



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

PROCESS FOR DEVELOPING PRESCRIBING GUIDANCE AND FORMULARY CHAPTERS

1.2 Description of policy or decision

What is it trying to achieve? (aims and objectives)

The Health and Social Care Board is responsible for commissioning of medicines across the HSC. The DHSSPS requested in 2011, that the Board establish a formulary of medicines for first and second line choice of treatment to be used across the HSC. A process was drafted, consulted upon and established in 2011/12 and since then the NI Formulary was established.

How will this be achieved? (key elements)

Having implemented the process for three years, a number of changes to the process have been proposed to improve the management of the formulary process. These changes include:

- allowing greater flexibility in respect of the biannual review of formulary chapters (extending this time scale)
- allowing additional information sources in line with NICE good practice

What are the key constraints? (for example financial, legislative or other)

The NI Formulary is not a mandatory formulary – there is latitude for practitioners to prescribe medicines outside of the formulary in response to clinical need.

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

- All prescribers (both medical and non-medical)
- All pharmacists
- The entire population of NI given that everyone will have a medicine prescribed

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

- **what are they?**
- **who owns them?**
 - HPSS Order (Northern Ireland) 1972
 - The Reform Act
 - General Pharmaceutical Services Regulations (Northern Ireland) 1997
 - General Medical Services Regulations (Northern Ireland) 2004
 - HSCB Standing orders

(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.

- HSCB Standing Orders
- Business Services Organisation / NISRA information
- Pharmaceutical Society of NI statistics on the pharmacy profession

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	<p>Potential Users receiving medicines as a result of the NI Formulary: The population of Northern Ireland on Census Day 2011 was 1,810,900 Males 887,300 (49%) Females 923,500 (51%)</p> <p>There is a higher level of disability among adult females (23%) compared to adult males (19%). Girls (4%) are less likely to be disabled than boys (8%).</p> <p>Pharmacy profession: 67% of pharmacists registered with the PSNI are Female, 33% of pharmacists registered with the PSNI are Male</p> <p>There are no breakdowns available for potential prescribers</p>

Age	<p>from the NI formulary</p> <p>Potential Users receiving medicines as a result of the NI Formulary: Children (under 16) 379,300 21% Working age (16-64) 1,043,600 65% 65-84 233,997 13% 85+ 31,765 1.7%</p> <p>Pharmacy profession: 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</p> <p>There are no breakdowns available for potential prescribers from the NI formulary</p>														
Religion	<p>Potential Users receiving medicines as a result of the NI Formulary: 41.6% of population from a Catholic background 40.8% of population from Protestant and other Christian background 17.6% of population from other religions, no religion or religion not stated (2011 Census data)</p> <p>Based on the 2011 Census data, the religious background of the population of Northern Ireland was as follows:</p> <table border="1" data-bbox="320 1469 1262 1865"> <thead> <tr> <th>Religion</th> <th>% Population</th> </tr> </thead> <tbody> <tr> <td>Catholic</td> <td>40.76%</td> </tr> <tr> <td>Protestant (including Presbyterian, Church of Ireland, Methodist)</td> <td>35.8%</td> </tr> <tr> <td>Other Christian Religions</td> <td>5.76%</td> </tr> <tr> <td>Other Religions</td> <td>0.82%</td> </tr> <tr> <td>No Religion</td> <td>10.11%</td> </tr> <tr> <td>No Stated Religion</td> <td>6.75%</td> </tr> </tbody> </table> <p>Pharmacy profession: 58% of pharmacists registered with the PSNI are Roman Catholic</p>	Religion	% Population	Catholic	40.76%	Protestant (including Presbyterian, Church of Ireland, Methodist)	35.8%	Other Christian Religions	5.76%	Other Religions	0.82%	No Religion	10.11%	No Stated Religion	6.75%
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	<p>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</p> <p>There are no breakdowns available for potential prescribers from the NI formulary</p>													
Political Opinion	<p>Potential Users receiving medicines as a result of the NI Formulary: First preference votes per party in NI Assembly Elections 2011:</p> <table border="1"> <tr> <td>DUP</td> <td>198,436</td> </tr> <tr> <td>Sinn Fein</td> <td>178,222</td> </tr> <tr> <td>UUP</td> <td>87,531</td> </tr> <tr> <td>SDLP</td> <td>94,286</td> </tr> <tr> <td>Alliance</td> <td>50,875</td> </tr> <tr> <td>Other</td> <td>52,384</td> </tr> </table> <p>Not available for any professional groups</p>		DUP	198,436	Sinn Fein	178,222	UUP	87,531	SDLP	94,286	Alliance	50,875	Other	52,384
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Dependent	Potential Users receiving medicines as a result of the NI													

