

## Equality Analysis

*(Health Inequalities, Human Rights, Social Value)*

# Policy for Joint Working with the Pharmaceutical Industry, Commercial Sponsorship and Primary Care Prescribing Rebate Schemes

**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

<b>EA Title</b>	Policy for Joint Working with the Pharmaceutical Industry, Commercial Sponsorship and Primary Care Prescribing Rebate Schemes		
<b>EA Author</b>	Balvinder Everitt – Senior Manager Equality Diversity Inclusion	<b>Team</b>	Nursing
<b>Date Started</b>	10 January 2019	<b>Date Completed</b>	10 January 2019
<b>EA Version</b>	V.1	<b>Reviewed by E&amp;D</b>	14 January 2019
<b>What are the intended outcomes of this work?</b> Include outline of objectives and function aims			
<p>The Department of Health encourages NHS organisations to consider opportunities for joint working with the pharmaceutical industry, where the benefits that this could bring to patient care and the difference it can make to patient health are advantageous.</p> <p>This policy is to be used by staff employed by Birmingham and Solihull Clinical Commissioning Group (the CCG) who are considering sponsorship, joint working and training arrangements with the pharmaceutical industry or other organisations potentially supplying the NHS with clinical support (including third party commercial organisations).</p> <p>The Policy has clear statements of commitment and core values for promoting access and recognising diversity and ensuring patient interest is at the centre of all decisions. The Policy ensures due regard to the Public Sector Equality Duty by ensuring its partners comply with the duty through the partnership.</p>			
<b>Who will be affected by this work?</b> e.g. staff, patients, service users, partner organisations etc.			
Patients Providers Staff			

## 2. Research

<b>What evidence have you identified and considered?</b> This can include national research, surveys, reports, NICE guidelines, focus groups, pilot activity evaluations, clinical experts or working groups, JSNA or other equality analyses.		
<b>Research/Publications</b>	<b>Working Groups</b>	<b>Clinical Experts</b>
Policy for Joint Working with Pharmaceuticals, Commercial Sponsorship, and Primary Care Prescribing Rebate Schemes		Medicines Management

### 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:

The policy is applicable across the BSOL footprint.

All patients regardless of age will benefit from the policy. The criteria for seeking out opportunities for either joint working or rebate will be objectively considered with clear benefits to patients.

There are no known adverse impacts for age.

**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:

The policy is applicable across the BSOL footprint.

All patients regardless of disability (including mental health and learning difficulty) will benefit from the policy. The criteria for seeking out opportunities for either joint working or rebate will be objectively considered with clear benefits to patients.

There are no known adverse impacts for disability.

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

The policy is applicable across the BSOL footprint.

All patients regardless of gender identity will benefit from the policy. The criteria for seeking out opportunities for either joint working or rebate will be objectively considered with clear benefits to patients.

There are no known adverse impacts for gender identity.

**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:

The policy is applicable across the BSOL footprint.

All patients regardless of marital or civil partnership status will benefit from the policy. The criteria for seeking out opportunities for either joint working or rebate will be objectively considered with clear benefits to patients.

There are no known adverse impacts for marriage and civil partnership.

### 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:

The policy is applicable across the BSOL footprint.

All patients regardless of pregnancy and maternity will benefit from the policy. The criteria for seeking out opportunities for either joint working or rebate will be objectively considered with clear benefits to patients.

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:

The policy is applicable across the BSOL footprint.

All patients regardless of race, cultural, ethnic, or national background will benefit from the policy. The criteria for seeking out opportunities for either joint working or rebate will be objectively considered with clear benefits to patients.

There are no known adverse impacts for race.

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

The policy is applicable across the BSOL footprint.

All patients regardless of religion or belief will benefit from the policy. The criteria for seeking out opportunities for either joint working or rebate will be objectively considered with clear benefits to patients.

There are no known adverse impacts for religion or belief.

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

The policy is applicable across the BSOL footprint.

All patients regardless of sex will benefit from the policy. The criteria for seeking out opportunities for either joint working or rebate will be objectively considered with clear benefits to patients.

There are no known adverse impacts for 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:

<b>3. Impact and Evidence:</b>
<p>The policy is applicable across the BSOL footprint.</p> <p>All patients regardless of sexual orientation will benefit from the policy. The criteria for seeking out opportunities for either joint working or rebate will be objectively considered with clear benefits to patients.</p> <p>There are no known adverse impacts for sexual orientation.</p>
<p><b>Carers:</b> Describe any impact and evidence on part-time working, shift-patterns, general caring responsibilities:</p> <p>The policy is applicable across the BSOL footprint.</p> <p>All patients regardless of carer status will benefit from the policy. The criteria for seeking out opportunities for either joint working or rebate will be objectively considered with clear benefits to patients.</p> <p>There are no known adverse impacts for carers.</p>
<p><b>Other disadvantaged groups:</b> 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>There are no known adverse impacts for other disadvantaged groups or communities.</p>

