West and South Yorkshire and Bassetlaw
Commissioning Support Unit

Equality Impact Assessment 2013

Title of policy, project or service	Care Home Pharmacy Medication Review	
Service Area	Medicines Management	
Name and role of people completing the assessment	Chris Bridle/Nicola Shaw	
Date assessment started/completed	2013.11.19	

Equality impact assessment is a way of systematically analysing a new or changing policy, strategy, process etc to identify what effect, or likely effect it could have on 'protected groups' to ensure appropriate decisions, which reduce health inequalities, address discriminatory consequences and maximise opportunities to promote equality, are made.

This toolkit has been developed to meet our obligations under the Equality Act 2010 general duty to;

- **eliminate unlawful discrimination**, harassment, victimisation and any other conduct prohibited by the Act;
- **advance equality of opportunity** between people who share a protected characteristic and people who do not share it
- **foster good relations** between people who share a protected characteristic and people who do not share it.

Public bodies have to demonstrate **due regard** to the general duty. Due regard means active consideration of equality must influence the decision/s reached – as employers; in policy development, evaluation and review; in the design, delivery and evaluation of services, commissioning and procurement.

Having **due regard** to the need to **advance equality of opportunity** involves considering the need to:

- remove or minimise disadvantages suffered by people due to their protected characteristics;
- meet the needs of people with protected characteristics; and
- encourage people with protected characteristics to participate in public life or in other activities where their participation is low.

Fostering good relations involves tackling prejudice and promoting understanding between people who share a protected characteristic and others.

Following a recent judicial review (costing Birmingham City Council a reported £600k) due regard was described as 'creating a decision making process that links the policy design, macro or micro, with the details of the impact of policy on individuals'. Before making policy decisions, even high level decisions about allocation of resources, an organisation must understand the potential impact of its decision on individuals (not necessarily named individuals, but a suitable range of typical service users) and ensure that this is explicitly factored into its decision-making.

This assessment process therefore aims to ensure we have;

- evidence of consultation and other engagement activities that elicit sufficient information to enable it to identify the impact of a proposed decision on individuals;
- informed the decision-makers of the potential impact and expressly considered how this can be reconciled with the organisations equalities duties;
- informed decision-makers how adverse impacts of a decision might be mitigated and whether there are alternatives to the proposed decision that could be taken that would avoid or reduce adverse impact.

Please delete the section above in completed version

1. Outline	
Give a brief summary of your policy, project or service • Aims • Objectives • Links to other policies, including partners, national or regional	The role of care homes and the type of care provided has been changing. Residential and nursing home care for older people has developed from being an alternative form of accommodation in older age to a provision mainly for the frailest older people with high support needs or for those with mental health conditions including dementia, towards the end of life. The number of care home places has been declining. In 2011, the number of places available in residential and nursing care in England was fewer than 470,0001 falling from a peak, in 1996, of 575,500 for the UK as a whole, as more and more older people are

1. Outline	
	being cared for at home. 2 Care home residents are often those who can no longer be cared for at home because they have severe or multiple medical conditions. Older people in care homes are among the most vulnerable members of our society, reliant on care home staff for many of their everyday needs. A combination of complex medical conditions may lead to the need to take multiple medications with care home residents taking 7-8 medications on average. This 'poly pharmacy' in turn increases the risk of medication error. Medication errors may occur as a result of a failure in prescribing, dispensing, administering or monitoring medication. A medication review is a structured, critical examination of a patient's medicines with the objective of reaching an agreement with the patient about treatment, optimising the impact of medicines, minimising the number of medication-related problems and reducing waste. The CHUMS study54 recommended that care homes should commission an independent review of their medication processes by an outside person, possibly a pharmacist, who could provide an overview of the effective running of the whole medicines system in the home, and of links with the associated GPs, supplying pharmacists and the PCT. Respect for the older resident and their dignity and rights as an individual should remain at the heart of the medication process with medication being administered on behalf of the resident rather than to the resident. Residents should be involved in the medication process. A mentally alert resident, or fully informed relative or friend may be the final check against medication error in the care home, but many residents are passive in the medication process saying "I just take what I'm given". In response to the findings in the CHUMS study, NHS Leeds West CCG has

