

Equality Analysis

(Health Inequalities, Human Rights, Social Value)

Conditions for which over the counter items should not routinely be prescribed in primary care policy

Before completing this equality analysis, it is recommended that you:

- ✓ Contact your equality and diversity lead for advice and support
- ✓ Take time to read the accompanying policy and guidance document on how to complete an equality analysis

1. Background

EA Title	Conditions for which over the counter items should not routinely be prescribed in primary care		
EA Author	Kate Arnold/ Michelle Dunne	Team	Meds Management/ Equality & Diversity
Date Started	23/07/18	Date Completed	7 th August 2018
EA Version	V0.1	Reviewed by E&D	7 th August 2018

What are the intended outcomes of this work? Include outline of objectives and function aims

Each year Birmingham and Solihull Clinical Commissioning Group (CCG) spends considerable amounts of its limited resources on prescriptions for medicines, which could otherwise be purchased over the counter (OTC) from a pharmacy and/or other outlets such as petrol stations or supermarkets.

These prescriptions include items for a condition:

- That is considered to be self-limiting and so does not need treatment as it will heal or be cured of its own accord;
- Which lends itself to self-care i.e. the person suffering does not normally need to seek medical advice and can manage the condition by purchasing OTC items directly.

These prescriptions also include other common items:

- That can be purchased over the counter, sometimes at a lower cost than that which would be incurred by the NHS;
- For which there is little evidence of clinical effectiveness.

By reducing spend on treating conditions that are self-limiting or which lend themselves to self-care, or on items for which there is little evidence of clinical effectiveness, these resources can be used for other higher priority areas that have a greater impact for patients, support improvements in services and/or deliver transformation that will ensure the long-term sustainability of the NHS.

The costs to the NHS for many of the items used to treat minor conditions are often higher than the prices for which they can be purchased over the counter as there are hidden costs. For example, a pack of 12 anti-sickness tablets can be purchased for £2.18 from a pharmacy whereas the cost to the NHS is over £3.00 after including dispensing fees. The actual total cost for the NHS is over £35 when GP consultation and other administration costs are included.

Who will be affected by this work? e.g. staff, patients, service users, partner organisations etc. Explain how they might be affected.

Staff – primarily primary care prescribers who prescribe items. Other staff groups (e.g. community pharmacy staff) will also be impacted and will have a role to support patients in changes in their therapies.

Patients – who may be required to purchase medications over-the-counter, when previously they would have had a prescription for the medication.

It applies to all patients, including those who would be exempt from paying prescription charges, unless they fall under the exceptions outlined.

General exceptions to the policy

There are certain scenarios where patients should continue to have their OTC medicine prescribed and these are outlined below:

- Patients prescribed an OTC medicine for a long term condition (e.g. regular pain relief for chronic arthritis or treatments for inflammatory bowel disease).
- For the treatment of more complex forms of minor illnesses (e.g. severe migraines that are unresponsive to over the counter medicines).
- For those patients that have symptoms that suggest the condition is not minor (i.e. those with red flag symptoms for example indigestion with very bad pain.)
- Treatment for complex patients (e.g. immunosuppressed patients).
- Patients prescribed OTC medicines to treat an adverse effect or symptom of a more complex illness and/or prescription only medication
- Circumstances where the product licence doesn't allow the product to be sold over the counter to certain groups of patients. This may vary by medicine, but could include babies, children and/or women who are pregnant or breast-feeding. Community Pharmacists will be aware of what these are and can advise accordingly.
- Patients with a minor condition suitable for self-care that has not responded sufficiently to treatment with an OTC product.
- Patients where the clinician considers that the presenting symptom is due to a condition that would not be considered a minor condition.
- Circumstances where the prescriber believes that in their clinical judgement, exceptional circumstances exist that warrant deviation from the recommendation to self-care.
- Individual patients where the clinician considers that their ability to self-manage is compromised as a consequence of medical, mental health or significant social vulnerability to the extent that their health and/or wellbeing could be adversely affected, if reliant on self-care. Consideration should also be given to safeguarding issues.

Please note that being exempt from paying a prescription charge does not automatically warrant an exception to the guidance.

Specific exceptions are included (if applicable) under the relevant item and/or condition, within the policy.

The general exceptions do not apply for vitamins, minerals, probiotics and those self-limiting conditions where there is limited evidence of clinical effectiveness for the treatments used

2. Research

What evidence have you identified and considered? This can include national research, surveys, reports, NICE guidelines, focus groups, pilot activity evaluations, clinical experts or working groups, JSNA or other equality analyses.

Research/Publications	Working Groups	Clinical Experts
Guidance for CCGs – conditions for which over the counter items should not routinely be prescribed in primary care (NHS England/ NHS Clinical Commissioners)		
NHS England Equality & Health Inequalities form – on OTC items		
Census 2011		

3. Impact and Evidence:

In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should also include any identified health inequalities which exist in relation to this work.

Age: Describe age related impact and evidence. This can include safeguarding, consent and welfare issues:

Extract from NHS England Equality Analysis (EA):

There is evidence that children under 16 (and those under 18 and in full time education) and adults aged over 60 will be particularly affected by the recommendations to restrict prescribing of OTC items for minor conditions. Data (in the EA) shows prescriptions issued for children and those over 60 make up the largest groups of patients exempt from prescription charges (18% and 50% respectively). Although patients in all age groups are issued prescriptions.

During the consultation, responses were monitored to ascertain if there are any unintended consequences on this protected characteristic, see appendix B for results. To mitigate risk of inequality a number of changes were made to the exceptions in the guidance following the consultation to ensure that those most vulnerable were not at risk. Although a proportion of older people and children may still fall outside of these exceptions, we do not have indication data to know what this proportion would be. In implementing the guidance, CCGs will also be required to assess the impact on their population with regard to the particular demographics of the population they serve.

