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NHS Greater Glasgow and Clyde
Equality Impact Assessment Tool

Equality Impact Assessment is a legal requirement as set out in the Equality Act (2010) and the Equality Act 2010 (Specific Duties)(Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues. Evidence returned should also align to Specific Outcomes as stated in your local Equality Outcomes Report. Please note that prior to starting an EQIA all Lead Reviewers are required to attend a Lead Reviewer training session or arrange to meet with a member of the Equality and Human Rights Team to discuss the process. Please contact Equality@ggc.scot.nhs.uk for further details or call 0141 2014560.

Name of Policy/Service Review/Service Development/Service Redesign/New Service:

Glasgow City Prescribing Action Plan 2024/2025

Is this a: **Current Service** **Service Development** **Service Redesign** **New Service** **New Policy** **Policy Review**

Description of the service & rationale for selection for EQIA: (Please state if this is part of a Board-wide service or is locally driven).

This EQIA aligns with the IJB Financial Allocations and Budgets 2024-25 paper, being presented to IJB members in March 2024. The plan is an NHS GG&C Plan consistent across all partnerships, however this is a local assessment as Glasgow City level.

Prescribing teams will continue to drive cost effective prescribing via core cost efficiency programmes, in line with business as usual. Patients can also request a review at any time. Methods of delivering a review potential cost saving.

- Polypharmacy/Medication Reviews
- Scriptswitch
- Prescribing Improvement Implementation Guides.
- Practice Visits

This programme will include consideration of supporting patients to switch prescriptions to a more cost effective brand, in discussion with the patient and healthcare professional, if appropriate. For drugs known at this stage, it will be the same drug class, but with a different drug name. Some drugs require different doses and patients may require to be supported through this change. If a patient has a preference to revert to a previous therapy, this would be facilitated.

Linked to the National Programme of Review of Medicines of Low Clinical Value, a number of medicines have been identified for public consultation. The majority of medicines are considered appropriate in limited circumstances, though some are considered not appropriate in any circumstance.

Given the stage of this programme of work, this EQIA can only provide a general overview. Where specific proposals emerge from the programme, a more tailored EQIA will be produced.

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Who is the lead reviewer and when did they attend Lead reviewer Training? (Please note the lead reviewer must be someone in a position to authorise any actions identified as a result of the EQIA)

Name: Andrew Beattie HSCP Lead Pharmacist	Date of Lead Reviewer Training:
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Please list the staff involved in carrying out this EQIA

(Where non-NHS staff are involved e.g. third sector reps or patients, please record their organisation or reason for inclusion):

<p>Rachel Bruce – Advanced Pharmacist Jennifer Allardyce – Lead Clinical Pharmacist</p> <p>The overall plan is led by Sean MacBride Stewart (Lead for Medicines Management) and has been reviewed by NHS GG&C Prescribing Management Group for Primary Care, Chaired by Richard Groden (Clinical Director South Glasgow) and vice chaired by Alan Harrison (Interim Lead for Prescribing- NHS GG&C). Sean and Alan report to Gail Caldwell as Director of Pharmacy.</p>
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	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
1. What equalities information is routinely collected from people currently using the service or affected by the policy? If this is a new service proposal what data do you have on proposed service user groups. Please note any barriers to collecting this data in your submitted evidence and an explanation for any	<i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i>	<p>Equality data is captured on the Patient Medication Record eg Emis or Vision. This routinely includes age, sex and disability.</p> <p>Capturing of other characteristics can vary per user, however it is recognised that this may be targeted dependent upon the relevance to the clinical care of the individual. This may include a history in the armed forces or whether an individual is homeless.</p> <p>Religion and beliefs may be captured where there is a belief system which aims to avoid particular medicine constituents such as lactose or gelatine.</p>	

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	protected characteristic data omitted.			
	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
2.	<p>Please provide details of how data captured has been/will be used to inform policy content or service design.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p>	<p><i>A physical activity programme for people with long term conditions reviewed service user data and found very low uptake by BME (Black and Minority Ethnic) people. Engagement activity found promotional material for the interventions was not representative. As a result an adapted range of materials were introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)</i></p>	<p>Consideration of equality considerations would be on a case by case basis, taking into account individual patient factors e.g. other conditions and age, pregnancy and maternity etc.</p>	

