clinical need to treat.</p>
<b>Disability</b>				<p>Entitled to free prescriptions</p> <ul style="list-style-type: none"> <li>a permanent fistula (for example, caecostomy, colostomy, laryngostomy or ileostomy) which needs continuous</li> </ul>

				<p>surgical dressing or an appliance</p> <ul style="list-style-type: none"> <li>• a form of hypoadrenalism (for example, Addison’s Disease) for which specific substitution therapy is essential</li> <li>• diabetes insipidus and other forms of hypopituitarism</li> <li>• diabetes mellitus, except where treatment is by diet alone</li> <li>• hypoparathyroidism</li> <li>• myasthenia gravis</li> <li>• myxoedema (that is, hypothyroidism which needs thyroid hormone replacement)</li> <li>• epilepsy which needs continuous anticonvulsive therapy</li> <li>• a continuing physical disability which means you cannot go out without the help of another person</li> <li>• cancer and are undergoing treatment for either: <ul style="list-style-type: none"> <li>- cancer</li> <li>- the effects of cancer</li> <li>- the effects of cancer treatment</li> </ul> </li> </ul> <p>If the patient requires the listed medications to manage day to day wellbeing, they will still be prescribed.</p> <p>As this change refers to restriction of prescriptions and is not a blanket ban of the products, on consultation if the GP or health professional determines the clinical need of that patient is severe enough they retain the right to use their clinical judgement to prescribe the medications.</p> <p>The criteria for exceptions that was agreed for phase one of the OTC policy to enable medications to still be prescribed for i.e. people with LD, very low income, people with English as their second language etc will support the wellbeing for this cohort of patients to ensure the Public Sector Equality Duty is met</p> <p><b>Issues raised through the consultation:</b> The psychological issues potential associated with acne “deliberating to the sufferer even if its</p>
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				<p>mild”</p> <p>As the proposal is not a blanket ban, one of the key messages will be that the proposal is not to discourage people from seeking advice from a GP. A patient will still be able to seek advice from a GP or other prescribing health professional and medication will be prescribed if clinically appropriate.</p>
<b>Gender Reassignment</b>			*	
<b>Pregnancy and Maternity</b>		*		<p>If you are pregnant or have had a baby in the last 12 months, you are only entitled to free NHS prescriptions if you have a valid maternity exemption certificate.</p> <p>As this change refers to restriction of prescriptions and is not a blanket ban of the products, on consultation if the GP or health professional determines the clinical need of that patient is severe enough they retain the right to use their clinical judgement to prescribe the medications.</p> <p>The criteria for exceptions that was agreed for phase one of the OTC policy to enable medications to still be prescribed for i.e. people with LD, very low income, people with English as their second language etc will support the wellbeing for this cohort of patients to ensure the Public Sector Equality Duty is met</p>
<b>Race</b>			*	
<b>Religion or Belief</b>			*	
<b>Sex (Gender)</b>		*		<p>Females are statistically more prevalent as single parent than males.</p> <p>Single parent with children over 12 months and under 5yrs of age can be legally benefit dependent.</p> <p>With children over 7years of age may be on part time low income topped up by tax Credits</p>

				<p>Parent would qualify for free prescriptions if the child is under 12 months.</p> <p>As this change refers to restriction of prescriptions and is not a blanket ban of the products, on consultation if the GP or health professional determines the clinical need of that patient is severe enough they retain the right to use their clinical judgement to prescribe the medications.</p> <p>The criteria for exceptions that was agreed for phase one of the OTC policy to enable medications to still be prescribed for i.e. people with LD, very low income, people with English as their second language etc will support the wellbeing for this cohort of patients to ensure the Public Sector Equality Duty is met</p> <p>One of the medications is for vaginal thrush. The national criteria for these medications being able to be bought over the counter will remain, so this won't have an adverse impact on females. The exceptions for purchasing is: Vaginal thrush treatments for women are a restricted over the counter medication, for women who have symptoms of thrush for the first time, are under 16 or over 60 years old, recurrent episodes of thrush (more than twice in six months), treatment hasn't worked, they are pregnant or breastfeeding, have a weakened immune system (for example due to HIV, chemotherapy or diabetes).</p>
<b>Sexual Orientation</b>			*	
<b>Marriage and Civil Partnership</b> N.B. Marriage & Civil Partnership is only a protected characteristic in terms of work-related activities and NOT service provision			*	