BSol local demographics (Census 2011):

Age	Birmingham	Solihull	BSol	England
All Usual Residents:	1073045	206674	1279719	53012456
Age 0 to 4	7.63%	5.59%	7.30%	6.26%

3. Impact and Evidence:

Age 5 to 7	4.28%	3.43%	4.15%	3.45%
Age 8 to 9	2.65%	2.23%	2.58%	2.16%
Age 10 to 14	6.86%	6.34%	6.78%	5.81%
Age 15	1.38%	1.36%	1.37%	1.23%
Age 16 to 17	2.74%	2.82%	2.76%	2.48%
Age 18 to 19	3.36%	2.31%	3.19%	2.59%
Age 20 to 24	8.75%	5.50%	8.23%	6.78%
Age 25 to 29	7.98%	5.16%	7.52%	6.89%
Age 30 to 44	20.75%	18.59%	20.40%	20.64%
Age 45 to 59	16.40%	20.81%	17.12%	17.71%
Age 60 to 64	4.33%	6.69%	4.71%	5.98%
Age 65 to 74	6.53%	9.90%	7.08%	8.59%
Age 75 to 84	4.57%	6.60%	4.90%	5.52%
Age 85 to 89	1.18%	1.75%	1.27%	1.46%
Age 90+	0.60%	0.91%	0.65%	0.76%
Mean Age	35	41		39
Median Age	32	42		39

- Birmingham has a younger population with 66% under 45 years and 17% in the 20-29 age group. 13% of the population is over 65 years old and is set to remain stable with many retirees continuing to move out of the City. The health needs of young people show that they have a relatively unhealthy start in life. The health of children in Birmingham is worse than England overall. This is reflected in a high level of infant mortality, low birth weight babies and high childhood obesity rates. Birmingham's teenage conception rate is one of the highest in the country.
- Conversely, Solihull is characterised by its older population. Between 1995 and 2015 the population aged 65 and over increased from 16% to 21% of the total so that there are now 9,200 more residents aged 65 to 84 years and 3,500 more aged 85 years and over than 20 years ago. Population projections based on the 2014 population estimates indicate the relative ageing of the Solihull population will continue and by 2033 those aged 65 and over will account for one in four of the borough population, with those aged 85+ numbering nearly 12,000 (5% of total). The growth in the numbers of those aged 85 and over represents a significant and growing challenge in terms of health and social care.

Impact:

The younger population of Birmingham and older population of Solihull are those most likely to be impacted upon, by the introduction of the policy.

No data is available on prescriptions issued by age group for the local area.

3. Impact and Evidence:

Disability: Describe disability related impact and evidence. This can include attitudinal, physical, communication and social barriers as well as mental health/ learning disabilities, cognitive impairments:

Extract from NHS England EA:

There is no routinely collected data on prescribing and disability so we cannot definitively assess the impact of our proposals fully at a national level. Although we do know that some people with a disability (as legally defined) will be entitled to a Medical Exemption Certificate and so be in receipt of free prescriptions.

We note the Family Resources Survey 2011 to 2012 finding that a substantially higher proportion of individuals who live in families with disabled members live in 'poverty', compared to individuals who live in families where no-one is disabled. Therefore, these patients may be impacted to a greater extent by the proposed guidance if they are not covered by other exceptions in the guidance. <https://www.gov.uk/government/publications/disability-facts-and-figures/disability-facts-and-figures>. The Joseph Rowntree Foundation also found that in 2013/14, 27 per cent of people in families where someone is disabled were in poverty, compared with 19 per cent of those in families where no one is disabled, using the standard after housing costs measure. <https://www.jrf.org.uk/mpse-2015/disability-and-poverty>

The prevalence of disability rises with age. Around 6% of children are disabled, compared to 16% of working age adults and 45% of adults over State Pension age.

During the consultation, responses were monitored to ascertain if there are any unintended consequences on this protected characteristic. To mitigate risk of inequality a number of changes were made to the exceptions in the guidance following the consultation to ensure that those most vulnerable were not at risk. In implementing the guidance, CCGs will also be required to assess the impact on their population with regard to the particular demographics of the population they serve.

BSol local demographics:

The 2011 Census asked residents about their health, the data below shows the figures for the local area for those residents who stated that they had 'Bad or Very Bad Health' by age band:

Bad or Very Bad Health	Number	%	Age 0 to 15	Age 16 to 49	Age 50 to 64	Age 65+
Birmingham	71,791	6.69%	1.00%	3.63%	13.22%	21.32%
Solihull	10,738	5.20%	0.56%	2.41%	6.80%	14.30%
BSol	82,529	6.45%	0.94%	3.46%	11.89%	19.76%

The Census also asked if residents had a long term health condition, and if so how much it limited their day to day activities:

	All	Age 0 to 15	Age 16 to 24	Age 25 to 34	Age 35 to 49	Age 50 to 64	Age 65 to 74	Age 75 to 84	Age 85+
Birmingham - Long- Term Health problem									
Day to day activities limited a lot	8.89%	1.96%	2.28%	3.06%	6.88%	14.82%	22.72%	36.72%	58.82%

3. Impact and Evidence:									
Day to day activities limited a little	9.30%	2.61%	3.46%	4.71%	8.58%	15.65%	24.87%	30.89%	27.32%
Day to day activities not limited	81.81%	95.43%	94.25%	92.22%	84.54%	69.53%	52.41%	32.39%	13.85%
Solihull - Long-Term Health Problem									
Day to day activities limited a lot	8.70%	1.58%	1.85%	2.72%	4.18%	8.14%	14.92%	27.57%	51.75%
Day to day activities limited a little	9.34%	2.23%	3.20%	3.73%	5.72%	11.48%	21.28%	31.60%	32.16%
Day to day activities not limited	81.95%	96.19%	94.95%	93.55%	90.10%	80.38%	63.80%	40.84%	16.09%
BSol – Long-Term Health Problem									
Day to day activities limited a lot	8.70%	1.91%	2.23%	3.02%	6.41%	13.44%	20.95%	34.72%	57.24%
Day to day activities limited a little	9.34%	2.56%	3.43%	4.60%	8.08%	14.78%	24.06%	31.04%	28.40%
Day to day activities not limited	81.95%	95.53%	94.34%	92.38%	85.51%	71.78%	54.99%	34.24%	14.35%

