

Equality Analysis

(Health Inequalities, Human Rights, Social Value)

Pharmacy Repeat Prescription Ordering Services – Hodge Hill Family Practice

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 repeat prescription ordering services		
EA Author	Debra Petrie-Dolphin	Team	Hodge Hill Family Practice
Date Started	27/02/2019	Date Completed	27/02/2019
EA Version	v3 Final	Reviewed by E&D	12/03/19

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

The Repeat Prescription Management Code of Practice was produced in 2014 by Birmingham CrossCity Clinical Commissioning Group (BCC CCG) with input from both the Local Medical Committee (LMC) and the Local Pharmaceutical Committee (LPC). It is a best practice agreement which includes responsibilities for the patient, practice and pharmacy when ordering and prescribing repeat medicines. The aim of the code of practice is to improve the application of pharmacy repeat prescription ordering services (RPOS), thereby reducing risks to patient safety and associated medicines waste.

RPOS is a system whereby the pharmacy orders a repeat prescription from the GP practice on behalf of the patient and subsequently dispenses the medicine. The service is not part of the NHS Community Pharmacy Contractual Framework and is not offered by all pharmacy contractors.

Whilst RPOS can provide regular and timely ordering of medication for a minority of patients who may have difficulty in managing the ordering process themselves, neither pharmacy nor practice staff always checks what the patient actually needs. This means that there is potential for significant wastage of medicines and is a risk to patient safety.

The practice has recently reviewed its repeat prescribing protocol to ensure that it is compliant with the code of practice. During that process, the practice identified that local pharmacies providing repeat prescription ordering services (RPOS) to practice patients are non-compliant with the code of practice. Therefore, the practice has decided to stop pharmacy RPOS for all of its patients except those patients known to be vulnerable or at risk and who cannot access any of the other systems which the practice makes available to them for ordering their repeat prescriptions.

The intended outcome of this decision will be to reduce risk to patient safety and reduce medicines waste.

The decision will not impact on pharmacy collection and delivery schemes, whereby the pharmacy collects prescriptions from the GP practice, dispenses the medication and delivers it to the patient, unless there is evidence that any such schemes are being operated inappropriately.

<p>Who will be affected by this work? e.g. staff, patients, service users, partner organisations etc. Explain how they might be affected.</p>
<p>Some, but not all, BSol CCG staff, including GPs and practice staff. Some patients and community pharmacies will be affected by this work.</p> <ul style="list-style-type: none"> • BSol CCG staff (predominantly the Medicines Management Team) will, if necessary, support practices with advice and an accompanying toolkit. • GPs and frontline practice staff will be required to: inform patients and community pharmacies of the decision to stop RPOS; ensure that there are a number of other systems available to patients as alternative options for re-ordering repeat prescriptions; identify vulnerable/at risk patients who need to continue use of RPOS because they are unable to access other ordering options. • Practice patients who already use RPOS, the majority of whom will be required to use another system to order their repeat prescriptions. <p>Community pharmacies providing RPOS to practice patients. They will be required to stop RPOS for the majority of practice patients and annotate their patient medication records accordingly</p>

2. Research		
<p>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.</p>		
Research/Publications	Working Groups	Clinical Experts
Experience of, and documents from Luton Clinical Commissioning Group (Dec. 2015) 'Managed repeats' project	Responses to BCC CCG questionnaire to Peoples Health Panel (Mar 2016), 'Repeat prescription ordering'.	
NHS England (June 2015), 'Pharmaceutical waste reduction in the NHS'.	PPG agreed change on 14 January 2019	
Presqipp (June 2015), 'Community pharmacist repeat prescription ordering services'.		
BCC CCG audit (Jan to Mar 2013) of complaints received in, and from, GP practices about pharmacy RPOS.		
Scottish Government letter (July 2012) 'Managed Repeat / Express Repeat Prescription Schemes'		

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:

In this group, evidence demonstrates that there could be a potential negative impact on patients with reduced mobility or limited access to computers or electronic means of communications.

Therefore, RPOS will remain in place for any patient unable to access alternative repeat prescription ordering systems offered by the practice.

Some patients may experience a positive impact from the withdrawal of RPOS, as they will have more control over which of their repeat medicines they require.

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:

In this group, evidence demonstrates that there could be a potential negative impact on patients with reduced mobility or limited access to computers or electronic means of communications

Therefore, RPOS will remain in place for any patient unable to access alternative repeat prescription ordering systems offered by the practice.

Some patients may experience a positive impact from the withdrawal of RPOS, as they will have more control over which of their repeat medicines they require.

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

There will be no negative impact on gender reassignment/transgender people. RPOS will remain in place for any patient unable to access alternative repeat prescription ordering systems offered by the practice.