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	4) Not applicable <input type="checkbox"/>			
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
3.	<p>How have you applied learning from research evidence about the experience of equality groups to the service or Policy?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	<p><i>Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Research suggested that young LGBT+ people had a disproportionately difficult time through exposure to bullying and harassment. As a result staff were trained in LGBT+ issues and were more confident in asking related questions to young people. (Due regard to removing discrimination, harassment and victimisation and fostering good relations).</i></p>	<p>All suggested medicines changes would be subject to scrutiny by appropriate specialist Managed Clinical Network, to ensure they are clinically appropriate. The prescribing improvement implementation guides will incorporate any recommendations.</p> <p>Changes must also be ratified by NHS GG&C Area Drugs and Therapeutics structures which should take appropriate factors into consideration.</p> <p>We collaborate nationally through the Prescribing Quality Improvement Group, a subgroup of the Scottish Practice Pharmacist and Prescribing Advisors group. All local programmes have successfully been delivered in other boards prior to now. Any feedback is incorporated within our Prescribing Improvement Implementation Guides. (which take into account patient specific factors)</p> <p>The improvement guide for NHS GG&C has not yet been published, however learning has been applied from other Boards who have produced guidance and are delivering a stop programme.</p>	
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
4.	Can you give details of how	<i>A money advice service</i>	All suggested changes would be subject to scrutiny by	

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<p>you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used? The Patient Experience and Public Involvement team (PEPI) support NHSGGC to listen and understand what matters to people and can offer support.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	<p><i>spoke to lone parents (predominantly women) to better understand barriers to accessing the service. Feedback included concerns about waiting times at the drop in service, made more difficult due to child care issues. As a result the service introduced a home visit and telephone service which significantly increased uptake.</i></p> <p><i>(Due regard to promoting equality of opportunity)</i></p> <p><i>* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</i></p>	<p>appropriate specialist Managed Clinical Network, to ensure they are clinically appropriate.</p> <p>The changes will be monitored through prescribing databases throughout implementation and on an ongoing basis, in line with business as usual.</p> <p>The local programmes are variations of previously delivered programmes and as such, we do not recommend consultation on the individual switches. We have previously changed preferred DOAC, DPP4 and commonly change inhalers to keep up with clinical guidance.</p> <p>We await detail of and recommendations from the national consultation around medicines of low clinical value. At this time we do not know who is being consulted and how they are being consulted. We would then be in position to consider local consultation and/or proceeding to implement any recommendation including whether to discuss with individual patients on a case by case basis.</p>	
	<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>

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<p>5.</p>	<p>Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>An access audit of an outpatient physiotherapy department found that users were required to negotiate 2 sets of heavy manual pull doors to access the service. A request was placed to have the doors retained by magnets that could deactivate in the event of a fire. (Due regard to remove discrimination, harassment and victimisation).</i></p>	<p>Assessment would be in line with GCHSCP GP surgery, which encourages a physically accessible environment for those who may physically wish to present to be supported through any change.</p> <p>If needed, a home visit could also be accommodated to support with change, in line with business as usual.</p> <p>Community Pharmacies are also accessible and available to provide support with medications. They offer extended hours and may be easier for some to access due to community location.</p> <p>If there is any change in the way that the drug is administered, the physical ability of the patient will be taken into consideration as part of this transition.</p>	
		<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>6.</p>	<p>How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?</p>	<p><i>Following a service review, an information video to explain new procedures was hosted on the organisation's YouTube site. This was</i></p>	<p>A letter will be issued to affected patients inviting them to make contact and an appointment can be made available if there are any complexities.</p> <p>Some drug transitions will require a different dosage or method to administration. For the vast majority of patients transitions</p>	

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	<p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> <p>The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve access to services for those using the language. Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.</p>	<p><i>accompanied by a BSL signer to explain service changes to Deaf service users.</i></p> <p><i>Written materials were offered in other languages and formats.</i></p> <p><i>(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).</i></p>	<p>would require minimal support. However, support will be available for those who may need or wish it, or more complex cases.</p> <p>Support will be provided in line with the NHSGGC Clear to All Policy, ensuring access to Interpreters for patient/pharmacist discussion and access to translations and alternative formats, where needed.</p>	
7	Protected Characteristic	Service Evidence Provided	Possible negative impact and	