1. Outline	
	commissioned a Care Home medication review service. The services delivers high quality, person-centred pharmaceutical care to patients in care homes. It allows medicines to optimised so that long term conditions can be managed safely and effectively and medicine-related admissions to hospital are reduced. The service aims to carry out a level three medication review for all patients in Care homes in Leeds West CCG. The service aims to identify: • what cost-effective medication regimen is now appropriate for the resident • ensure the required monitoring checks are carried out • make recommendations for medication changes based on our findings and test results • carry out a follow up at about 4-8 weeks to check the outcome from the changes
What outcomes do you want to achieve • Desired outcomes • Benefits • Who for	

Protected group	2b. Evidence, data or research available
Generic issues	*'Over half of homes (59%) indicated that they offered residents the option to self-administer their medicines, although only a small number of case files (4%) seen during the review contained evidence of self-administration of medicines.'* **Health care in care homes, CQC 2012**
Human rights	N/A
Age	*'The older you are, the more likely you are to have high support needs. However, JRF* (sorry what does this mean?) *recognises that setting a rigid numerical age definition would be ageist (since not all those over 85 have 'high support needs') and would have a negative equality impact (i.e. it would exclude from the programme younger people with learning disabilities or who are homeless with complex needs, and younger Gypsies and Travellers or refugees who, as a result of disadvantage,*

Protected group	2b. Evidence, data or research available
	may have support needs typical of a much older person).' **Equality and diversity and older people with high support needs, 2010**
Carers	*People affected by the project are residents of care homes. People will have varying levels of independence but the majority will have input from care home staff and relatives/family.* *'In many homes the views of the person's relatives and carers were not taken into account or not documented in care plans.'* **Health care in care homes, CQC 2012**
Disability	*'Older people with high support needs will meet the Disability Discrimination Act definition of disability in that they will have one or more impairments which have 'a substantial and long term effect on their ability to carry out day-to-day activities'.* *'Many older people will have more than one disability or long-term condition and that there will be interplay between these 'multiple conditions'. People with learning disabilities experience higher rates of dementia (King, 2004); some of those with dementia will also be deaf (according to research by Professor Alys Young; see Appendix 1); and so on.'* *'The Alzheimer's Society (2007) estimates that one in six people over 80 has some form of dementia, and it anticipates a steady growth in the number of those with the condition in the next few decades. The very nature of the condition (often compounded by myths and stereotypes) can mean that this group is particularly vulnerable to discrimination and human rights infringements.'* **Equality and diversity and older people with high support needs, 2010**
Sex	*In 2003, there were 100 women for every 40 men within the 85 and over age category (Office for National Statistics, 2005a). On average, men die younger than women (with life expectancy in 2006 standing at 81.5 years for women compared with 77.2 years for men), and the average woman spends 17.7 years with a limiting chronic illness or disability compared with 14.6 years for the average man (Office for National Statistics, 2009)* **Equality and diversity and older people with high support needs, 2010**
Race	*'a dramatic increase in the number of older people in the UK from black and ethnic minority groups*

Protected group	2b. Evidence, data or research available
	is predicted' *'People over 65 from 'Asian' and 'Black' ethnic categories are disproportionately affected by poor health and high rates of limiting long-term illness and have an increased risk of becoming dependent on others at an earlier age as a result of disability (Age Concern, 2007a).'* *others at an earlier age as a result of disability (Age Concern, 2007a).* **Equality and diversity and older people with high support needs, 2010**
Religion or belief	*'This population contains 'a larger proportion of people who have religious beliefs than among the general population, beliefs that in many cases will affect the type of care these individuals wish to receive'* **Equality and diversity and older people with high support needs, 2010**
Sexual orientation	*'It is likely that older lesbian, gay and bisexual people are over-represented amongst those needing formal support as they are less likely to have children, more likely to be out of touch with their birth families and their own children, and 2.5 times more likely than heterosexual older people to be living alone (Age Concern, 2006).'* **Equality and diversity and older people with high support needs, 2010**
Gender reassignment	*'Older transgender people constitute another emerging ageing community'* *'This group face considerable prejudice and, in social care, may have various needs around their personal care, for example, the need to shave, catheterise or find appropriate gender clothing in the right size (Age Concern, 2007b).'* **Equality and diversity and older people with high support needs, 2010**
Pregnancy and maternity	N/A
Marriage and civil partnership (only eliminating discrimination)	*'The marital status of older men has been found to be strongly associated with health-related behaviours, with divorced and never-married men, for example, reporting the highest levels of drinking and smoking'* **The equality profile of older people with high support needs**
Other relevant group	*'Older people with high support needs in the lower-middle income bracket are likely to be*

