Equality Analysis

(Health Inequalities, Human Rights, Social Value)

Pharmacy provision to support the Minor Eye Care Condition Service (MEC)

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	Pharmacy service for MEC		
EA Author	Perminder Paul	**Team**	Planned Care
Date Started	26th November 2018	**Date Completed**	29th November 2018
EA Version	V.0.2	**Reviewed by E&D**	Michelle Dunne – Manager Equality and Diversity

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

The Minor Eye Conditions launched on October 1st 2018 has an additional component which works closely with the Medicines Supply Service to remove the need for patients to attend their GP practice purely for the purpose of obtaining a prescription for a product recommended by their optometrist.

Community pharmacy has a well-established role in the MEC-MS Service pathway and provides an essential support service which recognises the ability to help meet local health needs. Community pharmacy teams have a great wealth of knowledge in counselling and advising patients on the treatment of minor ailments and supply of 'over the counter' medicines.

The main intended outcomes for this service are to:

- Improve patient experience
- Prevent an unnecessary GP appointment for the purpose of obtaining a prescription
- Utilise pharmacy provision to support patient eye health care

The service will be available for patients within the Birmingham area of BSOL CCG

This equality analysis focuses on the new element of the Minor Eye Conditions services (pharmacy prescribing); a full equality analysis was completed in 2017 on the service as a whole.

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

Patients

- Rapid access to appropriate eye care in local service
- Less travel time, time off work and related costs
- More time for questions and answers

Commissioners

- Reduced inappropriate use of secondary care
- Recurrent savings
- Care Closer Home in a community setting
- Patients offered a choice of providers

General Practice

- Fast access, local primary care based service
- Quick, local and accurate screening service
- Simple referral administration

- Comprehensive reporting for GP about their patient
- Patients can access medication without additional practice appointment

Pharmacist

- Improved alliances between patients, optometrists and pharmacists
- Opportunity to identify and share good practice
- Reimbursement for service

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
High street pharmacies and opticians should work together to help manage minor eye conditions http://www.pharmaceutical-journal.com/opinion/comment/high-street-pharmacies-and-opticians-should-work-together-to-help-manage-minor-eye-conditions/20201448.article		

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:

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 prevalence of some eye conditions such as Glaucoma increase with age. There is an increase in demand for eye care services due to an ageing population. The integrated primary eye care service (service aims to alleviate pressures on secondary care by moving this provision into community based settings. The pharmacy service will work in conjunction with optometrist to supply appropriate medication and complete the patient pathway of care

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:

3. Impact and Evidence:

- 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. For activities limited a little, the figure for Birmingham is the same as England at 9.3%. 45.5% of Birmingham population has very good health.

- There is a body of national evidence that highlights the experience of disabled people when accessing secondary care services. A high number of DNA's (missed appointments) are due to patients not hearing their name being called or reasonable adjustments not being made or identified as part of the referral processes. All NHS organisations are required to meet the Accessible Information Standard.

- The existing provision is delivered in large hospital sites which can be more difficult to navigate for disabled people. The service will be delivered within community settings which are local, offering more accessible transport links, located in smaller primary care venues, making it easier for patients with mobility difficulties, visual or hearing impairments, and learning disabilities.

All providers will be required to meet the requirements of the Accessible Information Standard to ensure accessible information and communication support for disabled patients in line with their current contracts

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

- There is a lack of good quality statistical data regarding trans people in the UK. Current estimates indicate that some 650,000 people are "likely to be gender incongruent to some degree"
- There is research evidence which indicates that trans people experience fear and discrimination when accessing health services.
- No Impact on 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:

- No Impact on 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:

- No Impact on 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:

