Health and Social Care Board

Template revised August 2011

Equality, Good Relations and Human Rights SCREENING TEMPLATE

The Health and Social Care Board is required to consider the likely equality implications of any policies or decisions. In particular it is asked to consider:

1) What is the likely impact on equality of opportunity for those affected by this policy, for each of the section 75 equality categories? (minor, major or none)

2) Are there opportunities to better promote equality of opportunity for people within the Section 75 equality categories?

3) To what extent is the policy likely to impact on good relations between people of a different religious belief, political opinion or racial group? (minor, major or none)

4) Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial group?

See Guidance Notes for further information on the 'why' 'what' 'when', and 'who' in relation to screening, for background information on the relevant legislation and for help in answering the questions on this template (follow the links).

For advice on screening please contact: Anne McGlade: Equality Manager, Business Services Organisation, Equality Unit anne.mcglade@hscni.net or Telephone 028 90535577

As part of the audit trail documentation needs to be made available for all policies and decisions examined for equality and human rights implications. The screening template is a pro forma to document consideration of each screening question.

For information (evidence, data, research etc) on the Section 75 equality groups see the Equality and Human Rights Information Bank on the BSO website:
http://www.hscbusiness.hscni.net/services/1798.htm

The majority of policies or decisions need to be screened using the full template. There are some policies or decisions where it is obvious that there is no impact on people. If this is so please confirm using the screening assurance statement pro-forma below.

Health and Social Care Board

Equality, Good Relations and Human Rights
SCREENING
Assurance Statement

Complete Page 2 only if you have considered the relevance of the policy or decision in relation to the 4 screening questions and conclude that there is:

"No scope to promote equality of opportunity"

Please complete this statement –

Approved Lead Officer: Dr Sloan Harper

Position: Director of Integrated Care

Policy/Decision Screened by: Mr Joe Brogan

Signed: 

Date: 24th April 2012

Please forward this completed Screening Assurance Statement to:
Equality.Unit@hscni.net

Otherwise please complete full screening template pages 3-11.

Health and Social Care Board

Equality, Good Relations and Human Rights
SCREENING TEMPLATE

(1) INFORMATION ABOUT THE POLICY OR DECISION

1.1 Title of policy or decision

Introduction of a new Medicines Adherence Service for Northern Ireland

1.2 Description of policy or decision

The aim of this policy is to improve outcomes from prescribed medicines by ensuring safety and quality in provision of adherence support for mental health patients and older persons who are living in their own homes".

- Evidence suggests that approximately 50% people do not adhere to prescribed medication.
- People over 65 years old receive an average of 55 prescription items per year and 36% of older people take 4 or more medicines regularly.
- Under legislation, the Board must consult upon new services and this screening has been carried out prior to the consultation phase.

1.3 Main stakeholders affected (internal and external)

- Actual or potential service users and their carers
- Regulation and Quality Improvement Authority
- General Medical Practitioners
- NI GPC (General Practitioners Committee)
- Community Pharmacy contractors
- Community Pharmacy Northern Ireland
- Hospital Trusts – Pharmacy, nursing, and older people's services
- Domiciliary care agencies
- Public Health Agency
- Business Services Organisation (BSO)

- Health and Social Care Board (Board) – medicines management advisers, older peoples services,
- Department of Health, Social Services and Public Safety (DHSSPS)
- The Association of the British Pharmaceutical Industry
- Alzheimer's Society
- Carers Northern Ireland

1.4 Other policies or decisions with a bearing on this policy or decision

- "Transforming your care A Review of Health and Social Care in Northern Ireland". December 2011
- "Caring for carers" DHSSPS, January 2006
- "Domiciliary Care Agencies – Minimum Standards" DHSSPS, August 2011
- Hospital Trust policies for supply of medicines on discharge
- GP practice policies for handling medicines and standard operating procedures for prescribing
- Community pharmacy policies and standard operating procedures for dispensing medicines
- Domiciliary care agency policies for handling or administration of medicines
- Respite care home and day centre policies for handling or administration of medicines
- NI Single Assessment Tool

(2) CONSIDERATION OF EQUALITY AND GOOD RELATIONS ISSUES AND EVIDENCE USED

2.1 Data Gathering

What information did you use to inform this equality screening? For example, previous consultations, statistics, research, Equality Impact Assessments (EQIAs), complaints. Provide details of how you involved stakeholders, views of colleagues, service users, staff side or other stakeholders.

- Stakeholders' views were obtained through a series of meetings of the regional medicines adherence working group April – Dec 2011.
- Population of Northern Ireland statistics obtained from NI Statistics and Research Agency (NISRA) website
- "Transforming your care" report and other sources (referenced below).
- Prescription and multiple dispensing volume modelling taken from BSO.

2.2 Quantitative Data

Who is affected by the policy or decision? Please provide a statistical profile. Note if policy affects both staff and service users, please provide profile for both.

