

Equality Impact Assessment for the commissioning of over-the-counter medicines for short-term and intermittent illnesses promoting self-care and the prescribing of foods outside of agreed guidelines, e.g. some infant formula milks for children aged over 2 years old

Equality Analysis - Equality Impact Assessment Screening Form

Name of policy / service	Over-the-Counter Medicines Policy
What is it that is being proposed?	That the CCG undertake consultation on proposals to assess the prescribing of over-the-counter medicines for short-term and intermittent illnesses by prescribers in ENHCCG against a proposed priorities framework to support decision making with regard to future commissioning.
What are the intended outcome(s) of the proposal	The outcomes of the proposal for patients is that all individuals will now be expected to pay for over-the-counter medicines for conditions that can be managed through self-care, including groups that currently receive free prescriptions (such as children, older people and those on low incomes).
Explain why you think a full Equality Impact Assessment is not needed	n/a
On what evidence/information have you based your decision?	This does not include patients with diagnosed long-term conditions and the care of the patient must remain a GPs first concern. The prescriber must make a clinical decision for each individual patient and if a GP has any concerns such as safeguarding adults and/or children, a prescription should be written.
How will you monitor the impact of policy or service?	The impact of the policy will be monitored by using electronic prescribing data, patient feedback and complaints.
How will you report your findings?	The completed Equality Impact Assessment will be published on the East and North Herts CCG website if any changes are made to the commissioning of over-the-counter medicines.

Assessors Name and Job title	Stacey Golding, Lead Pharmaceutical Adviser
Date	20.7.17

Equality Analysis – Full Equality Impact Assessment (DRAFT PRIOR TO CONSULTATION)

Title of policy, service, proposal etc being assessed:

Over-the-Counter Medicines Policy

What are the intended outcomes of this work?

The CCG is considering that GPs using their professional judgement will minimise prescribing of medicines which are available over the counter for patients with self-limiting conditions.

The outcomes of the proposal to patients is that all individuals will now be expected to pay for over-the-counter (OTC) medicines for conditions that can be managed through self-care, including groups that currently receive free prescriptions (such as children, elderly and those on low incomes).

How will these outcomes be achieved?

The CCG will promote the purchasing by patients of over-the-counter medicines and self-care where possible to reduce unnecessary costs. (Currently around 20% of a GPs time and 40% of their total consultations are used for minor ailments and common conditions).

An increasing range of medicines are available for purchase from pharmacies, from other shops and online. The CCG will support patients to access minor ailments care from the right place; encouraging them to consult pharmacists and other healthcare professionals.

Community pharmacists should not advise patients to request their GP to prescribe medicines available for self-limiting conditions and minor health problems where these are available to purchase.

Who will be affected by this work?

Patients and the public have a range of resources for advice on medicines use, e.g. community pharmacists, NHS 111, NHS Choices, which can be used to enable self-care as well as their GP or a Nurse. 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, e.g. dyspepsia.

The CCG will provide additional patient information resources to practices including information and frequently asked questions, press releases in the media and social media and GP support in case of

queries.

Where a treatment is needed on a long-term (chronic) basis e.g. paracetamol regularly four times daily in osteoarthritis, the patient's regular clinician may choose to prescribe. GPs are contractually obliged to carry out medication reviews to ensure that excessive and unnecessary items are stopped.

If there are concerns about an individual patient's ability to pay, safeguarding or welfare issues the GP may prescribe.

Evidence

What evidence have you considered?

Against each of the protected characteristics categories below list the main sources of data, research and other sources of evidence (including full references) reviewed to determine impact on each equality group (protected characteristic).

This can include national research, surveys, reports, research interviews, focus groups, pilot activity evaluations or other Equality Analyses. If there are gaps in evidence, state what you will do to mitigate them in the Evidence based decision making section of this template.

If you are submitting no evidence against a protected characteristic, please explain why.

Age

Patients will not receive medicines over the counter for short term self-limiting conditions and will be directed to a pharmacy for advice and to purchase the product if required.

Currently, you can get free NHS prescriptions if, at the time the prescription is dispensed, you:

- are 60 or over
- are under 16
- are 16-18 and in full-time education

These groups would therefore have to pay for any over the counter medications for conditions that can be managed by self-care, which could impact income or their management of self-limiting conditions.

Mitigating actions:

Where a treatment is needed for a long-term chronic condition or there are legal restrictions on the amount of medicine that can be purchased over the counter, then the patient's regular clinician will still be able to prescribe.

Pre-payment certificates are also available enabling the patient to make a fixed quarterly or annual

payment for prescription medicines.

The care of the individual patient must remain a prescribers first concern as described in the GMC 'duties of a doctor'

http://www.gmc-uk.org/guidance/good_medical_practice/duties_of_a_doctor.asp

Therefore the prescriber should recommend treatment based on clinical need but if there are concerns about an individual patient's ability to pay, resources, safeguarding or welfare issues the GP may prescribe.

Gender reassignment (including transgender)

There is currently no evidence of likely differential impact because of the protected characteristic.

Marriage and civil partnership

There is currently no evidence of likely differential impact because of the protected characteristic.

Pregnancy and maternity

Currently, you can get free NHS prescriptions if, at the time the prescription is dispensed, you are pregnant or have had a baby in the previous 12 months and have a valid maternity exemption certificate (MatEx). This proposal will potentially increase costs for this group of people.

Mitigating actions:

Where a treatment is needed for a long-term chronic condition or there are legal restrictions on the amount of medicine that can be purchased over the counter, then the patient's regular clinician will still be able to prescribe. The prescriber must also take into account safeguarding and welfare issues of the mother and unborn child.

Pre-payment certificates are also available enabling the patient to make a fixed quarterly or annual payment for prescription medicines.

