

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 Fees for 2016/17 (including global sum fees and non-global sum fees)

1.2 Description of policy or decision

There are essentially three elements of the community pharmacy financial envelope: global sum fees, non-global sum fees and allowed retained profit. The HSCB is required to set the fees for community pharmacy services each year, following consultation.

Global sum fees

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

The global sum comprises three elements – practice allowance to cover professional services, ordinary dispensing fees and multiple dispensing fees. The practice allowance has historically been fixed at circa £18k per pharmacy per year and the dispensing fees are adjusted, based upon projections on volume of activity, to ensure 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 historically been linked to the Doctors and Dentists pay Review Board (DDRB). The DDRB uplift for 2016/17 is not yet known, but a working assumption is that it will be between 0% and 1%, in line with other anticipated public sector pay uplifts.

Non-global sum fees

These fees relate to activities not associated with core dispensing services. In respect of the consultation on fees for 2016/17 consideration is given to:

- Controlled drug fees
- Additional dispensing fees
- Wound management fees
- Rural access
- Compliance support

Constraints are financial and there is little scope to increase non-global sum activity without additional funding and/or reconfiguration of existing payments. The proposed fees take account of both of these approaches.

1.3 Main stakeholders affected (internal and external)

- Actual or potential service users
- Community Pharmacy Contractors
- Community Pharmacy NI
- Business Services Organisation
- Health and Social Care Board
- Actual or potential service users

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 and a service specification has been developed. It is anticipated that implementation of this specification will lead to a diminution of multiple dispensing.

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

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

There has been a longstanding dispute between the DHSSPS and Community Pharmacy NI, which represents pharmaceutical contractors, in respect of the overall financial package available to community pharmacy, and linked to the development of a new community pharmacy contract. There have been three judicial reviews taken by CPNI against the DHSSPS and the HSCB with respect to elements of reimbursement.

The first Judicial Review resulted in a declaration of unlawfulness in respect of the way contractors were being remunerated through the Drug Tariff. A compensation package was subsequently negotiated, followed by intensive work to establish a lawful Drug Tariff, negotiate a fair and reasonable remuneration package and develop a contract framework.

A second Judicial Review was initiated in June 2011 to challenge the new Drug Tariff and the processes associated with its inception. The judgement found in favour of CPNI in relation to process, but there was no declaration of unlawfulness and no finding against DHSSPS/HSCB in relation to the statutory duty of fair and reasonable remuneration.

The DHSSPS/HSCB had intended to appeal but on 7th December 2012, following a cross-appeal by CPNI, an agreement was reached which concluded the litigation process. This agreement included a payment of £7m and £6m over a two year period linked to the delivery of a Cost of Service Investigation (COSI). No further payments have been provided and as COSI has been delayed, CPNI sought a third Judicial Review which was heard in June and September 2015. There is, as of November 2015, no determination from this Review. The COSI process is being led by DHSSPS and latest advice is that it will conclude by end March 2016.

(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.

- Previous responses received to consultations on fees
- Representations made in association with the ongoing judicial review
- Ongoing discussions with Community Pharmacy NI
- 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	72% of pharmacists registered with the PSNI are Female 28% of pharmacists registered with the PSNI are Male
Age	6% of pharmacists registered with the PSNI are aged under 25 47% of pharmacists registered with the PSNI are aged 26-35 26% of pharmacists registered with the PSNI are aged 36-45 15% of pharmacists registered with the PSNI are aged 46-55 5% of pharmacists registered with the PSNI are aged 56-65 1% of pharmacists registered with the PSNI are aged over 65
Religion	63% of pharmacists registered with the PSNI are Roman Catholic 36% of pharmacists registered with the PSNI are other Christian denominations 1% of pharmacists registered with the PSNI are other Religious denominations
Political Opinion	This information is not available.
Marital Status	60% of pharmacists registered with the PSNI are married 37% of pharmacists registered with the PSNI are single

	3% of pharmacists registered with the PSNI are divorced, separated or widowed
Dependent Status	48% of pharmacists registered with the PSNI report having no dependants 47% of pharmacists registered with the PSNI report having children 3% of pharmacists registered with the PSNI report having dependants with a disability 3% of pharmacists registered with the PSNI report having dependants who are older people and/or have a disability
Disability	0.4% of pharmacists registered with the PSNI report having a disability
Ethnicity	99% of pharmacists registered with the PSNI are White 1% of pharmacists registered with the PSNI are from other ethnic backgrounds
Sexual Orientation	99.3% of pharmacists registered with the PSNI reported a sexual orientation towards a different sex 0.7% of pharmacists registered with the PSNI reported a sexual orientation either towards same sex or towards same and different sex

Source: Pharmaceutical Society NI Equality Survey (2014) with 70% response rate

Please note that the information above relates to all pharmacists registered with the Pharmaceutical Society Northern Ireland, not community pharmacists specifically. The information is not available for community pharmacists.

Please note also that information is not available in relation to non-pharmacist staff employed by community pharmacy contractors.

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.
Religion	None.
Political Opinion	None.
Marital Status	None.
Dependent Status	None.
Disability	There is evidence to show that people with disabilities have difficulty accessing health and social care services but there is no information available in respect of access to dispensing services.
Ethnicity	There is evidence to show that certain minority ethnic groups have difficulty accessing health and social care services but there is no information available in respect of access to 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>
There is no scope to make proposals to change the structure of the global sum fees at present.	The DHSSPS has commenced work on a needs assessment project for provision of pharmaceutical services by community pharmacy contractors.

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.

(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.X

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 2015/16 to 2016/17 are minor and are unlikely to have any impact.

It is also proposed to uplift the non-global sum fees and in addition to this the re-profiling and re-investment of the current allocation of funding for these purposes is 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 such as commissioning of compliance support services. Development of pharmacy infrastructure such that premises 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 and non-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. The implementation of a Quality Assurance Framework will also offer additional assurance in relation to provision of information to and access to services for people with disability.

(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
It is envisaged that the needs assessment process currently being undertaken by the DHSSPS will inform future considerations on equality, good relations, disability and human rights.	It is envisaged that the needs assessment process currently being undertaken by the DHSSPS will inform future considerations on equality, good relations, disability and human rights.	It is envisaged that the needs assessment process currently being undertaken by the DHSSPS will inform future considerations on equality, good relations, disability and human rights.

Approved Lead Officer: Dr Sloan Harper
Position: Director of Integrated Care
Policy/Decision Screened by: Mr Joe Brogan
Assistant Director, Pharmacy &
Medicines Management
Signed:  26/11/15
Date: _____

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:

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