<b>Carers</b>			*	
<b>Deprived Communities</b>		*		<p>You are also entitled to free prescriptions if you or your partner – including civil partner – receive, or you're under the age of 20 and the dependant of someone receiving:</p> <ul style="list-style-type: none"> <li>• Income Support</li> <li>• Income-based Jobseeker's Allowance</li> <li>• Income-related Employment and Support Allowance, or</li> <li>• Pension Credit Guarantee Credit</li> <li>• <u>Universal Credit</u> and <u>meet the criteria</u></li> </ul> <p>If you're entitled to or named on:</p> <ul style="list-style-type: none"> <li>• a valid NHS tax credit exemption certificate – if you don't have a certificate, you can show your award notice; you qualify if you get Child Tax Credits, Working Tax Credits with a disability element (or both) and have income for tax credit purposes of £15,276 or less</li> </ul> <p>Research evidence suggests that those on income of less that £20,000 defer buying over the counter medication harming their health.</p> <p>As this change refers to restriction of prescriptions and is not a blanket ban of the products, on consultation if the GP or health professional determines the clinical need of that patient is severe enough they retain the right to use their clinical judgement to prescribe the medications.</p> <p>The criteria for exceptions that was agreed for phase one of the OTC policy to enable medications to still be prescribed for i.e. people with LD, very low income, people with English as their second language etc will support the wellbeing for this cohort of patients to ensure the Public Sector Equality Duty is met</p>
<b>Vulnerable Groups e.g. Homeless, Sex</b>			*	<p>Some vulnerable groups i.e. homeless people will be entitled to free NHS prescriptions due to</p>

<b>Workers, Military Veterans</b>				<p>low income.</p> <p>As this change refers to restriction of prescriptions and is not a blanket ban of the products, on consultation if the GP or health professional determines the clinical need of that patient is severe enough they retain the right to use their clinical judgement to prescribe the medications.</p> <p>The criteria for exceptions that was agreed for phase one of the OTC policy to enable medications to still be prescribed for i.e. people with LD, very low income, people with English as their second language etc will support the wellbeing for this cohort of patients to ensure the Public Sector Equality Duty is met</p>
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**SECTION 3 - COMMUNITY COHESION & FUNDING IMPLICATIONS**

**Does the ‘project’ raise any issues for Community Cohesion (how it will affect people’s perceptions within neighbourhoods)?**  
No

**What effect will this have on the relationship between these groups? Please state how relationships will be managed?**  
No effect

**Does the proposal / service link to QIPP (Quality, Innovation, Productivity and Prevention Programme)?**  
No

**Does the proposal / service link to CQUIN (Commissioning for Quality and Innovation)?**  
No

**What is the overall cost of implementing the ‘project’?**  
**Please state: Cost & Source(s) of funding:**  
No cost

**This is the end of the Equality Impact section, please use the checklist in Appendix 2 to ensure and reflect that you have included all the relevant information.**

**SECTION 4 - HUMAN RIGHTS ASSESSMENT**

If the Stage 1 Equality Impact and Risk Assessment highlighted that you are required to complete a Stage 2 Human Rights assessment (please request a stage 2 Human Rights Assessment from the Equality and Inclusion Team), please bring the issues over from the screening into this section and expand further using the Human Rights full assessment toolkit then email to equality and inclusion team.

N/A

### SECTION 5 EQUALITY IMPACT ACTION PLAN

Impact/ Issue identified	Actions required to reduce / eliminate negative impact	Resources required (this may include financial)	Who will lead on the action?	Target date
<i>A proposal to decommission a service has not adequately consulted with protected groups therefore leads to a risk to both the proposal and the organisation through risk of legal challenge and/or Judicial Review.</i>	<i>Consult with people with protected characteristics who may be directly or indirectly affected by the proposal. To show understanding of the issues that may affect protected groups in relation to the proposal. Formal 12 week consultation to be undertaken.</i>	<i>Consultation and engagement plan.</i>	<i>Katie Horan</i>	<i>22.09.17</i>

### SECTION 6 – EQUALITY DELIVERY SYSTEM 2 (EDS2)

Please go to Appendix 1 of the EIRA and tick the box appropriate EDS2 outcome(s) which this project relates to. This will support your organisation with evidence for the Equality and Inclusion annual equality progress plan and provide supporting evidence for the annual Equality Delivery System 2 Grading

### SECTION 7 – ONGOING MONITORING AND REVIEW OF EQUALITY IMPACT ACTION PLAN

**Please describe briefly, how the equality action plans will be monitored through internal CCG governance processes?**

Regular updates will be given to the Primary Care Quality Committee

**Date of the next review of the Equality Impact Risk Assessment section and action plan? (Please note: if this is a project or pilot, reviews need to be built in to the project/pilot plan)**

12 monthly after the implementation (approx. July 2018)