Protected group	2b. Evidence, data or research available
	experiencing the hardest financial impact from the current system of means-tested payment for social care (Resolution Foundation, 2008).' *'Low earners are more likely than higher earners to be care service users and/or carers'* **Equality and diversity and older people with high support needs, 2010**

2. Consideration of relevant information – what do we know about peoples and groups access, experience or outcomes?	
Protected group	**2a. Consultation, engagement or experience data**
Generic issues	
Human rights	
Age	
Carers	
Disability	
Sex	
Race	
Religion or belief	
Sexual orientation	
Gender reassignment	
Pregnancy and maternity	
Marriage and civil partnership (only eliminating discrimination)	
Other relevant group a group identified as relevant ie, rural communities, asylum seekers and refugees	

3.Analysis of impact			
This is the core of the assessment, using the information above detail the actual or likely impact on protected groups, with consideration of the general duty to; • eliminate unlawful discrimination • advance equality of opportunity • foster good relations			
	What key issues have you identified?	**What action do you need to take to address these issues?**	**What difference will this make?**
General issues	Patients often not given the choice to administer their medications	Patients will be offered this choice by the medicine management team where appropriate	Increased involvement in personal care
Human rights			
Age	Certain groups are more likely to be admitted to a care home at an earlier age than the general population		
Carers	Views of carers/family often not taken into account during healthcare assessments/treatments		
Disability	Significant numbers of patients will suffer from dementia at will be particularly vulnerable and at risk of discrimination.		
Sex			
Race			
Religion or belief			
Sexual orientation			
Gender reassignment			

Pregnancy and maternity			
Marriage and civil partnership (only eliminating discrimination)			
Other relevant group			

Using the above actions populate the plan below.

4. Action plan				
Action	**Progress milestones**	**Lead**	**Timescale**	**How will impact be measured**

5. Monitoring, Review and Publication			
How will you review/monitor the impact and effectiveness of your actions			
How will these actions form part of mainstream activity			
Lead Officer		**Review date:**	

6.Sign off			
Lead Officer			
Director		**Date approved:**	

Once complete please forward to your Equality lead; Sharon Moore –sharon.moore@wsybcsu.nhs.uk

Guidance

This guidance has been put together to support completion of the equality impact assessment process.

Equality impact assessment is an integral part of our commissioning processes. It involves looking at what steps could be taken to advance equality, eliminate discrimination and promote good relations. Case law has demonstrated that we need to ensure that we give full consideration to the impact our decisions have on protected groups to avoid both risks in terms of litigation and reputation. We also need to ensure that those we commission deliver on equality improvements.

As a public authority we are subject to the General and Specific Public Sector Equality Duties. Using EQIA is one way of demonstrating that we are compliant with the Equality Act 2010.

1. Project outline

- What is the purpose of the policy
- In what context will it operate
- Who is it intended to benefit
- What results are intended
- Why is it needed
- Are there any implications for partners, or national or regional policy

2. Consideration of relevant information

Consultation, engagement or experience
This could be any evidence of existing consultation or engagement from meetings, focus groups, satisfaction or patient experience surveys, staff surveys or others. It could be work done previously or undertaken for the purposes of the analysis. You may have to extrapolate from local, regional or national data.

Outline the main points form the consultations and then provide a link to the report/document for further information.