The following relevant general exceptions to the policy apply:

- Patients prescribed an OTC medicine for a long term condition (e.g. regular pain relief for chronic arthritis or treatments for inflammatory bowel disease).
- For the treatment of more complex forms of minor illnesses (e.g. severe migraines that are unresponsive to over the counter medicines).
- For those patients that have symptoms that suggest the condition is not minor (i.e. those with red flag symptoms for example indigestion with very bad pain).
- Treatment for complex patients (e.g. immunosuppressed patients).
- Patients prescribed OTC medicines to treat an adverse effect or symptom of a more complex illness and/or prescription only medication.
- Circumstances where the product licence doesn't allow the product to be sold over the counter to certain groups of patients. This may vary by medicine, but could include babies, children and/or women who are pregnant or breast-feeding. Community Pharmacists will be aware of what these are and can advise accordingly.
- Patients with a minor condition suitable for self-care that has not responded sufficiently to treatment with an OTC product.
- Patients where the clinician considers that the presenting symptom is due to a condition that would not be considered a minor condition.
- Circumstances where the prescriber believes that in their clinical judgement, exceptional circumstances exist that warrant deviation from the recommendation to self-care.

3. Impact and Evidence:

- Individual patients where the clinician considers that their ability to self-manage is compromised as a consequence of medical, mental health or significant social vulnerability to the extent that their health and/or wellbeing could be adversely affected, if reliant on self-care. Consideration should also be given to safeguarding issues.

The general exceptions do not apply for vitamins, minerals, probiotics and those self-limiting conditions where there is limited evidence of clinical effectiveness for the treatments used.

As patients with a long-term condition are covered under the exemptions to this policy, no further impact has been identified. Patients with physical disabilities, learning disabilities, and impairments who experience day to day difficulties in self-management of their care would also be covered by the exemptions.

Gender reassignment (including transgender): Describe any impact and evidence on transgender people. This can include issues such as privacy of data and harassment:

Extract from NHS England EA:

The proposals will apply to all patients regardless of whether they have changed gender or are transgender. There is no evidence to suggest that the relevant items are prescribed disproportionately to this group.

During the consultation, responses were monitored to ascertain if there were likely unintended consequences on the protected characteristic. In implementing the guidance, CCGs will also be required to assess the impact on their population with regard to the particular demographics of the population they serve.

Trans people or other members of the non-binary community

There is no data available on the prevalence of trans people or other members of the non-binary community who are currently prescribed items that are also available over the counter. There is no evidence to suggest that the relevant items are prescribed disproportionately to this group.

BSol local demographics:

Birmingham Lesbian Gay Bisexual Transgender (LGBT) organisation stated (in their report 'Out and About: Mapping LGBT lives in Birmingham') that whilst there are no agreed figures as to the percentage of the LGBT population, estimates of between 6% and 10% are popularly used. There is evidence that indicates LGBT people experience discrimination when using health services and report having a poorer patient experience.

No adverse impact identified in relation to Gender Reassignment.

Marriage and civil partnership: Describe any impact and evidence in relation to marriage and civil partnership. This can include working arrangements, part-time working, and caring responsibilities:

Extract from NHS England EA:

The proposals will apply to all patients regardless of their marital or partnership status, and there is no evidence to suggest that the relevant items are prescribed disproportionately to this group. Therefore, no patient will be disadvantaged on account of their marital or partnership status.

During the consultation, responses were monitored to ascertain if there were likely unintended consequences on the protected characteristic.

3. Impact and Evidence:

In implementing the guidance, CCGs will also be required to assess the impact on their population with regard to the particular demographics of the population they serve.

BSol local demographics:

	B'ham	Solihull	BSol	England
All residents aged 16+	828363	167493	995,856	42989620
Single	41.63%	30.08%	39.68%	34.64%
Married	40.96%	51.61%	42.75%	46.59%
In a registered same-sex civil partnership	0.20%	0.10%	0.19%	0.23%
Separated (but still legally married/ still legally in a same sex civil partnership)	3.21%	2.41%	3.08%	2.65%
Divorced or formerly in a same sex civil partnerships	7.50%	8.00%	7.59%	8.97%
Widowed or surviving partner from a same-sex civil partnership	6.49%	7.81%	6.71%	6.91%

There are no known adverse impacts for marriage and civil partnership

Pregnancy and maternity: Describe any impact and evidence on pregnancy and maternity. This can include working arrangements, part-time working, and caring responsibilities:

Extract from NHS England EA:

Such patients can apply for an exemption from prescription charges. However, there is no routinely collected data on prescribing and pregnancy/maternity status in cases where an exemption is not applied for so we cannot definitively assess the impact fully at a national level. However, where an exemption is applied for, Table 4 (appendix A) shows that 2% of patients prescribed an OTC item have been exempt from prescription charges due to pregnancy/maternity.

For some products, the product licence does not allow sale of OTC medicines to certain groups of patients which can include women who are pregnant or breast-feeding. This has been considered in the development of the proposals and factored into the proposed exceptions. An individual may be exempt from the recommendation to self-care if he or she is not covered by the product license for an OTC product.

During the consultation, responses were monitored to ascertain if there were likely unintended consequences on the protected characteristic. To mitigate risk of inequality there is an exception included in the guidance which covers patients unable to purchase OTC items due to product license restrictions which would often include pregnancy. In implementing the guidance, CCGs will also be required to assess the impact on their population with regard to the particular demographics of the population they serve.