3. Impact and Evidence:

- Ethnicity and the associated cultural and religious differences is a big factor in Birmingham, the most ethnically diverse city in the United Kingdom. 58% of Birmingham's population is White British, but the White British share varies widely with age. 42% are from a Black and Minority Ethnic background (BAME). BAME groups are very unevenly distributed within Birmingham. The heart of the city has the majority of the 'non-white' ethnic groups. Over half of the 'non-white' population (51%) live in these areas with only 18% in south Birmingham. Birmingham is a growing city linked in part to migration (9.9% increase since 2004)
- The Birmingham South Central catchment area covers a population of 286 000 and is characterised by two distinct geographical corridors with different population characteristics. The population within the northern area of the catchment includes Sparkbrook, Springfield, Edgbaston, and Ladywood and is ethnically diverse, with high levels of deprivation and unemployment. It also has a younger population of 28% under the age of 18 years compared to Birmingham average of 25%. The southern area of BSC predominately covers the wards of Bournville, Northfield, Kings Norton, Weoley, and Brandwood. The percentage of ethnic minority residents for these wards is below the city average. The unemployment rates are also below the city average, but there are pockets of high Worklessness rates.
- There is evidence that some ethnic groups including South Asian and African Caribbean are pre-disposed to some eye conditions occurring (such as cataracts and glaucoma) due to other causal factors such as diabetes.
- Birmingham is a highly ethnically diverse City and as such is likely to have a high referral of BAME patients into this service. All NHS providers are required through the standard contract to provide services in a manner that is sensitive to diversity of cultures and to meet any English language needs through the provision of translation and interpretation services.
- There are no known adverse impacts for race/ethnicity.

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

- Christianity is the largest religion in Birmingham however at 46.1% this is lower than that of England as a whole which is 59.4%. Birmingham has more Muslims (21.8%), Sikhs (3%) and Hindus (2.1%) than England (5%, 0.8% and 1.5% respectively).
- All providers of NHS services are required through the standard contract to deliver services that are sensitive to the needs of religion and belief, or no belief.
- There are no known adverse impacts on religion or belief

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.

3. Impact and Evidence:

- There is a higher prevalence of the eye condition Glaucoma in women.

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:

- According to ONS, in 2015, 1.7% of the UK population identified themselves as lesbian, gay or bisexual (LGB). More males (2.0%) than females (1.5%) identified themselves as LGB in 2015. Of the population aged 16 to 24, there were 3.3% identifying themselves as LGB, the largest percentage within any age group in 2015.

- In the last five years alone, 24 per cent of patient-facing staff have heard colleagues make negative remarks about lesbian, gay and bisexual people, and one in five have heard negative comments made about trans people. Lesbian, gay and bisexual staff echoed this, with a quarter revealing they had personally experienced bullying from colleagues over the last five years. One in ten health and social care staff across Britain have witnessed colleagues express the dangerous belief that someone can be 'cured' of being lesbian, gay or bisexual. (Stonewall Unhealthy Attitudes Report)

- All providers will be required to deliver services in a manner that is sensitive to the needs of LGB patients.
- There are no known adverse impacts on sexual orientation.

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

- 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.
- 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 and must be considered in Commissioning decisions.

- The impact on carers would be positive with the opportunity for patients to be seen closer to home, reducing travel times and increase convenience.
- All providers will be required to involve carers in decisions about patients.

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,

3. Impact and Evidence:

looked after children, single parent households, victims of domestic abuse, victims of drugs / alcohol abuse: (This list is not exhaustive)

Deprivation in Birmingham

Birmingham is ranked the tenth most deprived Local Authority in England out of 354. The measure of socio-economic disadvantage that is used is the Index of Multiple Deprivation (IMD). It is a composite score that looks at economic factors, health deprivation and disability, crime, income, education, skills and training, barriers to housing and services, and the living environment. Birmingham can be broken down further into much smaller geographic units called Lower Super Output Areas (LSOAs), with a population of approximately 1,500 people in each. There are 641 LSOAs in Birmingham. Over half of these small units are in the most deprived 20% in the country. Over three-quarters of the city are in the bottom 40% nationally (information taken from JSNA).

Our population is characterised by its diversity, relative to the national average, our demography is poorer - around six in ten of our population live in the 20 per cent most deprived neighbourhoods in England.

Life expectancy in Birmingham is lower than regional and national average. There is a variation across Birmingham wards of up to 10 years. 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.

Homelessness; Migrants and Gypsies and Roma Travellers

There are a number of leaflets produced by NHS England which detail the rights of Homeless People, Asylum Seekers and Refugees and Gypsy Roma Travellers to be able to access healthcare.

All three leaflets clearly state,

“You **do not have to** provide ID when registering with a GP, but it is helpful to do so…” and

“You cannot be refused registration because you are a member of the Gypsy, Traveller or Roma community, whether on an authorised or unauthorised site or ‘of no fixed abode’, because you do not have proof of address, identification or because of your immigration status.”

People with no fixed abode may still be able to claim benefits (and therefore quality for free prescriptions) (Extract from Shelter:
https://england.shelter.org.uk/housing_advice/homelessness/articles/get_practical_hel

3. Impact and Evidence:

p_if_youre_on_the_streets/claiming_benefits_when_homeless You can still claim benefits if you're sleeping on the streets or in a hostel, even if you don't have a fixed address or a bank account.