Race

There is currently no evidence of likely differential impact because of the protected characteristic.

Religion or belief

There is currently no evidence of likely differential impact because of the protected characteristic.

Sex

There is currently no evidence of likely differential impact because of the protected characteristic.

Sexual orientation

There is currently no evidence of likely differential impact because of the protected characteristic.

Carers

There is currently no evidence of likely differential impact because of the protected characteristic.

Other identified groups Detail and consider evidence on groups experiencing disadvantage and barriers to access and outcomes. This can include different socio-economic groups, geographical area inequality, income, resident status (migrants, asylum seekers).

Currently, you can get free NHS prescriptions if, at the time the prescription is dispensed, you:

- have a specified medical condition and have a valid medical exemption certificate (MedEx)
- have a continuing physical disability that prevents you from going out without help from another person and have a valid MedEx
- hold a valid war pension exemption certificate and the prescription is for your accepted disability
- are an NHS inpatient.

These groups of people may therefore be negatively impacted as a result of this proposal for self-limiting conditions only (not for on-going prescriptions for long-term conditions).

Mitigating actions:

Where a treatment is needed for a long-term chronic condition or there are legal restrictions on the amount of medicine that can be purchased over the counter, then the patient's regular clinician will still be able to prescribe.

Pre-payment certificates are also available enabling the patient to make a fixed quarterly or annual payment for prescription items.

Also as above if there are concerns about an individual patient's ability to pay, safeguarding or welfare issues the GP may prescribe.

Engagement and involvement

How have you engaged stakeholders with an interest in protected characteristics in gathering evidence or testing the evidence available?

Changes will be discussed with key stakeholders including providers, patients and the public, with feedback being considered before any decisions on future services are made.

How have you engaged stakeholders in testing the policy or programme proposals?

The consultation document will be widely available including to patient groups. Six engagement events are planned across East and North Hertfordshire.

For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:

To be completed after engagement activities.

Summary of Analysis

Considering the evidence and engagement activity you listed above, please summarise the impact of your work. Consider whether the evidence shows potential for differential impacts, if so state whether adverse or positive and for which groups and/or individuals. How you will mitigate any negative impacts? How you will include certain protected groups in services or expand their participation in public life?

Impact on all patient groups has been considered and will be mitigated where possible.

Now consider and detail below how the proposals could support the elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups (the General Duty of the Public Sector Equality Duty).

Eliminate discrimination, harassment and victimisation

There is currently no evidence of likely differential impact.

Advance equality of opportunity

Access will improve as no appointment needed in pharmacy and frees up GP appointments for other patients with long-term conditions.

Patients will be in control of access to medicines and advice and treatment will be available more speedily. There will be increased choice of product and formulation.

Increased cost to patient may impact on whether they view this as a positive impact.

Promote good relations between groups

This policy will apply equally to all Hertfordshire residents.

Next Steps

Please give an outline of what you are going to do, based on the gaps, challenges and opportunities you have identified in the summary of analysis section. This might include action(s) to eliminate discrimination issues, partnership working with stakeholders and data gaps that need to be addressed through further consultation or research. This is your action plan and should be SMART.

Public engagement period from July 6th 2017 for 10 weeks.

How will you share the findings of the Equality analysis? This can include sharing through corporate governance or sharing with, for example, other directorates, partner organisations or the public.

The completed Equality Impact Assessment will be published on the East and North Herts CCG website if any changes are made to the commissioning of over-the-counter medicines.

Privacy Impact Assessment – Initial Screening tool

1. Policy	PIA Completion Details		
Title: <input checked="" type="checkbox"/> Proposed <input type="checkbox"/> Existing Date of Completion: 08/06/17 Review Date:	Names & Titles of staff involved in completing Stacey Golding Lead Pharmaceutical Adviser		
2. Details of the Policy. Who is likely to be affected by this policy?			
<input checked="" type="checkbox"/> Staff	<input checked="" type="checkbox"/> Patients	<input checked="" type="checkbox"/> Public	
	Yes	No	Please explain your answers
Technology Does the policy apply new or additional information technologies that have the potential for privacy intrusion? <i>(Example: use of smartcards)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Identity By adhering to the policy content does it involve the use or re-use of existing identifiers, intrusive identification or authentication? <i>(Example: digital signatures, presentation of identity documents, biometrics etc.)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
By adhering to the policy content is there a risk of denying anonymity and de-identification or converting previously anonymous or de-identified data into identifiable formats?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

<p>Multiple Organisations Does the policy affect multiple organisations? <i>(Example: joint working initiatives with other government departments or private sector organisations)</i></p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>There is also a consultation on the prescribing of over-the-counter medicines in Herts Valleys and West Essex CCGs as well as other CCGs. No patient data will be shared.</p>
<p>Data By adhering to the policy is there likelihood that the data handling processes are changed? <i>(Example: this would include a more intensive processing of data than that which was originally expected)</i></p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>The CCG prescribing and medicines optimisation team (PMOT) will be involved in additional monitoring of prescribing data to assess the impact of the policy when implemented (this is identifiable by GP practice but not by patient).</p>
<p>If Yes to any of the above have the risks been assessed, can they be evidenced, has the policy content and its implications been understood and approved by the department? *Ticking 'Yes' to any section will require completion of the full screening tool – for advice contact Head of Governance.</p>	<p>Not applicable</p>		

<p>Assessments Completed by</p>	
<p>Name:</p>	<p>Stacey Golding</p>

Position:	Lead Pharmaceutical Adviser
Date:	8th June 2017

Assessment to be reviewed by Head of Information.

Head of Information name: David Hodson

Date: 21.6.17

Assessment to be reviewed by SIRO or Caldicott Guardian.

Name: Sheilagh Reavey

Role: Director of Nursing and Quality

Date: 5.7.17