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			Additional Mitigating Action Required
(a)	<p>Age</p> <p>Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design).</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	<p>Switching prescriptions to a more cost effective brand, will include consideration of supporting patient, in discussion with the patient and pharmacist. For drugs known at this stage, it will be the same drug class, but with a different drug name. Some drugs require different doses and patients will require to be supported through this change. If a patient has a preference to revert to a previous therapy, this would be facilitated.</p> <p>Some drug transitions will require a different dosage or method to administration. For the vast majority of patients transitions would require minimal support. However, support will be available for those who may need or wish it, or more complex cases.</p> <p>For the removal of medicines identified as having low clinical value, no specific equality impacts for the medicines have been identified as being disproportionately impacted, however it is recognised that some groups may be more likely to access prescriptions. Eg Disabled People and Older People. For drugs that are no longer being prescribed, consideration will be given to appropriate alternatives and some may still be appropriate in some circumstances.</p>	
(b)	<p>Disability</p> <p>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p>	<p>Switching prescriptions to a more cost effective brand, will include consideration of supporting patient, in discussion with the patient and pharmacist. For drugs known at this stage, it will be the same drug class, but with a different drug name. Some drugs require different doses and patients will require to be supported through this change. If a patient has a preference to revert to a previous therapy, this would be facilitated.</p> <p>If there is any change in the way that the drug is administered,</p>	

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	<p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	<p>the physical ability of the patient will be taken into consideration as part of this transition. In general, it is anticipated that changes would be like for like.</p> <p>Some drug transitions will require a different dosage or method to administration. For the vast majority of patients transitions would require minimal support. However, support will be available for those who may need or wish it, or more complex cases.</p> <p>Support will be provided in line with the NHSGGC Clear to All Policy, ensuring access to Interpreters for patient/pharmacist discussion and access to translations and alternative formats, where needed.</p> <p>For the removal of medicines identified as having low clinical value, no specific equality impacts for the medicines have been identified as being disproportionately impacted, however it is recognised that some groups may be more likely to access prescriptions. Eg Disabled People and Older People. For drugs that are no longer being prescribed, consideration will be given to appropriate alternatives and some may still be appropriate in some circumstances.</p>	
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>(c)</p>	<p>Gender Reassignment</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p>	<p>It is not anticipated that there will be an impact on equality groups.</p> <p>Switching prescriptions to a more cost effective brand, will include consideration of supporting patient, in discussion with the patient and pharmacist. For drugs known at this stage, it will be the same drug class, but with a different drug name. Some drugs require different doses and patients will require to be supported through this change. If a patient has a preference to</p>	

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	<p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	<p>revert to a previous therapy, this would be facilitated.</p> <p>Any changes which would interact with medications supporting gender reassignment, would be considered on a patient by patient basis.</p> <p>For the removal of medicines identified as having low clinical value, no specific equality impacts for the medicines have been identified as being disproportionately impacted, however it is recognised that some groups may be more likely to access prescriptions. Eg Disabled People and Older People. For drugs that are no longer being prescribed, consideration will be given to appropriate alternatives and some may still be appropriate in some circumstances.</p>	
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>(d)</p>	<p>Marriage and Civil Partnership</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p>	<p>It is not anticipated that there will be an impact on equality groups.</p> <p>Switching prescriptions to a more cost effective brand, will include consideration of supporting patient, in discussion with the patient and pharmacist. For drugs known at this stage, it will be the same drug class, but with a different drug name. Some drugs require different doses and patients will require to be supported through this change. If a patient has a preference to revert to a previous therapy, this would be facilitated.</p> <p>For the removal of medicines identified as having low clinical value, no specific equality impacts for the medicines have been identified as being disproportionately impacted, however it is recognised that some groups may be more likely to access prescriptions. Eg Disabled People and Older People. For drugs that are no longer being prescribed, consideration will be given to appropriate alternatives and some may still be appropriate in</p>	