Some patients may experience a positive impact from the withdrawal of RPOS, as they will have more control over which of their repeat medicines they require.

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:

There will be no negative impact in relation to marriage and civil partnership, RPOS will remain in place for any patient unable to access alternative repeat prescription ordering systems offered by the practice.

Some patients may experience a positive impact from the withdrawal of RPOS, as they will have more control over which of their repeat medicines they require

3. Impact and Evidence:

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

No negative impact. RPOS will remain in place for any patient unable to access alternative repeat prescription ordering systems offered by the practice.
Some patients may experience a positive impact from the withdrawal of RPOS, as they will have more control over which of their repeat medicines they require.

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

No negative impact. RPOS will remain in place for any patient unable to access alternative repeat prescription ordering systems offered by the practice.
Some patients may experience a positive impact from the withdrawal of RPOS, as they will have more control over which of their repeat medicines they require.

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 negative impact. RPOS will remain in place for any patient unable to access alternative repeat prescription ordering systems offered by the practice.
Some patients may experience a positive impact from the withdrawal of RPOS, as they will have more control over which of their repeat medicines they require.

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

No negative impact. RPOS will remain in place for any patient unable to access alternative repeat prescription ordering systems offered by the practice.
Some patients may experience a positive impact from the withdrawal of RPOS, as they will have more control over which of their repeat medicines they require.

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:

No negative impact. RPOS will remain in place for any patient unable to access alternative repeat prescription ordering systems offered by the practice.
Some patients may experience a positive impact from the withdrawal of RPOS, as they will have more control over which of their repeat medicines they require.

3. Impact and Evidence:
<p>Carers: Describe any impact and evidence on part-time working, shift-patterns, general caring responsibilities:</p> <p>In this group, evidence demonstrates that there could be a potential negative impact on carers with reduced mobility or limited access to computers or electronic means of communications</p> <p>Therefore, RPOS will remain in place for any carer unable to access alternative repeat prescription ordering systems offered by the practice.</p> <p>Some patients may experience a positive impact from the withdrawal of RPOS, as they will have more control over which of their repeat medicines they require.</p>
<p>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)</p> <p>No negative impact. RPOS will remain in place for any patient unable to access alternative repeat prescription ordering systems offered by the practice.</p> <p>Some patients may experience a positive impact from the withdrawal of RPOS, as they will have more control over which of their repeat medicines they require.</p>

4. Health Inequalities	Yes/No	Evidence
Could health inequalities be created or persist by the proposals?	No	Alternative arrangements will be made, if necessary, as stated.
Is there any impact for groups or communities living in particular geographical areas?	No	As above
Is there any impact for groups or communities affected by unemployment, lower educational attainment, low income, or poor access to green spaces?	No	As above
<p>How will you ensure the proposals reduce health inequalities?</p> <ul style="list-style-type: none"> • By regularly reviewing the practice criteria for identifying vulnerable/at risk patients for the purposes of RPOS. • By listening to feedback from patients. • Process discussed at PPG meeting and they fully support the change, no concerns raised. • Identify vulnerable patients with care home, practice team and local pharmacies. 		

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?	No evidence has been identified which will impact on patients human rights
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?	
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?	
	How will this affect a person’s right to freedom of thought, conscience and religion?	
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?	
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?	
Right to Life	Will or could it affect someone’s right to life? How?	
Right to Liberty	Will or could someone be deprived of their liberty? How?	

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 activity involved.
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
PPG meeting held	Diversity PPG group	14/01/2019

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):

PPG representatives happy with the change. They stated that they had family members who had stock piled meds. They also advised that they are not phoned by pharmacies to see whether they need the medication. As long as we have a plan in place for the vulnerable patients they were happy with the change.

8. Summary of Analysis

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

As above, PPG group said it would improve on safety for patients.

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.

- As Practice team to identify any vulnerable patients that maybe adversely affected by this change.
- Request identification from Pharmacies of any known vulnerable patients that maybe affected.
- To review patient registers held by the practice which may identify patients that require additional support.
- Vulnerable patients will have a read code added to their medical records to identify suitability for on-going pharmacy ordering. Create a patient alert so that reception can easily identify these patients.
- Safeguarding Co-ordinator to keep the list up to date and we can update register when patients join the practice.
- Encourage and promote the online ordering service.
- Review patient leaflet to advise of change and update website.

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 practice decision to stop RPOS does not impact on any contracts. However, there will be on-going monitoring of patient feedback, including complaints. Any concerns or complaints which cannot be dealt with by the practice will be signposted to the BSol CCG Complaints Manager.

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.

BSol CCG webpages

13. Sign Off

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

	Name	Date
Quality Assured By:	<i>MKDunne</i>	12 March 2019
Which Committee will be considering the findings and signing off the EA?		
Minute number (to be inserted following presentation to committee)		