In the event of a service change the NHS may need to undertake a statutory consultation. This is called Section 242, this means that NHS organisations are required to make arrangements to involve and consult patients and the public in:

- Planning of the provision of services;
- The development and consideration of proposals for changes in the way those services are provided, and decisions made by the NHS organisation affecting the operation of services.

The duty applies if implementation of the proposal, or a decision (if made), would have impact on -

a) the manner in which the services are delivered to users of those services, or
b) the range of health services available to those users.

IMPORTANT - Ensure you provide the links to any reports or data you reference.

Evidence, data or research available

You will be required to detail relevant data such as monitoring, take up rates, census statistics, regional or national data or research. You can utilise evidence obtained from PALS, complaints or recommendations from inspections or audits, or any good practice in the area which could be drawn on.

Detail the data that is known about the area, what data we have from providers, what gaps there are in the data we ask to be recorded, what levels of use there are and if there are any gaps in the representation of our local communities.

It will also be useful to access data and information about our communities, public, staff and epidemiology to determine if there are any gaps in representation, or differentials in access and outcomes that may relate to equality.

National and regional data can be used to predict expected patterns/outcomes where data is not available locally. Comparisons should be made with expected use and against known community data, such as the census or local profiles.

Data collection and monitoring
Data can be routinely collected on age, gender, disability and ethnicity; however there may be more difficultly with sensitive data monitoring of sexual orientation, religion and belief or gender reassignment. Different approaches may be used for this monitoring such as anonymous survey work to gather views or snapshots of users. The integration of such monitoring is implicit in the Equality Act 2010.

Types of data you may wish to consider include;
- JSNA
- Demographic data
- Census findings
- Recent research finding
- Studies of deprivation
- Results of recent consultations and surveys
- Information from groups and agencies within Calderdale
- Comparisons between similar policies and functions
- Complaints and public enquires
- Information analysis of audit reports and reviews.
- Health Equity Audits
- Health Needs Assessment

3. Analysis of impact

Now the data has been gathered together in one place it now needs to be considered for its likely impact, positive or negative, on people's experiences, outcomes or opportunities. The first column asks what are the identified issues, the second – 'what are you going to do about it', this forms the core of the analysis.

Some people can belong to more than one protected group, attention needs to be paid to issues which may affect across groups, such as learning disabled people who are gay or older Irish people etc. .

Detail what the likely issues could be, using the information already considered and other intelligence.

Some of the significant issues that may be relevant to our service users and staff are detailed below, this is not an exhaustive list but should be a good start;

- What equality data do ask for from Providers to support that all people who are potential users of the service are able to, or do access them, ie is their service user data representative of the community as a whole, or of the proportion of the population eligible for it? Are there any representation/data gaps?
- How is the service advertised and promoted– is it in accessible formats, with representative images, in locations likely to be seen by people not being reached or who are under-represented have we ensured providers are required do this?
- What timing has the service been commissioned for; is this when the service is needed or can be accessed by people who may have different needs, parents of school age children, people of different religions and older and younger people?
- Have you required the provider to consider any different needs people may have, interpreters, accessible information, suitable catering and locations that are accessible by public transport and have accessible parking bays?
- When commissioning services have you incorporated the requirement to involve service users in service design, delivery and feedback mechanisms.

To be able to measure progress in equality for our communities and staff we need to appreciate the outcomes, rather than the input, so the 'what difference will this make' column allows for consideration of the likely outcomes.

4. Action Plan

Action planning for improvement
Give an outline of the key actions based on any gaps, challenges and opportunities you have identified. Include here any action to address specific equality issues and data gaps that need to be addressed through consultation or further research. Ensure the actions are specific, measureable, achievable, realistic and have a timescale.

5. Monitoring, review and publication

Detail how and who will monitor this action plan and review this equality analysis.

6. Sign off

The completed equality analysis must be forwarded to your local equality support, for review and once approved signed by the relevant Director. If the assessment is to be used as part of a decision making process it must be recorded as such in the minutes or notes of the meeting held and those making the decision must be fully informed as to their legal responsibilities in regards to equality.