NHS
Birmingham and Solihull
Clinical Commissioning Group

Equality Analysis

(Health Inequalities, Human Rights, Social Value)

Community Pharmacy Support to Care Homes

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	Community Pharmacy Support to Care Homes		
EA Author	Nilima Rahman-Lais/ Michelle Dunne	**Team**	Medicines Management/ E&D
Date Started	22nd October 2018	**Date Completed**	24th October 2018
EA Version	V0.1	**Reviewed by E&D**	24th October 2018

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

Birmingham and Solihull CCG is committed to promoting safe, evidence based, cost effective prescribing and use of medicines in Birmingham and Solihull that promotes consistency and high quality clinical care, best practice and value across the local health economy.

This service will provide Medicines management and optimisation advice and support to patients and staff within the care home setting to achieve this objective.

Aims and objectives of the service

- Provide thorough medicines reconciliation and level 3 medication review[1] for all new patients and patients discharged from hospital to care homes to which the pharmacy provides services, within 5 working days of arrival/transfer to the care home
- Reduce risk of harm from medicines, when patients are transferred/admitted to a nursing home
- Support training of care home staff in relation to medicines
- Support patients in care homes to get the best outcomes from their medicines

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

Nearly 400,000 people live in care homes in the UK, nearly 20% of those aged 85+. Their health and social care needs are complex and they have high rates of admissions to hospital.

In Birmingham and Solihull there are approximately 9000 Care Homes Beds of varying sizes and specialities with approximately 4000 of these Beds being Nursing Homes. Within the scope of this funding we are looking to prioritise Nursing Homes for support. The homes in the area comprise of specialities of Care in the following areas: -

- Nursing (both long term and temporary)

[1] Level 3 Medication review definition: Thorough review of the patient's medications including a face to face consultation with the patient/carer.

- Nursing with Dementia care
- Mental Health care
- Palliative Care
- Respite
- Learning Disabilities
- Elderly
- Children and young people

It was agreed that the following specialities would be supported by this project:

- Nursing with Dementia care
- Palliative Care
- Respite
- Elderly

Population covered
Patients who are residents of care homes serviced by the community pharmacy and registered with a GP within BSOL CCG

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
• NICE – Good Practice Guidance – Managing medicines in Care Homes. • Royal Pharmaceutical Society The handling of medicines in social care, 2007. • The Health Foundation Making care safer – Improving medication safety for people in care homes, 2011. • PSG001 Technical patient safety solutions for medicines reconciliation on admission of adults to hospital: Guidance. 12 December 2007. http://www.nice.org.uk/nicemedia/live/11897/38560/38560.pdf • Care Quality Commission's Essential Standards of quality and Safety (Outcome 9). • RPS guidance of handling medicine in Social Care https://www.rpharms.com/Portals/0/RPS20document20library/Open20access/Support/toolkit/handlingmedicines-socialcare-guidance.pdf?ver=2016-11-17-142751-643	The community pharmacy input to care homes group has been working on this project. With representation from the CCG, UHB-HGS, the LPC.	

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:

Age Profile Birmingham and Solihull

Birmingham has a relatively young population compared to other cities in England, with a larger proportion of children and young people, and a smaller proportion of people in older age groups. However, Birmingham's population is far from stable and the rate of growth for various age groups varies widely. 46% of the Birmingham population is under 30. 13% is over 65 years. There is also a sizeable 20-24 years' population due to the large student population.

The Solihull population is relatively stable with the older population; with the greatest increase in the 65+ population. 19% of the population are over 65 years, compared to 13% in Birmingham. The number of children and young people (aged 15 and below) in Solihull is, at 19%, in-line with the England average, although it is notable the borough has a relatively low proportion of pre-school age children; those aged 0-4 years represent 29% of all children in Solihull compared to 34% nationally.
Local population figures by age groups:

Age	Birmingham	Solihull	BSol	England
Age 0 to 17	25.54%	21.77%	24.94%	21.39%
Age 18 to 64	61.57%	59.06%	61.17%	60.59%
Age 65+	12.88%	19.16%	13.90%	16.33%
Total Popln	1073045	206674	1279719	53012456

This pilot service will focus on patients who are new to the Nursing Home and those returning to the home following a hospital admission. The patients' records will be reviewed within 5 days of admission to the home to ensure that their medication needs are accurately met.