<b>4. Health Inequalities</b>	<b>Yes/No</b>	<b>Evidence</b>
Could health inequalities be created or persist by the proposals?	No	The policy aims to establish minimal standards for partnership working improving access, quality, and value of pharmaceuticals to all patients groups across the BSOL footprint
Is there any impact for groups or communities living in particular geographical areas?	No	The policy applies to all patients across BSOL
Is there any impact for groups or communities affected by unemployment, lower educational attainment, low income, or poor access to green spaces?	No	The policy applies to all patients across BSOL
<b>How will you ensure the proposals reduce health inequalities?</b>		
<p>The policy will work to ensure the application of joint working and partnership arrangements offer benefits and access to all patients across the BSOL footprint.</p> <p>The policy will also allow for variation where there is an identified need and there is an objective case for a joint working arrangement / rebate for pharmaceuticals that would positively impact on a protected group or community E.g. transgender, pregnant women, mental illness etc.</p>		

<b>5. FREDA Principles/ Human Rights</b>		
	<b>Question</b>	<b>Response</b>
<b>Fairness</b> – Fair and equal access to services	How will this respect a person's entitlement to access this service?	The policy incorporates an equality statement and commitments to ensure fair access.
<b>Respect</b> – 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?	The policy is aimed at benefiting patients.
<b>Equality</b> – 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?	The policy incorporates an equality statement and commitments to ensure fair access.
	How will this affect a person's right to freedom of thought, conscience and religion?	No impacts
<b>Dignity</b> – 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?	The policy incorporates an equality statement and commitments to ensure fair access.
<b>Autonomy</b> – 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?	No impacts
<b>Right to Life</b>	Will or could it affect someone's right to life? How?	No impacts
<b>Right to Liberty</b>	Will or could someone be deprived of their liberty? How?	No impacts

<b>6. Social Value</b>	
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.	
<b>Marmot Policy Objective</b>	<b>What actions are you able to build into the procurement activity and/or contract to achieve wider public benefits?</b>
Enable all people to have control over their lives and maximise their capabilities	The Policy does not consider the potential for promoting social value either through the potential rebates or joint working arrangements.  This could be explored further and developed within the policy and rebate procedures / template.
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

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 .....):

No engagement with protected groups and communities has been identified as necessary due to no adverse impacts identified.

## 8. Summary of Analysis

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

The policy has overall positive benefits for patients. No adverse impacts for protected or vulnerable groups have been identified.

The policy does not consider the potential for promoting social value either through the potential rebates or joint working arrangements. This could be explored further and developed within the policy and rebate procedures / template.

## 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:**  
Explore the potential for promoting social value either through the potential rebates or joint working arrangements with providers to enhance social value and promote equality.

**Change required to Policy:**  
Within the Policy, Section 3 'Equality Statement' and section 4 'Equality analysis' require updating to the following:

**3. Equality Statement**  
3.1 The general equality duty requires public authorities (such as the CCG) to have due regard to the aims of the general equality duty when making decisions and setting policies. To do this, it is necessary for the organisation to understand the potential impact of its decision making on different people. This can help to identify practical steps to tackle any negative impacts or discrimination, and to advance equality.

3.2 The CCG endeavours to challenge discrimination, promote equality and respect human rights and aims to design and implement policies, services and measures that meet the diverse needs of our population, patients and workforce, ensuring that non are placed at a disadvantage.

#### 4. Equality Analysis

4.1 The CCG undertakes an Equality Analysis of policies, strategies, service design and other relevant activities to assess the impact of decision making against:

- The nine protected characteristics (age, disability, ethnic origin, sex, sexual orientation, gender reassignment, religion and belief, marriage or civil partnership, pregnancy or maternity status);
- Other groups or communities known to suffer disadvantage, such as the homeless, carers, migrants and sex workers;
- Human Rights
- Known health inequalities.

This analysis also explores the potential to support the Social Value Act.

4.2 An equality analysis of this policy was undertaken on xxxx and is attached as an Appendix to this policy.

## 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):

Compliance of this policy will be reviewed by the Audit Committee

## 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):

N/A

## 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.

The EA will be published on the CCG web pages.

**Following approval all finalised Equality Analysis should be sent to the Communications and Engagement team for publication: bsol.comms@nhs.net**

<b>13. Sign Off</b>		
The Equality Analysis will need to go through a process of <b>quality assurance</b> by the Senior Manager for Equality Diversity and Inclusion or the Manager for Equality Diversity and Inclusion prior to approval from the delegated committee		
	Name	Date
<b>Quality Assured By:</b>	<i>M K Dunne</i>	14 Jan. 19
<b>Which Committee will be considering the findings and signing off the EA?</b>		
<b>Minute number (to be inserted following presentation to committee)</b>		

**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**