BSol Policy:

3. Impact and Evidence:

The following relevant (to pregnancy and maternity) general exceptions to the policy apply (see also, the full list of exceptions detailed under Disability) where patients should continue to have their OTC medicines prescribed:

- Circumstances where the product licence doesn't allow the product to be sold over the counter to certain groups of patients. This may vary by medicine, but could include babies, children and/or women who are pregnant or breast-feeding. Community Pharmacists will be aware of what these are and can advise accordingly.

The general exceptions do not apply for vitamins, minerals, probiotics and those self-limiting conditions where there is limited evidence of clinical effectiveness for the treatments used.

The policy also states: "Being exempt from paying a prescription charge does not automatically warrant an exception to the guidance."

There are no known adverse impacts for pregnancy and maternity.

Race: Describe race related impact and evidence. This can include information on different ethnic groups, Roma gypsies, Irish travellers, nationalities, cultures, and language barriers:

Extract from NHS England EA:

The proposals will not discriminate against patients from different racial backgrounds, as any changes will apply to all patients regardless of their race. However, evidence has shown that people from minority ethnic groups are statistically more likely to be in lower income brackets (<http://www.poverty.org.uk/summary/uk.htm>) therefore these patients may be impacted to a greater extent by the proposed guidance if they are not covered by other exceptions in the draft guidance. During the consultation, responses were monitored to ascertain if there were likely unintended consequences on the protected characteristic. In implementing the guidance, CCGs will also be required to assess the impact on their population with regard to the particular demographics of the population they serve.

BSol local demographics:

Race %	B'ham	Solihull	Bsol
White British	53.14%	85.76%	58.40%
White Irish	2.05%	1.90%	2.02%
Gypsy/Irish Traveller	0.04%	0.03%	0.03%
White Other	2.70%	1.45%	2.49%
White & Black Caribbean	2.30%	1.16%	2.11%
White & Black African	0.30%	0.12%	0.27%
White & Asian	1.04%	0.56%	0.96%
Other Mixed	0.79%	0.29%	0.70%
Asian Indian	6.02%	3.43%	5.60%
Asian Pakistani	13.48%	1.65%	11.56%
Asian Bangladeshi	3.03%	0.31%	2.59%
Asian Chinese	1.18%	0.44%	1.06%

3. Impact and Evidence:

Asian Other	2.90%	0.73%	2.55%
Black African	2.79%	0.41%	2.41%
Black Caribbean	4.44%	0.93%	3.87%
Black Other	1.75%	0.22%	1.49%
Arab	1.02%	0.17%	0.88%
Other	1.02%	0.42%	0.91%

- Birmingham is characterised by its ethnic diversity with a Black and Minority Ethnic (BAME) profile of around 42% and a range of languages spoken. Around 22% of Birmingham’s residents are born overseas and 15% of the population is classified as having a main language other than English. There is a recognised link between poor health outcomes and English language needs. Wards with the highest number of recent migrants (arriving between 2001 and 2011) were Ladywood 73%, followed by Nechells (59.5%) and Harborne (50.7%).
- Figures for the West Midlands region shows the top three country of origin for international migrants arriving before 1961 were Ireland, India and Jamaica. For each of subsequent decade until 2001, Pakistan, India and Bangladesh were the most reported countries of origin. Since 2001, it has been Poland followed by Pakistan and India. GP registration data on new patients who are recorded as being born outside the UK (Flag 4 data) shows an increase of 81,314 in overseas migrant registrations within Birmingham between 2013-2016. The highest number of new registrations were from those from Romania (11,715), followed by Pakistan (6,704) and China (6,095). Migrant health priorities include tackling Female Genital Mutilation (FGM), communicable diseases such as HIV and TB, access to screening and vacs, and mental health.
- Birmingham has a substantial Gypsy Roma Traveller (GRT) community, with estimates of more than 1000 GRT people living in Birmingham and a planned traveller site located in Aston. There are also 70 gypsy or Irish Travellers living in Solihull a new population group introduced for the 2011 Census.
- In Solihull, the BAME population has more than doubled since the 2001 Census and now represents nearly 11% of the total population. On this basis the borough is less diverse than England as a whole (and significantly less so than Birmingham), but with BAME groups representing a relatively higher proportion of young people in Solihull (over 17% of those aged 15 and under) this representation is set to increase. The largest BAME group in Solihull is Asian or Asian British with over 13,500 residents (6.6% of the total population or 60% of all BAME residents), followed by mixed race (4,400), and Black or Black British (3,200). 15,386 (7.4%) Solihull residents were born outside of the UK, which proportionally is much lower than the England (13.8%). Of those born outside of the UK 70% have been resident in the UK for 10 years or more, this shows that immigration has been a less significant feature of Solihull’s demography than many other parts of the country.

Language Proficiency

Proficiency in English	Birmingham	Solihull	BSol
Main language is English	84.7%	97.1%	86.7%

3. Impact and Evidence:

Main language is not English	15.3%	2.9%	13.3%
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For residents for whom English is not their main language the 2011 Census asked how well they could speak English:

Proficiency in English	Birmingham	Solihull	BSol
Can speak English very well	34.31%	53.00%	34.98%
Can speak English well	35.66%	31.39%	35.51%
Cannot speak English well	23.97%	13.28%	23.58%
Cannot speak English	6.06%	2.33%	5.93%

Given the high levels of deprivation in the inner city area's of Birmingham coupled with the high numbers of BME residents in those areas the impact of this policy may be greater in these areas.

Changes to the NHS England CCG guidance document and incorporated into the CCG Policy are intended to ensure that those most vulnerable are not at risk.

Where patients have an English Language need and fall outside of the criteria for exemptions GP's should ensure these patients are given clear written information on the over the counter medications they can purchase. This will ensure patients are not leaving appointments without a prescription understand what medication they need to buy or enquire at a pharmacy about.

