

Equality, Good Relations and Human Rights SCREENING

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.

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>

Equality, Good Relations and Human Rights SCREENING TEMPLATE

(1) INFORMATION ABOUT THE POLICY OR DECISION

1.1 Title of policy or decision

Community pharmacy global sum fees 2015/16

1.2 Description of policy or decision

- **what is it trying to achieve? (aims and objectives)**
- **how will this be achieved? (key elements)**
- **what are the key constraints? (for example financial, legislative or other)**

The pharmacy global sum provides the core dispensing and practice fees for community pharmacy.

A set investment is split between three elements of fee – practice allowance, ordinary dispensing and multiple dispensing. The practice allowance has historically been fixed at circa £18k per pharmacy per year, the dispensing fees are adjusted depending upon projections on volume such that the global sum investment is at the targeted amount.

Constraints are financial – there is a limit on public sector spending; the global sum amount has been linked to the Doctors and Dentists pay Review Board (DDRB). Under legislation, the Board must consult upon the fees and this screening has been carried out prior to the consultation phase. It is anticipated that the DDRB will recommend a 0% uplift for 2015/16

1.3 Main stakeholders affected (internal and external)

For example staff, actual or potential service users, other public sector organisations, voluntary and community groups, trade unions or professional organisations or private sector organisations or others

- Actual or potential service users
- Community Pharmacy Contractors
- Pharmacy Contractors Committee
- Business Services Organisation
- Health and Social Care Board
- Department of Health, Social Services and Public Safety

Community pharmacy contractors and their staff are the main parties to be affected. Pharmacists are contracted to dispense medicines and must comply with prescription orders. Therefore, patients should not be affected. However, it is recognised that some patients receive medicines packaged in a particular way to support compliance. This is not allowed within the Drug Tariff rules but has grown up through time in the absence of a service specification. With changes to fees, pharmacists may adjust how such medicines are packaged. Such arrangements developed out-with pharmacy contractual obligations. An additional funding stream of £4m has gone into the provision of compliance support although agreement has not yet been reached as to the specification of that service. It is anticipated that once this service specification has been finalised, the reliance on multiple dispensing fees will diminish.

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

- **what are they?**
- **who owns them?**

The Board has been judicially challenged by pharmacy contractors in relation to the process undertaken to apply the global sum fees in 11/12 and other aspects of the pharmacy financial mechanisms. The Judicial Review found against the Board with respect to the consultation and investigation processes. The Board and DHSSPS reached an agreement with CPNI on the position for 11/12 and 12/13 while further work was being undertaken in respect of the margins survey and cost investigation. Work is ongoing to reach a conclusion.

(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.

- The DHSSPS Prescription charges in Northern Ireland, A cost and benefit review. December 2007
- Previous consultations on special advance; pharmacy fees
- Representations made linked to the ongoing judicial review
- Financial and prescription 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	<i>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?</i>
Gender	67% of pharmacists registered with the PSNI are Female, 33% of pharmacists registered with the PSNI are Male
Age	13% of pharmacists registered with the PSNI are aged under 25 44% of pharmacists registered with the PSNI are aged 26-35 24% of pharmacists registered with the PSNI are aged 36-45 13% of pharmacists registered with the PSNI are aged 46-55 4% of pharmacists registered with the PSNI are aged 56-65 2% of pharmacists registered with the PSNI are aged over 65
Religion	58% of pharmacists registered with the PSNI are Roman Catholic 36% of pharmacists registered with the PSNI are other Christian denominations 0.2% of pharmacists registered with the PSNI are other Religious denominations

	5.8% of pharmacists registered with the PSNI have no Religious denomination
Political Opinion	This information is not available
Marital Status	59% of pharmacists registered with the PSNI are married 37% of pharmacists registered with the PSNI are single 4% of pharmacists registered with the PSNI are divorced, separated or widowed
Dependent Status	53% of pharmacists registered with the PSNI report having no dependants 43% of pharmacists registered with the PSNI report having children 2% of pharmacists registered with the PSNI report having dependants with a disability 2% of pharmacists registered with the PSNI report having dependants who are older people and/or have a disability
Disability	0.5% of pharmacists registered with the PSNI report having a disability
Ethnicity	98.7% of pharmacists registered with the PSNI are White 1% of pharmacists registered with the PSNI are from other ethnic backgrounds 0.3% of pharmacists registered with the PSNI are Chinese
Sexual Orientation	98.9% of pharmacists registered with the PSNI reported a sexual orientation towards a different sex 0.8% of pharmacists registered with the PSNI reported a sexual orientation towards same sex 0.3% of pharmacists registered with the PSNI reported a sexual orientation towards same and different sex

Source: Pharmaceutical Society NI (2010)

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	Whilst information in relation to gender is not readily available, 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
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. Analysis of eligibility for free prescriptions prior to April 2010 shows that 50% of exemptions were claimed on the grounds of age i.e <16 and ≥ 60
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 dispensing services
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 dispensing services
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.

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?

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
<p>There is no scope to make proposals to change the structure of the global sum fees at present. Consideration has been given to stratifying the practice allowance and linking this to rurality and deprivation.</p> <p>There is recognition that those with compliance support issues and in particular, those with disabilities require a commissioned service to support their needs.</p>	<p>Further work is being carried out under a needs assessment review jointly commissioned by DHSSPS/HSCB.</p> <p>A working group has made recommendations to this end. £4m has been committed in 13/14 and 14/15 to recognise the reasonable adjustments being made by community pharmacists in respect of patients they encounter requiring compliance support</p>

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)

<i>Group</i>	<i>Impact</i>	<i>Suggestions</i>
Religion	No further impact	No suggestions
Political Opinion	No further impact	No suggestions

Ethnicity	No further impact	No suggestions
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(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)

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

Please tick:

Major impact	<input type="checkbox"/>
Minor impact	<input type="checkbox"/>
No further impact	<input checked="" type="checkbox"/>

Please tick:

Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

Please give reasons for your decisions.

The global sum investment will be uplifted in line with DDRB. Given the changes in prescription volumes, the changes to fees proposed from 12/13 to 14/15 are minor and are unlikely to have any impact.

(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?

<i>How does the policy or decision currently encourage disabled people to participate in public life?</i>	<i>What else could you do to encourage disabled people to participate in public life?</i>
Pharmacy services 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.	Further development of pharmacy services e.g. commissioning of compliance support services. 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?

<i>How does the policy or decision currently promote positive attitudes towards disabled people?</i>	<i>What else could you do to promote positive attitudes towards disabled people?</i>
The pharmacy global sum fees are applicable to services available to all patients and therefore no group is excluded.	Through the development of new contract models, further services such as compliance support will be commissioned. There will also be additional expectation in relation to compliance with DDA.

(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
1 st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property	No
1 st 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.

(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 needs assessment process currently underway is capturing data to aid considerations on equality, good relations, disability and human rights	The needs assessment process currently underway is capturing data to aid considerations on equality, good relations, disability and human rights	The needs assessment process currently underway is capturing data to aid considerations on equality, good relations, disability and human rights

Approved Lead Officer: Dr Sloan Harper

Position: Director of Integrated Care

Policy/Decision Screened by: Joe Brogan



Signed:
Date: 3/12/14

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.

**If you require any advice on screening please contact : Anne McGlade
Equality Unit**

Anne.mcglade@hscni.net

Telephone 028 90 535577

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