



## **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 – Categories of Medicines for Instalment Dispensing**

#### **1.2 Description of policy or decision**

Pharmacies in Northern Ireland dispense over 40 million prescription items each year. Where the prescriber has concerns in relation to the medicines being dispensed to the patient, they can direct the pharmacy dispenses in instalments as set out in the NI Drug Tariff:

*“20a. Multiple Dispensing is the supply, by a pharmacist, of part of the total quantity of a prescription-only-medicine, at set intervals (e.g. weekly or daily) as requested in writing by the GP or other authorised prescriber. Multiple Dispensing is an “exception” facility for use where the prescriber considers that it is essential to protect the well-being of the patient (to prevent abuse, misuse or life-threatening non-compliance) that instalments of the drug prescribed should be supplied to the patient at stated intervals. The prescriber may endorse the prescription to that effect in those circumstances. It must be clearly indicated on the prescription which item(s) require Multiple Dispensing and which are for normal dispensing.*

*Prescribers should exercise caution with computer-generated and repeat prescriptions.*

*20b Multiple Dispensing fees are not payable in respect of :-*

*(i) prescriptions for patients registered for review of medication under the Managing your Medicines scheme (for which separate payments apply); or*

*(ii) presentation of medication(s) in compartmentalised Monitored Dosage Systems trays (Managing your Medicines scheme payments may apply).”*

The wording of the current Drug Tariff is explicit in stating that instalment dispensing should not be used as a means to provide medicines in compartmentalised Monitored Dosage Systems.

## Appendix 1 – Equality Screening re consultation on instalment dispensing

It is evident that further clarity is required to specify when instalment dispensing should / should not be considered.

It is therefore proposed that any instalment dispensing facility is limited such that:

*Multiple Dispensing is an “exception” facility for use where the prescriber considers that it is essential to protect the well-being of the patient (to prevent abuse or misuse that instalments of the drug prescribed should be supplied to the patient at stated intervals.*

A specific list of medicine categories will be applicable in certain circumstances for instalment dispensing.

### **1.3 Main stakeholders affected (internal and external)**

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

Currently, service users can receive instalment dispensing for any medication deemed necessary by the prescriber.

The development of a specific list of medicine categories is not anticipated to have an adverse impact on these service users, as there will be spare funding available from multiple dispensing fees. This funding will be utilised to provide service users with additional adherence support in respect of their medications.

Community Pharmacy Contractors will be restricted to providing instalment dispensing for those medications on the specified list. However, Contractors will be able to provide additional adherence services to service users requiring support.

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

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

The Community Pharmacy Fees (global sum fees) are determined on an annual basis. The global sum previously contained instalment dispensing fees which could be applied to all medicines (at discretion of prescriber). The re-categorisation of instalment fees for a specific list of medications will result in a reduced amount of expenditure for this category of service. This will allow reinvestment of the spare funding into additional adherence services.

## **(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	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?
Treatment	6,743 persons receive treatment for misuse of alcohol and/or drugs
Treatment type	32.6% receive treatment for drugs misuse only 29.4% receive treatment for both drugs and alcohol misuse 38% receive treatment for alcohol misuse only
Age	9.2% are aged under 18 80.8% are aged over 18
Gender	66.3% are male 33.7% are female
Residential	95% received non-residential status

### **Source: Census of Drug and Alcohol Treatment Services (2019)**

Please note that the information above relates to Trust accessed services. It is reasonable to assume that Multiple Dispensing may be an element of care required by these clients.

## 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

Appendix 1 – Equality Screening re consultation on instalment dispensing and social care services.

	and social care services.
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><b>In developing the policy or decision what did you do or change to address the equality issues you identified?</b></i>	<i><b>What do you intend to do in future to address the equality issues you identified?</b></i>
<p>There is no scope to make proposals to change the structure of the global sum fees at present.</p>	<p>The DH and HSCB have commenced work on a needs assessment project for provision of pharmaceutical services by community pharmacy contractors..</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)**

<b>Group</b>	<b>Impact</b>	<b>Suggestions</b>
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 adjusted taking into account DDRB recommendations.

**(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?**

<b><i>How does the policy or decision currently encourage disabled people to participate in public life?</i></b>	<b><i>What else could you do to encourage disabled people to participate in public life?</i></b>
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?**

<b><i>How does the policy or decision currently promote positive attitudes towards disabled people?</i></b>	<b><i>What else could you do to promote positive attitudes towards disabled people?</i></b>
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**

<b>ARTICLE</b>	<b>Yes/No</b>
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 <sup>st</sup> protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property	No
1 <sup>st</sup> 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 DH and HSCB 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 DH and HSCB 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 DH and HSCB will inform future considerations on equality, good relations, disability and human rights.

## Appendix 1 – Equality Screening re consultation on instalment dispensing

Approved Lead Officer: Dr Sloan Harper

Position: Director of Integrated Care

Policy/Decision Screened by: Mr Joe Brogan  
Assistant Director, Pharmacy &  
Medicines Management

Signed:

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:

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