Religion or belief: Describe any religion, belief or no belief impact and evidence. This can include dietary needs, consent and end of life issues:

Extract from NHS England EA:

Proposals will not discriminate against patients with religions or beliefs, or with no religion. Any changes would apply to all patients regardless of their religion, or religious beliefs and there is no evidence to suggest that the relevant items are prescribed disproportionately to this group. During the consultation, responses were monitored to ascertain if there were likely unintended consequences on the protected characteristic. In implementing the guidance, CCGs will also be required to assess the impact on their population with regard to the particular demographics of the population they serve.

BSol local demographics:

- In Birmingham, Christianity is the largest religion at 46%, followed by Muslim at 22%.
- The majority of Solihull residents describe themselves as Christian (65.6%), with no religion the 2nd largest group (21.4%).

There are no known adverse impacts for religion or belief

3. Impact and Evidence:

Sex: Describe any impact and evidence on men and women. This could include access to services and employment:

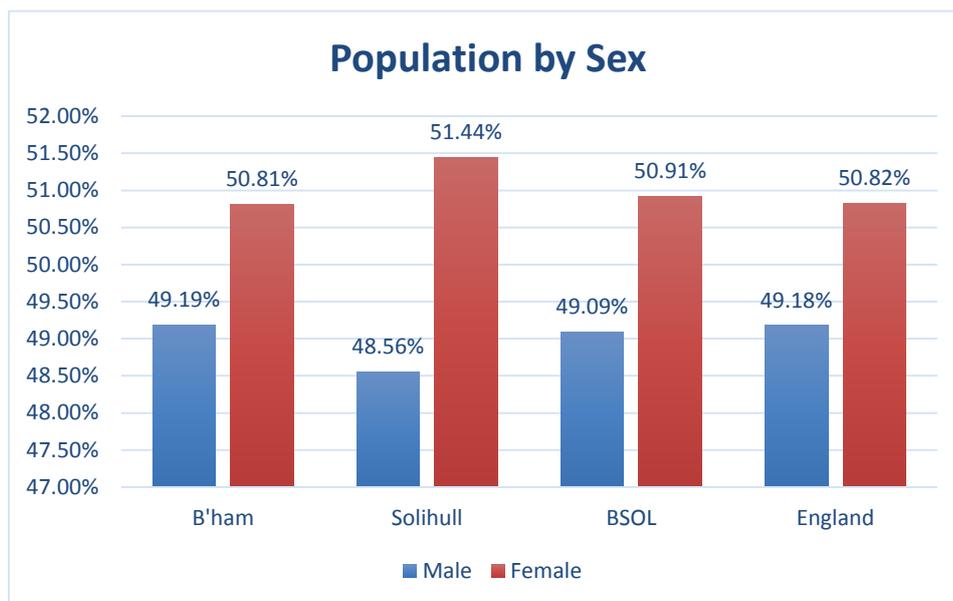
Extract from NHS England EA:

Proposals would apply to all patients regardless of their sex.

Figure 2 demonstrates that more women (64%) than men (36%) get prescriptions for OTC items. Further sex specific trends by condition show that over 70% of prescriptions were for women for some conditions such as: mild migraine (80%), head lice (73%) and cold sores (72%). Vitamins and minerals were prescribed to women in 74% of cases. The only conditions where males showed a higher proportion of prescriptions than females was for items prescribed for the prevention of dental caries (58%) and for infant colic (51%).

During the consultation, responses were monitored to ascertain if there were likely unintended consequences on the protected characteristic. In implementing the guidance, CCGs will also be required to assess the impact on their population with regard to the particular demographics of the population they serve.

BSol local demographics:



No adverse impacts have been identified for the protected characteristic of sex.

Sexual orientation: Describe any impact and evidence on heterosexual people as well as lesbian, gay and bisexual people. This could include access to services and employment, attitudinal and social barriers:

Extract from NHS England EA:

Patients of differing sexual orientation will not be affected any differently to other patient groups as any changes would apply to all patients regardless of their sexual orientation. There is no evidence to suggest that the relevant items are prescribed disproportionately to this group.

During the consultation, responses were monitored to ascertain if there were likely unintended consequences on the protected characteristic. In implementing the guidance, CCGs will also be

3. Impact and Evidence:

required to assess the impact on their population with regard to the particular demographics of the population they serve.

BSol local demographics:

Birmingham Lesbian Gay Bisexual Transgender (LGBT) organisation stated (in their report 'Out and About: Mapping LGBT lives in Birmingham') that whilst there are no agreed figures as to the percentage of the LGBT population, estimates of between 6% and 10% are popularly used. There is evidence that indicates LGBT people experience discrimination when using health services, experiencing poorer mental health, and report having a poorer patient experience.

There are no known adverse impacts for sexual orientation.

Carers: Describe any impact and evidence on part-time working, shift-patterns, general caring responsibilities:

Extract from NHS England EA:

People who care for adults or children could be impacted by any changes as they are often responsible for self-care for the patient. During the consultation, responses were monitored to ascertain if there were likely unintended consequences on this health inclusion group. To mitigate risk of inequality a number of changes were made to the exceptions in the guidance following the consultation to ensure that those most vulnerable were not at risk, although carers are not specifically referred to. In implementing the guidance, CCGs will also be required to assess the impact on their population with regard to the particular demographics of the population they serve.

BSol local demographics:

- The 2011 Census indicated that 107380 people in Birmingham provide unpaid care (10% of usual resident population). Of those who provided unpaid care over 26% provided 50 or more hours a week.
- There are nearly 21,000 carers in Solihull equating to 10.5% of the total population, higher than the national average of 9.9%. This correlates with the larger 65+ years population in Solihull
- Unpaid Carers - data shows that a higher proportion of the CCG's population are undertaking care for family / relatives than the England average, this can be linked to the diverse communities identified within the population.

The area has high numbers of carers; changes to the NHS England CCG guidance document and incorporated into the CCG Policy are intended to ensure that those most vulnerable are not at risk.