The medicine supply service exemptions

- Following examination by a participating Optometrist, the Minor Eye Conditions Medicines Supply (MEC-MS) Service allows pharmacies to provide medication ordered on a signed order to exempt patients, free of charge.
- The pharmacy must have a system to check the person's eligibility for NHS prescription charge exemption and will collect NHS charges where appropriate. Where a patient does not have proof of exemption on them the pharmacist must use their **professional discretion** in deciding whether to provide the medication free of charge.

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?	Yes	Those who are registered with a Solihull GP are not entitled to the written order scheme from the optometrist, but can still receive medication free of charge if except by visiting their GP. This service inequity is being address in the Solihull MEC contract going live from April 1st 2019
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?

The Solihull MECS service is under review to bring it in line with the Birmingham Specification

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?	Patients will have the same access to services
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?	All services will continue to be delivered ensuring respect for private and family life
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?	There is an expectation under routine professional conduct that discussions with patients with be carried out in a non-judgement and non-discriminatory manner.
	How will this affect a person's right to freedom of thought, conscience and religion?	No impact
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?	All services will be delivered ensuring dignity for patients is upheld
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?	Patients will continue to have the opportunity to be involved in discussions and decisions about their own healthcare
Right to **Life**	Will or could it affect someone's right to life? How?	No impact
Right to **Liberty**	Will or could someone be deprived of their liberty? How?	No impact

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	Assess providers for their ability to meet accessibility and language and interpretation needs of patients
Create fair employment and good work for all	N/A
Create and develop health and sustainable places and communities	N/A

Strengthen the role and impact of ill-health prevention	N/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
Engagement with Local Pharmacy Committee to inform them of the service and to encourage participation on the pharmacist.		July 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 …..):

The LPC will be able to guide commissioners as they are aware of other similar services across the country.

8. Summary of Analysis

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

In summary, the EA has identified no adverse impacts on protected or vulnerable groups in the development of pharmacy element of the minor eye conditions service

The EA reveals a number of positive benefits of having a local service particularly in the community which complements the optometry provision. This service has the potential to reduce the need for GP appointments (to obtain a prescription) therefore improving the patient journey and experience.

Research shows that for Older people, women and some minority ethnic groups there might be higher prevalence of eye conditions or predisposition to such conditions; people with these characteristics will benefit from the service.

The local service providers will need to ensure they have sufficient capacity to comply with accessibility requirements including the Accessible Information Standard and language and interpretation needs of patients with English language needs.

The local service providers will need to demonstrate adequate measures to involve carers in decisions about patients.

The local service providers will need to demonstrate appropriate measures that support and value diversity and comply with the general equality duty.

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.

The current gap of provision is for the patients who are registered with a Solihull GP. This is being addressed on the Solihull MEC contract that is up for renewal in March 2019.

It is recommended that the following equality statements are included within the service specification particularly in relation to the pharmacist discretion:

Service Providers will ensure that the service offered does not discriminate on grounds of protected characteristics and other disadvantaged groups (including homeless people, asylum seekers, refugees and migrants. Services should be accessible to patients whose first language is not English, and those with any disability related information or communication needs.

Pharmacists will ensure that when applying professional discretion around prescription charging that their decision making is undertaken sensitively, in a non-judgemental and non-discriminatory manner with all service users.

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 commissioner will provide access to a web-based system (PharmOutcomes) for the recording of relevant service information for the purposes of audit and the claiming of payment.

Patient status	Medicine status	OTC policy exception?	Supply route and payment status	Claim via PharmOutcomes
Levy	P/GSL	n/a	Purchase off service	No
	POM	n/a	Supplied via MEC-MS service– pay levy	Yes
Exempt	P/GSL	Optometrist noted exception	Supplied via MEC-MSS– sign exemption	Yes
	P/GSL	No optometrist noted exception	Purchase off-service	No
	POM	n/a	Supplied via MEC-MSS– sign exemption	Yes

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):

This service will not be procured and is being offered to all pharmacies across BSOL CCG

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.

The service specification and equality analysis will be presented to the Clinical Policy Sub Group for approval.

The EA will be published on the CCG web pages

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	27th November 2018
Which Committee will be considering the findings and signing off the EA?	Clinical Policies Sub Group	
Minute number (to be inserted following presentation to committee)		