Category	***What is the makeup of the affected group? (%) Are there any issue or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?***
Gender	The Mid Year estimate June 2010 for the Population of Northern Ireland was 1,799,400 Male: 884,400 (49.15%) Female: 915,000 (50.85%) (Source: NISRA, June 2011)
Age	Older People Between 2009 and 2010 the pensioner population has increased by 2.1% (from 301,900 to 308,300). Between 2009 and 2010 the very elderly population (85+) has increased by 3.5% (from 28,680 to 29,665). Children (under 16) 382,000 (21.2%)

	Working Age (males 16-64, females 16-59) 1,109,400 (61.6%) Males 65+ Females 60+years 308,300 (17.1%) (Source: NISRA, June 2011)
Religion	43.8% of population from a Catholic background 53.1% of population from Protestant and other Christian background. (Source: 2001 Census)
Political Opinion	First preference votes per party in NI Assembly Elections 2011: DUP -198, 436 Sinn Fein – 178,222 UUP – 87,531 SDLP – 94,286 Alliance - 50875 Other - 52,384 (Source: Electoral Office NI, 2011)
Marital Status	Single never married 33.11% Married 48.45% Remarried 2.67% Divorced 4.12% Separated 3.84% Widowed 7.81% (Source: 2001 Census)
Dependent Status	Based on the most recent information from Carers Northern Ireland, the following facts relate to carers: - 1 in every 8 adults is a carer - There are approximately 207,000 carers in Northern Ireland - One quarter of all carers provide over 50 hours of care per week - People providing high levels of care are twice as likely to be permanently sick or disabled than the average person - Approximately 30,000 people in Northern Ireland care for more than one person - 64% of carers are women; 36% are men (Source: info@carersni.org – June 2011)
Disability	Over one-fifth (21%) of adults in Northern Ireland have at least one disability. Amongst children, 6% are affected by a disability. (Source: Census, 2001)

Ethnicity	White 99.15% Irish Traveller 0.10% Mixed 0.20% Indian 0.09% Pakistani 0.04% Bangladeshi 0.01% Other Asian 0.01% Black Caribbean 0.02% Black African 0.03% Other Black 0.02% Chinese 0.25% Other Ethnic 0.08% (Source: Census, 2001)
Sexual Orientation	Whilst there are no accurate statistics on sexual orientation in the community as a whole, it is estimated that one in ten people in N Ireland are from Lesbian, Gay, Bisexual or Transgender groups.

2.3 Qualitative Data

What are the different needs, experiences and priorities of each of the categories in relation to this policy or decision and what equality issues emerge from this? Note if policy affects both staff and service users, please discuss issues for both.

Category	***Needs and Experiences***
Gender	There is evidence of a slight bias towards females in the age group 25-59 years from lower socio economic backgrounds in accessing health and social care services. (Transforming your care)
Age	Older people and the very young consume a greater proportion of health and social care resources than the rest of the population. DHSSPS figures show that 70% of the population is taking medicines to treat or prevent ill-health or to enhance well-being at any one time. Three out of four people aged over 75 are taking prescribed medicines. Older people are more likely to require support with medicines-taking to improve medicines adherence and may require the

	provision of solutions tailored to their individual needs. Carers are often required to assist with or administer medicines to people and there is a very limited service currently in place to support this role. People with mental illness may not adhere to medication intentionally. If identified, they may require referral to other services for solutions to medicines adherence problems.
Religion	None
Political Opinion	None
Marital Status	None
Dependent Status	Those with dependents will access the service more than those who don't.
Disability	There is evidence to show that people with disabilities have difficulty accessing health and social care services but there is no information in respect of adherence to medication. They may require medicines adherence solutions provided in a different format to others e.g. information and instructions in large print if visually impaired. People with mental illness may not adhere to medication intentionally. If identified, they may require referral to other services for solutions to medicines adherence problems.
Ethnicity	There is evidence to show that certain ethnic minority or racial groups have difficulty accessing health and social care services but there is no information in respect of adherence to medication. They may require interpreting services, both written and verbal to assist with medicines-taking.
Sexual Orientation	None

2.4 Multiple Identities

Are there any potential impacts of the policy or decision on people with multiple identities? For example; disabled minority ethnic

people; disabled women; young Protestant men; and young lesbians, gay and bisexual people.

There is no information available to identify the potential impact on people with multiple identities. However we know there are multiple needs in relation to for example age, gender and mental health issues. It is anticipated that the introduction of a new medicines adherence service is likely to have a positive impact on people.

2.5 Based on the equality issues you identified in 2.2 and 2.3, what changes did you make or do you intend to make in relation to the policy or decision in order to promote equality of opportunity?

In developing the policy or decision what did you do or change to address the equality issues you identified?	***What do you intend to do in future to address the equality issues you identified?***
There is recognition that those with adherence support issues and in particular, older people, people with mental illness, people who depend on carers for support with medicines-taking, people who do not speak English as a first language and people with disabilities require a commissioned service to support their needs.	A working group has made recommendations to this end. It is anticipated a new service will be commissioned to support provision. People will be assessed to determine which solutions best meet their medicine-taking needs and a range of solutions will be commissioned. Processes for monitoring and evaluation of the new service (once commissioned) will be put in place. For example, data on the medicines adherence solutions provided by community pharmacies will be available from the BSO; outcomes data from the medicines adherence assessment process will be collated and monitored. Training specifications for medicines management in domiciliary care will be

	developed regionally.