Other disadvantaged groups: Describe any impact and evidence on groups experiencing disadvantage and barriers to access and outcomes. This can include lower socio-economic status, resident status (migrants, asylum seekers), homeless, looked after children, single parent households, victims of domestic abuse, victims of drugs / alcohol abuse: (This list is not exhaustive)

Extract from NHS England EA:

Drug and/or Alcohol Misusers

3. Impact and Evidence:

There is no data available on the prevalence of alcohol and/or drug misusers who are currently prescribed items that are also available over the counter. There is no evidence to suggest that the relevant items are prescribed disproportionately to this group.

During the consultation, responses were monitored to ascertain if there were likely unintended consequences on this health inclusion group. There were no results from the consultation that indicated this. In implementing the guidance, CCGs will also be required to assess the impact on their population with regard to the particular demographics of the population they serve.

Asylum seekers and /or refugees

There is no data available on the prevalence of asylum seekers and/or refugees who are currently prescribed items that are also available over the counter. There is no evidence to suggest that the relevant items are prescribed disproportionately to this group.

During the consultation, responses were monitored to ascertain if there were likely unintended consequences on this health inclusion group, see appendix B for results. To mitigate risk of inequality a number of changes were made to the exceptions in the guidance following the consultation to ensure that those most vulnerable were not at risk, although carers are not specifically referred to. In implementing the guidance, CCGs will also be required to assess the impact on their population with regard to the particular demographics of the population they serve.

Ex-service personnel / veterans

There is no routinely collected data on prescribing for ex-service personnel / veterans in cases where an exemption is not applied for so we cannot definitively assess the impact fully at a national level. However, there is an exemption for those with a valid war pension exemption certificate (less than 1% of prescriptions for OTC items).

During the consultation, responses were monitored to ascertain if there were likely unintended consequences on this health inclusion group. There were no results from the consultation that indicated this. In implementing the guidance, CCGs will also be required to assess the impact on their population with regard to the particular demographics of the population they serve.

Those who have experienced Female Genital Mutilation (FGM)

There is no data available on those who have experienced FGM who are currently prescribed items that are also available over the counter. There is no evidence to suggest that the relevant items are prescribed disproportionately to this group.

During the consultation, responses were monitored to ascertain if there were likely unintended consequences on this health inclusion group. There were no results from the consultation that indicated this. In implementing the guidance, CCGs will also be required to assess the impact on their population with regard to the particular demographics of the population they serve.

Gypsies, Roma and travellers

There is no data available on the prevalence of gypsies, Roma and travellers who are currently prescribed items that are also available over the counter. There is no evidence to suggest that the relevant items are prescribed disproportionately to this group.

During the consultation, responses were monitored to ascertain if there were likely unintended consequences on this health inclusion group.

In implementing the guidance, CCGs will also be required to assess the impact on their population with regard to the particular demographics of the population they serve.

- Birmingham has a substantial Gypsy Roma Traveller (GRT) community, with estimates of more than 1000 GRT people living in Birmingham and a planned traveller site located in Aston. There are

3. Impact and Evidence:

also 70 gypsy or Irish Travellers living in Solihull a new population group introduced for the 2011 Census.

Homeless people and rough sleepers

There is no data available on the prevalence of homeless people and rough sleepers who are currently prescribed items that are also available over the counter. There is no evidence to suggest that the relevant items are prescribed disproportionately to this group.

During the consultation, responses were monitored to ascertain if there were likely unintended consequences on this health inclusion group. To mitigate risk of inequality a number of changes were made to the exceptions in the guidance following the consultation to ensure that those most vulnerable were not at risk. In implementing the guidance, CCGs will also be required to assess the impact on their population with regard to the particular demographics of the population they serve.

Those who have experienced human trafficking or modern slavery

There is no data available on the prevalence of those who have experienced human trafficking or modern slavery who are currently prescribed items that are also available over the counter. There is no evidence to suggest that the relevant items are prescribed disproportionately to this group.

During the consultation, responses were monitored to ascertain if there were likely unintended consequences on this health inclusion group. There were no results from the consultation that indicated this. In implementing the guidance, CCGs will also be required to assess the impact on their population with regard to the particular demographics of the population they serve.

Those living with mental health issues

There is no data available on the prevalence of those living with mental health issues who are currently prescribed items that are also available over the counter. There is no evidence to suggest that the relevant items are prescribed disproportionately to this group.

During the consultation, responses were monitored to ascertain if there were likely unintended consequences on this health inclusion group. There were no results from the consultation that indicated this.

To mitigate risk of inequality a number of changes were made to the exceptions in the guidance following the consultation to ensure that those most vulnerable were not at risk. The guidance includes exceptions advising that patients with mental health vulnerability, who could be adversely affected, if reliant on self-care, should still continue to be issued prescriptions for the included conditions on the NHS.

In implementing the guidance, CCGs will also be required to assess the impact on their population with regard to the particular demographics of the population they serve.

Sex workers

There is no data available on the prevalence of sex workers who are currently prescribed items that are also available over the counter. There is no evidence to suggest that the relevant items are prescribed disproportionately to this group.

During the consultation, responses were monitored to ascertain if there were likely unintended consequences on this health inclusion group. There were no results from the consultation that indicated this.

In implementing the guidance, CCGs will also be required to assess the impact on their population with regard to the particular demographics of the population they serve.

BSol Policy:

Relevant General Exceptions to the CCG policy include the following scenarios where patients should continue to have OTC medicines prescribed:

3. Impact and Evidence:
<ul style="list-style-type: none"> • Circumstances where the prescriber believes that in their clinical judgement, exceptional circumstances exist that warrant deviation from the recommendation to self-care. • Individual patients where the clinician considers that their ability to self-manage is compromised as a consequence of medical, mental health or significant social vulnerability to the extent that their health and/or wellbeing could be adversely affected, if reliant on self-care. Consideration should also be given to safeguarding issues.