<p>Status</p>	<p>Formulary: In Northern Ireland there are approximately 92,000 lone parents with 150,000 children. 25% of all children are from one parent families, nearly half separated or divorced. Based on information from Carers Northern Ireland, the following facts relate to carers:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 in every 8 adults is a carer <input type="checkbox"/> There are approximately 214,000 carers in Northern Ireland <input type="checkbox"/> Any one person has a 6.6% chance of becoming a carer in any year <input type="checkbox"/> One quarter of all carers (26%) provide over 50 hours of care per week <input type="checkbox"/> People providing high levels of care are twice as likely to be permanently sick or disabled than the average person <input type="checkbox"/> Approximately 30,000 people in Northern Ireland care for more than one person <input type="checkbox"/> 64% of carers are women; 36% are men <p>(http://www.carersuk.org/northernireland/news-ni/facts-and-figures)</p> <p>Pharmacy profession: 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</p> <p>There are no breakdowns available for potential prescribers from the NI formulary</p>
<p>Disability</p>	<p>Potential Users receiving medicines as a result of the NI Formulary: The term disability covers such a wide range and combination of conditions that no standard method or single source of information is available. It is however estimated that between 17 – 21% of our population have a disability, affecting 37% of households. 21% adults and 6% children have a disability. 37% of households include at least one person with a disability and 20% of these contain more than one person. The multiple needs are explained by the fact that there is a higher prevalence of</p>

	<p>disability among adult females (23% compared with 19% adult males). 203 000 people have a disability which limits their day-to-day activities a lot, and 156 000 people have a disability which somewhat limits their day-to-day activities. 'Day-to-day activities limited' covers any health problem or disability (including problems related to old age) which has lasted or is expected to last at least 12 months (2011 Census Data). Prevalence of disability increases with age from 5% among young adults to 67% among those who are 85 plus years. (Northern Ireland Statistics and Research Agency (NISRA) 2007).</p> <p>Pharmacy profession: 0.5% of pharmacists registered with the PSNI report having a disability</p> <p>There are no breakdowns available for potential prescribers from the NI formulary</p>
Ethnicity	<p>Potential Users receiving medicines as a result of the NI Formulary: Traveller population in N Ireland is estimated at 1301 Non-White ethnic groups (Asian, Black, Mixed, Other) estimated at: 31113. The number of births to mothers outside the UK and Ireland have increased over the past decade with 2347 births in 2008 compared with 661 in 2001 (9% of all registered births)</p> <p>(2011 Census data)</p> <p>Pharmacy profession: 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</p> <p>There are no breakdowns available for potential prescribers from the NI formulary</p>
Sexual Orientation	<p>Potential Users receiving medicines as a result of the NI Formulary: Between 2006 and 2012, there were 715 recorded Civil Partnerships regionally. However, this is not indicative of the LGB</p>

population. There are no accurate statistics on sexual orientation in the community as a whole, it is however estimated that between 5% and 10% of the population would identify as lesbian, gay or bisexual.

Pharmacy profession:

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

There are no breakdowns available for potential prescribers from the NI formulary

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	Not known in respect of medicines choices
Age	Not known in respect of medicines choices
Religion	Not known in respect of medicines choices
Political Opinion	Not known in respect of medicines choices
Marital Status	Not known in respect of medicines choices
Dependent Status	Not known in respect of medicines choices
Disability	Not known in respect of medicines choices
Ethnicity	Not known in respect of medicines choices
Sexual Orientation	Not known in respect of medicines choices

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?

In developing the policy or decision what did you do or change to

What do you intend to do in future to address the equality issues you

<i>address the equality issues you identified?</i>	<i>identified?</i>
None identified.	

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	None anticipated	No suggestions
Political Opinion	None anticipated	No suggestions
Ethnicity	None anticipated	No suggestions

(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	
Minor impact	
No further impact	✓

Please tick:

Yes	
No	✓

Please give reasons for your decisions.

The decision relates to minor changes to the current process for establishing and reviewing the NI Formulary. This process was subject to public consultation in 2011 and no equality issues emerged. During the intervening period the process has been established and no equality issues have emerged. It is not anticipated that any new issues will be identified as part of the consultation process.

(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>
The process includes user representation as part of the decision making process. User representatives with disabilities have equal opportunity to participate.	

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 process includes user representation as part of the decision making process. User representatives with disabilities have equal opportunity to participate.	

(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

Approved Lead Officer: Joe Brogan

Position: Assistant Directors of Integrated Care

Policy/Decision Screened by: Joe Brogan/Emma Quinn

Signed:
Date: 4 August 2015

Please note that having completed the screening you are required by statute to publish the completed screening template, as per your organisation's equality scheme. If a consultee, including the Equality Commission, raises a concern about a screening decision based on supporting evidence, you will need to review the screening decision.

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

Template produced November 2011

If you require this document in an alternative format (such as large print, Braille, disk, audio file, audio cassette, Easy Read or in minority languages to meet the needs of those not fluent in English) please contact the Equality Unit:

2 Franklin Street; Belfast; BT2 8DQ; email: Equality.Unit@hscni.net;
phone: 028 90535531 (for Text Relay prefix with 18001); fax: 028 9023
2304