The intention is to ensure that medication is safe, care as is intended and to reduce waste by eliminating stock piling of medication. The Pharmacy team will work with the Nursing Home staff, the GP who looks after patients in the home, the patient and carer to review the medication and ensure that the patient is receiving the right medicines and ongoing care is both effective and safe.

Residents of the homes are typically the elderly, aged 65; the focus is on this group as they are identified as having the greatest need.

Children and Young People would typically come under specialist care and GP's don't always intervene with medications where there is such specialist input. The focus for

3. Impact and Evidence:

this pilot is where a GP is more likely to make changes as a result of a medication review.

Current anecdotal evidence suggests that care homes are in regular need of training to improve the safe and effective handling/ administration of medicines and also complying with legal requirements and CQC standards around medicines management. The pharmacy technician in this project will be focussed in delivering this aspect of the support to the care homes in this pilot.

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:

According to census data across Birmingham as a whole 9.1% of the population either have a disability that limits their day to day activities a lot, compared to 8.2% for Solihull and 8.3% for England. When you look at activities limited a little, the figure for Birmingham is the same as England at 9.3%, though the figures for Solihull are higher at 9.7%.

This pilot scheme will ensure that older people in nursing homes (either new to the home or returning following a hospital admission) have a medication review to ensure that they receive the right medication and ongoing care is both effective and safe.

People with a learning disability/mental health condition is specialist homes are not within scope of this pilot as they come under specialist care and GP's don't intervene with the medications prescribed by the specialist units.

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

No impact identified in relation to this protected characteristic.

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:

No impact identified in relation to this protected characteristic.

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

No impact identified in relation to this protected characteristic

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

3. Impact and Evidence:

No impact identified in relation to this protected characteristic

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

No impact identified in relation to this protected characteristic.

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

Birmingham has a slightly higher number of women 545,239 (50.8%) than men 527,806 (49.2%) this reflects the picture for England as a whole. Life expectancy for men is 77.6 years compared to a national average of 79.4 years, for women it is 82.2 years compared to a national average of 83.1 years. Birmingham has a gap in life expectancy between the most deprived and least deprived areas of 7.4 years for men and 4.9 years for women.

In Solihull it is slightly different, where again women are in the majority but by a higher figure than for that of Birmingham and England (51.4%). Life expectancy in Solihull is higher than the national average; however, the gap ranges by up to nearly 10 years between the best and worst wards. Life expectancy is 80.3 years for men and 84.8 years for women.

In an article by the Office for National Statistics - **Changes in the Older Resident Care Home**
Population between 2001 and 2011 the following description of care home residents by sex were provided:

- The care home resident population for those aged 65 and over has remained almost stable since 2001 with an increase of 0.3%, despite growth of 11.0% in the overall population at this age
- Fewer women but more men aged 65 and over, were living as residents of care homes in 2011 compared to 2001; the population of women fell by around 9,000 (-4.2%) while the population of men increased by around 10,000 (15.2%)
- The gender gap in the older resident care home population has, therefore, narrowed since 2001. In 2011 there were around 2.8 women for each man aged 65 and over compared to a ratio of 3.3 women for each man in 2001
- The resident care home population is ageing: in 2011, people aged 85 and over represented 59.2% of the older care home population compared to 56.5% in 2001

No negative impacts have been identified in relation to the pilot and this protected characteristic.

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:

3. Impact and Evidence:
No impact identified in relation to this protected characteristic.
Carers: Describe any impact and evidence on part-time working, shift-patterns, general caring responsibilities: This pilot is expected to have a positive impact on carers as it will provide another healthcare professional for raising concerns and discussing the care homes residents clinical and pharmaceutical care.
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) **No impact identified in relation to other disadvantaged groups.**

4. Health Inequalities	Yes/No	Evidence
Could health inequalities be created or persist by the proposals?	No	
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?	No	
How will you ensure the proposals reduce health inequalities?		