4. Health Inequalities	Yes/No	Evidence
Could health inequalities be created or persist by the proposals?	Potentially, though exemption apply	See below
Is there any impact for groups or communities living in particular geographical areas?	No	
Is there any impact for groups or communities affected by unemployment, lower educational attainment, low income, or poor access to green spaces?	Potentially, though exemption apply	
<p>How will you ensure the proposals reduce health inequalities?</p> <p>The policy is intended to encourage people to self-care for minor illnesses as the first stage of the treatment. It is envisioned that in most cases these minor conditions will clear up with appropriate self-care. If the symptoms are not improving or responding to treatment, then patients should be encouraged to seek further advice.</p> <p>Currently patients may see a GP to obtain an item for a minor condition. Restricting OTC items for minor conditions, and encouraging self-care should reduce GP time on administering prescriptions and should indirectly mean that more GP appointments are likely to become available to other patients for more serious conditions. By encouraging people to self-care, more people may also access community pharmacy which was highlighted by respondents (to NHS England consultation) as an under-utilised health service.</p> <p>Some groups were identified as being at risk of increased health inequalities (identified through the national consultation) as a result of the policy proposal; these included:</p> <ul style="list-style-type: none"> • Older age groups • Patients with disabilities • Patients in rural areas • Patients with capacity problems • Patients living in poverty or on a low income • Those patients needing help from carers; and/or • Patients with long term or chronic illness. 		

There still could be an impact on some groups identified above in that they would be encouraged to purchase an item for self-care rather than be given a prescription for it. As many patients in the above groups would receive an exemption from paying for prescriptions, the policy may require them to pay for an item they would have not previously paid for.

The BSol Policy includes the general and condition specific exemptions (recommended through the national consultation) and is clear that it doesn't include items used to treat patients suffering from long term or chronic illnesses. The following general exceptions are particularly relevant here:

- Patients prescribed an OTC medicine for a long term condition (e.g. regular pain relief for chronic arthritis or treatments for inflammatory bowel disease).
- Treatment for complex patients (e.g. immunosuppressed patients).
- Circumstances where the prescriber believes that in their clinical judgement, exceptional circumstances exist that warrant deviation from the recommendation to self-care.
- Individual patients where the clinician considers that their ability to self-manage is compromised as a consequence of medical, mental health or significant social vulnerability to the extent that their health and/or wellbeing could be adversely affected if reliant on self-care.

5. FREDA Principles/ Human Rights	Question	Response
Fairness – Fair and equal access to services	How will this respect a person's entitlement to access this service?	Through fair application of the policy, its exemptions and clinical decision making
Respect – right to have private and family life respected	How will the person's right to respect for private and family life, confidentiality and consent be upheld?	Through fair application of the policy, its exemptions and clinical decision making
Equality – right not to be discriminated against based on your protected characteristics	How will this process ensure that people are not discriminated against and have their needs met and identified?	Through fair application of the policy, its exemptions and clinical decision making.
	How will this affect a person's right to freedom of thought, conscience and religion?	No Impact identified
Dignity – the right not to be treated in a degrading way	How will you ensure that individuals are not being treated in an inhuman or degrading way?	Through fair application of the policy, its exemptions and clinical decision making.
Autonomy – right to respect for private & family life; being able to make informed decisions and choices	How will individuals have the opportunity to be involved in discussions and decisions about their own healthcare?	Policy encourages self-care for minor illnesses as the first stage of treatment. If symptoms are not improving or responding to treatment, patients are then encouraged to seek further advice from their GP.

Right to Life	Will or could it affect someone's right to life? How?	No impact identified.
Right to Liberty	Will or could someone be deprived of their liberty? How?	No.

6. Social Value	
Consider how you might use the opportunity to improve health and reduce health inequalities and so achieve wider public benefits, through action on the social determinants of health.	
Marmot Policy Objective	What actions are you able to build into the procurement activity and/or contract to achieve wider public benefits?
Enable all people to have control over their lives and maximise their capabilities	No procurement is being undertaken.
Create fair employment and good work for all	
Create and develop health and sustainable places and communities	
Strengthen the role and impact of ill-health prevention	

7. Engagement, Involvement and Consultation		
If relevant, please state what engagement activity has been undertaken and the date and with which protected groups:		
Engagement Activity	Protected Characteristic/ Group/ Community	Date
National Consultation	All	July – October 2017
National Consultation	All	Dec 17 – March 2018
For each engagement activity, please state the key feedback and how this will shape policy / service decisions (E.g. patient told us So we will):		
<p>National Public engagement</p> <p>A consultation on items which should not be routinely prescribed in primary care (21 July – 21 October 2017) sought views on the principles of restricting the prescribing of medicines which are readily available OTC. This consultation included 5554 online responses, 195 written responses and 25 engagement events and meetings. A communication and engagement plan was developed to ensure that individuals, key groups, charities and local and national organisations were able to contribute towards the consultation.</p> <p>A further consultation on the proposals for Conditions for which over the counter items should not routinely be prescribed in primary care: guidance for CCGs was undertaken from 20 December 2017 – 14 March 2018. This consultation included 2,638 online responses, 65 written responses and 21 engagement events and meetings. A communication and engagement plan was developed to ensure that individuals, key groups, charities and local and national organisations were able to contribute towards the consultation.</p>		

A series of meetings with national patient groups including: Patient Association, National Voices and Healthwatch England further shaped the OTC proposals and communication and engagement plan prior to the start of a further 12-week public consultation on draft CCG guidance for 'Conditions for which over the counter (OTC) items should not routinely be prescribed in primary care'. A webinar with the Health and Wellbeing Alliance (consisting of a number of national charities) was also used to plan relevant consultation engagement.