<b>Which CCG Committee / person will be responsible for monitoring the action plan progress?</b>
Primary Care Quality Committee
<b>FINAL SECTION SECTION 8</b>
<b>Review date linked to Commissioning Cycle:</b> N/A
<b>Acknowledgement that EIRA will form evidence for NHS Standard Contract Schedule 13:</b> No
<b>Date sent to Equality &amp; Inclusion (E&amp;I) Team for quality check:</b> 20.10.17
<b>Date quality checked by Equality and Inclusion Business Partner:</b>
<b>Date of final quality check by Equality and Inclusion Business Partner:</b>
<b>Signature Equality and Inclusion Business Partner:</b>
<b>CCG Committee Name and sign off date:</b>



This is the end of the Equality Impact and Risk Assessment process: By now you should be able to clearly demonstrate and evidence your thinking and decision(s). To meet publishing requirements this document SHOULD NOW BE PUBLISHED ON YOUR ORGANISATIONS WEBSITE.

- Save this document for your own records. Send this documents and copy of Human Rights Screening to [equality.inclusion@nhs.net](mailto:equality.inclusion@nhs.net)

**Supplementary information to support CCG compliance to equality legislation:**

**Appendix 1: Equality Delivery System:**

<b>APPENDIX 1: The Goals and Outcomes of the Equality Delivery System</b>			<b>Tick box(s) below</b>
<b>Objective</b>	<b>Narrative</b>	<b>Outcome</b>	
<b>1.</b> Better health outcomes	The NHS should achieve improvements in patient health, public health and patient safety for all, based on	<b>1.1</b> Services are commissioned, procured, designed and delivered to meet the health needs of local communities	*
		<b>1.2</b> Individual people's health needs are assessed and met in appropriate and effective ways	*
		<b>1.3</b> Transitions from one service to another, for people on care pathways, are made	

	comprehensive evidence of needs and results	smoothly with everyone well-informed	
		<b>1.4</b> When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	
		<b>1.5</b> Screening, vaccination and other health promotion services reach and benefit all local communities	
<b>2.</b> Improved patient access and experience	The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience	<b>2.1</b> People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	
		<b>2.2</b> People are informed and supported to be as involved as they wish to be in decisions about their care	
		<b>2.3</b> People report positive experiences of the NHS	
		<b>2.4</b> People's complaints about services are handled respectfully and efficiently	
<b>3.</b> A representative and supported workforce	The NHS should increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients' and communities' needs	<b>3.1</b> Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	
		<b>3.2</b> The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations	
		<b>3.3</b> Training and development opportunities are taken up and positively evaluated by all staff	
		<b>3.4</b> When at work, staff are free from abuse, harassment, bullying and violence from any source	
		<b>3.5</b> Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	

		<b>3.6</b> Staff report positive experiences of their membership of the workforce	
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<b>Equality Impact and Risk Assessment Checklist</b>	
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<b>4.</b> Inclusive leadership	NHS organisations should ensure that equality is everyone’s business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions	<b>4.1</b> Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	
		<b>4.2</b> Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are managed	
		<b>4.3</b> Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	

**Appendix 2: Checklist for ensuring you have considered public sector equality duty and included all relevant information as part of the EIRA.**

Scope	Yes/No
Have I made the reader aware of the full scope of the proposal and do I understand the current situation and what changes may occur?	
Have I made the reader aware of our organisations legal duties with regard to Equality & Diversity and are they documented?	
Has the relevance of these duties pertaining to this item been outlined explicitly and documented?	
Have I explained how in this area we currently meet our Public Sector Equality Duties and how any change may affect this?	
Have I seen sufficient research and consultation to consider the issues for equality groups? (This may be national and local; demographic, numbers of users, numbers affected, community needs, comparative costs etc.)	
Have I carried out specific consultation with affected groups prior to a final decision being made?	
Has consultation been carried out over a reasonable period of time i.e. no less than six weeks leading up to this item?	
Have I provided evidence that a range of options or alternatives have been explored?	
<b>Impact</b>	
Do I understand the positive and negative impact this decision may have on all equality groups?	
Am I confident that we have done all we can to mitigate or at least minimise negative impact for all equality groups?	
Am I confident that where applicable we considered treating disabled people more favourably in order to avoid negative impact (Disability Equality Duty)?	
Am I confident that where applicable we allowed an exception to permit different treatment ( i.e. a criteria or condition) to support positive action	
Have I considered the balance between; proposals that have a moderate impact on a large number of people against any severe impact on a smaller group.	Yes

<b>*Wider Budgetary Impact (where applicable)</b>	
Within the wider context of budgetary decisions did I consider whether an alternative would have less direct impact on equality groups?	
Within the wider context of budgetary decisions did I consider whether particular groups would be unduly affected by cumulative effects/impact?	
<b>Transparency of decisions</b>	
<b>Due regard</b>	
Did I consider all of the above before I made a recommendation/decision?	