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?	Service will be limited to those care homes within scope as other care home settings (such as LD or Children's) need more specialist input than this service can provide
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?	Medication review will be undertaken in a way which respects patients private and family life.
Equality – right not to be discriminated against	How will this process ensure that people are not discriminated against and	Medication review will ensure that the care provided is as intended and is safe.

based on your protected characteristics	have their needs met and identified?	
	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?	Service providers must abide by their professional standards; safeguarding issues will be monitored. Consent for all activities will be obtained from the patients and their carers before any reviews are conducted.
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?	Medication review will include patient. Consent for all activities will be obtained from the patients and their carers before any reviews are conducted
Right to **Life**	Will or could it affect someone's right to life? How?	No negative 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	(a) This work contributes to – • Preventing people from dying prematurely; • Enhancing quality of life for people with long term conditions; • Helping people to recover from episodes of ill-health or following injury; • Ensuring people have a positive experience of care; and • Treating and caring for people in safe environment and protecting them from avoidable harm.
Create fair employment and good work for all	Not applicable

Create and develop health and sustainable places and communities	See above (a)
Strengthen the role and impact of ill-health prevention	See above (a)

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
Local Pharmaceutical Committee		Ongoing Joint working

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 …..):

Public engagement has not been undertaken for this policy and is not planned.
Engagement with the Local Pharmaceutical Committee has been undertaken; they supported the proposal.
It is expected that the service provider will carry out pre-engagement work with the care homes.

8. Summary of Analysis

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

Whilst the pilot is limited to nursing homes for:

- Nursing with Dementia care
- Palliative Care
- Respite
- Elderly

Justification is provided as the other specialities (Learning disability, mental health care and children and young people) have their medication determined by the specialists within that area of health.

The pilot is likely to result in a range of benefits, which include:

- Preventing people from dying prematurely;
- Enhancing quality of life for people with long term conditions;
- Helping people to recover from episodes of ill-health or following injury;
- Ensuring people have a positive experience of care; and
- Treating and caring for people in safe environment and protecting them from avoidable harm.

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.
Recommendation: If the findings of the pilot identify a need to further roll-out the service a further equality analysis will be required which should take into account the reported experiences of patients, carers, care home staff and GP's together with a review of safeguarding and/or complaints received.

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):
The pilot will be evaluated after 12 months utilising an existing medicines management process which is aimed at gathering evidence interventions which have clinical benefits, drug cost reduction, reduce hospital admissions. Patients and carers experiences will form part of the evaluation together with that of the staff in the care home and GP's. Performance monitoring will include information on complaints and safeguarding issues.

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

How will you share the findings of the Equality Analysis? This can include: reports into committee or Governing Body, feedback to stakeholders including patients and the public, publication on the web pages. All Equality Analysis should be recommended for publication unless they are deemed to contain sensitive information.
Equality analysis will accompany the business case/service specification for sign off by Clinical Policy Sub Group on 2nd November 2018.

The equality analysis will be published on the CCG webpages.
Following ratification all finalised Equality Analysis should be sent to the Communications and Engagement team for publication: bsol.comms@nhs.net

13. Sign Off

The Equality Analysis will need to go through a process of **quality assurance** by the Senior Manager for Equality and Diversity, Senior Manager for Assurance and Compliance or Equality and Human Rights Manager **and** signed-off by a delegated committee

	Name	Date
Quality Assured By:	M K Dunne	24th October 2018
Which Committee will be considering the findings and signing off the EA?	Clinical Policy Sub Group	2nd November 2018
Minute number (to be inserted following presentation to committee)		

Please send to Balvinder Everitt or Michelle Dunne, Equality, Diversity and Inclusion for Quality Assurance.

Once you have committee sign off, please send to Caroline Higgs, Communications & Engagement Team for publication: bsol.comms@nhs.net