In developing the proposals and final guidance, NHS England have taken account of all consultation results alongside advice from a clinical working group. Membership of the clinical working group includes: NHS England, NHS Clinical Commissioners, NICE, Department of Health, PrescQIPP CIC, NHS Business Services Authority, CCG representatives, Royal College of GPs, Royal Pharmaceutical Society, Academy of Medical Royal Colleges, GPC.

The consultation on items which should not be routinely prescribed in primary care (items readily available over-the counter) resulted in the following concerns being identified:

- the impact of the proposals on people with low incomes was flagged as a concern and specifically it was felt that our proposals had the potential to widen health inequalities for this group.

Additional groups identified as being at risk of increased health inequalities as a result of our proposals included:

- older age groups;
- patients with disabilities;
- patients in rural areas;
- patients with capacity problems;
- patients living in poverty or on a low income;
- those patients needing help from carers; and/or
- patients with long term or chronic illness.

There are some proposed general and condition specific exemptions in the CCG guidance and we have been clear that we are not looking to propose restriction of OTC items used to treat patients suffering from long term or chronic illnesses.

However, there could be still an impact on some of the groups identified above in that they would be encouraged to purchase an item for self-care rather than be given a prescription for it. As many patients in the above groups would receive an exemption from paying for prescriptions, our proposals may require them to pay for an item they would have not previously paid for.

Local Public engagement

The draft of the NHS England/NHSCC guidance upon which this policy is based was subject to national public consultation from 20th December 2017 to 14th March 2018. During this period, Birmingham and Solihull CCGs undertook local engagement. The findings were then fed back into the national consultation, as well as being considered in the development of this policy.

The recommendations in the final NHS England/NHSCC guidance were further developed following the consultation, and have been incorporated into this policy.

The Birmingham and Solihull CCGs used their social media platforms to raise awareness of the national consultation.

Additionally, the communications and engagement team, with the medicines management team took a targeted approach to engaging with people within our area: vulnerable, low-income families.

In order to target our most vulnerable individuals we decided to link with local food banks. They were extremely helpful and facilitated us visiting the venues when the food banks were open - and when clients were at the food banks to collect food parcels.

The themes which emerged were submitted to the national consultation and were as follows:

- It is acceptable for very low cost items – probably less than £2/3.
- Shouldn't be implemented for the most vulnerable e.g. homeless, parents with little-to-no money/income.
- There should be information (supported by a campaign) developed to advise people of changes and advise of symptoms and where to buy medicines and rough costs.
- GPs need to be supported to say 'no', and also have the discretion to say 'yes' to those who really need.

8. Summary of Analysis

Considering the evidence and engagement activity you listed above, please summarise the impact of your work:

The intention of the policy is to implement the guidance issued by NHS England to CCGs on conditions for which over the counter items should not routinely be prescribed in primary care.

By reducing spend on treating conditions that are self-limiting or which lend themselves to self-care, or on items for which there is little evidence of clinical effectiveness, these resources can be used for other higher priority areas that have a greater impact for patients, support improvements in services and/or deliver transformation that will ensure the long-term sustainability of the NHS.

The contents of the policy have been widely consulted upon both at a national and local level.

The initial proposals were revised to mitigate against the risk of increased health inequalities for the following groups:

- Older age groups
- Patients with disabilities
- Patients in rural areas
- Patients with capacity problems
- Patients living in poverty or on a low income
- Those patients needing help from carers; and/or
- Patients with long term or chronic illness

The revised guidance document issued to CCGs specifically accounted for these concerns under the 'exceptions' area, so these groups of patients should continue to be issued an NHS prescription for included conditions. The guidance also includes wider exceptions that cover: exceptional

circumstances that warrant deviation from the recommendation to self-care or individual patients where the clinician considers that their ability to self-manage is compromised as a consequence of medical, mental health or significant social vulnerability to the extent that their health and/or wellbeing could be adversely affected, if reliant on self-care.

9. Mitigations and Changes :

Please give an outline of what you are going to do, based on the gaps, challenges and opportunities you have identified in the summary of analysis section. This might include action(s) to mitigate against any actual or potential adverse impacts, reduce health inequalities, or promote social value. Identify the **recommendations** and any **changes** to the proposal arising from the equality analysis.

Recommendations

Public Information
It is recommended that a promotion/information campaign is utilised to provide clear information (with due regard to the accessibility of the information, given the diverse population within the area) on why patients are being encouraged to purchase some items over the counter and what the exceptions are.

Policy Monitoring
It is recommended that complaints relating to the policy are monitored to identify if there are any unintended adverse impacts emerging that require addressing (for example policy review).

Race/English Language Proficiency
Where patients have an English Language need and fall outside of the criteria for exemptions GP's should ensure these patients are given clear written information on the over the counter medications they can purchase. This will ensure patients are not leaving appointments without a prescription understand what medication they need to buy or enquire at a pharmacy about.

10. Contract Monitoring and Key Performance Indicators

Detail how and when the service will be monitored and what key equality performance indicators or reporting requirements will be included within the contract (refer to NHS Standard Contract SC12 and 13):

Not applicable

11. Procurement

Detail the key equality, health inequalities, human rights, and social value criteria that will be included as part of the procurement activity (to evaluate the providers ability to deliver the service in line with these areas):

Not applicable

12. Publication
<p>How will you share the findings of the Equality Analysis?</p> <p>This can include: reports into committee or Governing Body, feedback to stakeholders including patients and the public, publication on the web pages.</p>
<p>BSol CCG web pages</p>

13. Sign Off		
<p>The Equality Analysis will need to go through a process of quality assurance by the Senior Manager for Equality and Diversity or Manager for Equality and Diversity and signed-off by a delegated committee</p>		
	Name	Date
Quality Assured By:	Bal Everitt – Senior Manager Equality, Diversity, Inclusion	7 August 2018
Which Committee will be considering the findings and signing off the EA?	Clinical Policy sub group	10 th August 2018
Minute number (to be inserted following presentation to committee)		