2.6 Good Relations

What changes to the policy or decision – if any – or what additional measures would you suggest to ensure that it promotes good relations? (refer to guidance notes for guidance on impact)

Group	*Impact*	*Suggestions*
Religion	No further impact	No suggestions
Political Opinion	No further impact	No suggestions
Ethnicity	No further impact	Make available interpreting services including face-to-face and telephone interpreting; also written translations for medicine reminder cards

(3) SHOULD THE POLICY OR DECISION BE SUBJECT TO A FULL EQUALITY IMPACT ASSESSMENT?

A full equality impact assessment (EQIA) is usually confined to those policies or decisions considered to have major implications for equality of opportunity.

How would you categorise the impacts of this decision or policy? (refer to guidance notes for guidance on impact)

Please tick:

Major impact	
Minor impact	

No further impact	✓

Do you consider that this policy or decision needs to be subjected to a full equality impact assessment?

Please tick:

Yes	

No	✓

Please give reasons for your decisions.

The aim of the medicines adherence service is to improve outcomes from prescribed medicines by ensuring safety and quality in the provision of adherence support for mental health patients and older people who are living in their own homes. The decision to commission a medicines adherence service has been developed including stakeholders from the outset. As the service is developed, specific actions will be taken as necessary to identify inequality issues and address them.

Medicines adherence support will be available to all people who are prescribed medicines. People will be assessed to determine which solutions are the most appropriate to improve their adherence to medicines, thereby maximising the benefit from the prescribed medication.

(4) CONSIDERATION OF DISABILITY DUTIES

4.1 In what ways does the policy or decision encourage disabled people to participate in public life and what else could you do to do so?

How does the policy or decision currently encourage disabled people to participate in public life?	*What else could you do to encourage disabled people to participate in public life?*
Medication adherence solutions will be provided primarily from community pharmacies which are widely accessible and provide a primary healthcare facility for all patients. Pharmacies can provide patients with disabilities additional support such that they can participate in public life.	Development of pharmacy infrastructure such that they are fully accessible by people with disabilities.

4.2 In what ways does the policy or decision promote positive attitudes towards disabled people and what else could you do to do so?

How does the policy or decision currently promote positive attitudes towards disabled people?	*What else could you do to promote positive attitudes towards disabled people?*
Provision of medicines adherence solutions to a range of people including those with disabilities will ensure that disabled people are able to manage their medication in the same manner as others.	Through the development of new contract models, further services will be commissioned. There will also be additional expectation in relation to compliance with the Equality Act.

(5) CONSIDERATION OF HUMAN RIGHTS

5.1 Does the policy or decision affect anyone's Human Rights? Complete for each of the articles

ARTICLE	Yes/No
Article 2 – Right to life	No
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment	No
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour	No
Article 5 – Right to liberty & security of person	No
Article 6 – Right to a fair & public trial within a reasonable time	No
Article 7 – Right to freedom from retrospective criminal law & no punishment without law	No
Article 8 – Right to respect for private & family life, home and correspondence.	No
Article 9 – Right to freedom of thought, conscience & religion	No
Article 10 – Right to freedom of expression	No
Article 11 – Right to freedom of assembly & association	No
Article 12 – Right to marry & found a family	No
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights	No
1st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property	No
1st protocol Article 2 – Right of access to education	No

If you have answered no to all of the above please move onto to move on to ***Question 6*** *on monitoring*

5.2 If you have answered yes to any of the Articles in 5.1, does the policy or decision interfere with any of these rights? If so, what is the interference and who does it impact upon?

List the Article Number	Interfered with? Yes/No	What is the interference and who does it impact upon?	Does this raise any legal issues? Yes/No

** It is important to speak to your line manager on this and if necessary seek legal opinion to clarify this*

5.3 Outline any actions which could be taken to promote or raise awareness of human rights or to ensure compliance with the legislation in relation to the policy or decision.

We will be putting in place a service for those with medicine adherence support needs, in particular older people, people with mental health issues and those who rely on carers enhances people's rights.

(6) MONITORING

6.1 What data will you collect in the future in order to monitor the effect of the policy or decision on any of the categories (for equality of opportunity and good relations, disability duties and human rights?

Equality & Good Relations	Disability Duties	Human Rights
The planned capture of service monitoring data will consider equality, good relations.	The planned capture of service monitoring data will consider disability.	The planned capture of service monitoring data will consider human rights

Approved Lead Officer: Dr Sloan Harper

Position: Director of Integrated Care, HSCB

Policy/Decision Screened by: Joe Brogan, Assistant Director of Integrated Care, HSCB

Signed: 

Date: 24th April 2012

Please note that having completed the screening you will need to ensure that a consultation on the outcome of screening is undertaken, in line with Equality Commission guidance.

Please forward completed template to:
Equality.Unit@hscni.net.

If you have any queries contact: Anne McGlade, Equality Manager, Business Services Organisation Email:
anne.mcglade@hscni.netTelephone 028 90535577

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