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	<p>4) Not applicable <input checked="" type="checkbox"/></p>	<p>some circumstances.</p>	
(e)	<p>Pregnancy and Maternity</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	<p>It is not anticipated that there will be an impact on equality groups.</p> <p>Switching prescriptions to a more cost effective brand, will include consideration of supporting patient, in discussion with the patient and pharmacist. For drugs known at this stage, it will be the same drug class, but with a different drug name. Some drugs require different doses and patients will require to be supported through this change. If a patient has a preference to revert to a previous therapy, this would be facilitated.</p> <p>Any changes where medication would impact on pregnancy and breast feeding, this would be considered on a patient by patient basis and included in a support guide.</p> <p>For the removal of medicines identified as having low clinical value, no specific equality impacts for the medicines have been identified as being disproportionately impacted, however it is recognised that some groups may be more likely to access prescriptions. Eg Disabled People and Older People. For drugs that are no longer being prescribed, consideration will be given to appropriate alternatives and some may still be appropriate in some circumstances.</p>	
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
(f)	<p>Race</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</p>	<p>It is not anticipated that there will be an impact on equality groups.</p> <p>Switching prescriptions to a more cost effective brand, will include consideration of supporting patient, in discussion with the patient and pharmacist. For drugs known at this stage, it will</p>	

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	<p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>be the same drug class, but with a different drug name. Some drugs require different doses and patients will require to be supported through this change. If a patient has a preference to revert to a previous therapy, this would be facilitated.</p> <p>Some drug transitions will require a different dosage or method to administration. For the vast majority of patients transitions would require minimal support. However, support will be available for those who may need or wish it, or more complex cases.</p> <p>Support will be provided in line with the NHSGGC Clear to All Policy, ensuring access to Interpreters for patient/pharmacist discussion and access to translations and alternative formats, where needed.</p> <p>Where appropriate, evidence provided by pharmacogenomics studies support consideration of individualised medicine.</p> <p>For the removal of medicines identified as having low clinical value, no specific equality impacts for the medicines have been identified as being disproportionately impacted, however it is recognised that some groups may be more likely to access prescriptions. Eg Disabled People and Older People. For drugs that are no longer being prescribed, consideration will be given to appropriate alternatives and some may still be appropriate in some circumstances.</p>	
(g)	<p>Religion and Belief</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant</p>	<p>It is not anticipated that there will be an impact on equality groups.</p> <p>Switching prescriptions to a more cost effective brand, will include consideration of supporting patient, in discussion with the patient and pharmacist. For drugs known at this stage, it will be the same drug class, but with a different drug name. Some drugs require different doses and patients will require to be</p>	

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	<p>boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>supported through this change. If a patient has a preference to revert to a previous therapy, this would be facilitated.</p> <p>Any changes where medication would impact on religion or belief, for example if there is a transition which may include lactose or gelatine. This would be considered on a patient by patient basis and included in a support guide.</p> <p>For the removal of medicines identified as having low clinical value, no specific equality impacts for the medicines have been identified as being disproportionately impacted, however it is recognised that some groups may be more likely to access prescriptions. Eg Disabled People and Older People. For drugs that are no longer being prescribed, consideration will be given to appropriate alternatives and some may still be appropriate in some circumstances.</p>	
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>(h)</p>	<p>Sex</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p>	<p>It is not anticipated that there will be an impact on equality groups.</p> <p>Switching prescriptions to a more cost effective brand, will include consideration of supporting patient, in discussion with the patient and pharmacist. For drugs known at this stage, it will be the same drug class, but with a different drug name. Some drugs require different doses and patients will require to be supported through this change. If a patient has a preference to revert to a previous therapy, this would be facilitated.</p> <p>For the removal of medicines identified as having low clinical value, no specific equality impacts for the medicines have been identified as being disproportionately impacted, however it is recognised that some groups may be more likely to access prescriptions. Eg Disabled People and Older People. For drugs</p>	

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	<p>4) Not applicable <input checked="" type="checkbox"/></p>	<p>that are no longer being prescribed, consideration will be given to appropriate alternatives and some may still be appropriate in some circumstances.</p>	
(i)	<p>Sexual Orientation</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	<p>It is not anticipated that there will be an impact on equality groups.</p> <p>Switching prescriptions to a more cost effective brand, will include consideration of supporting patient, in discussion with the patient and pharmacist. For drugs known at this stage, it will be the same drug class, but with a different drug name. Some drugs require different doses and patients will require to be supported through this change. If a patient has a preference to revert to a previous therapy, this would be facilitated.</p> <p>For the removal of medicines identified as having low clinical value, no specific equality impacts for the medicines have been identified as being disproportionately impacted, however it is recognised that some groups may be more likely to access prescriptions. Eg Disabled People and Older People. For drugs that are no longer being prescribed, consideration will be given to appropriate alternatives and some may still be appropriate in some circumstances.</p>	
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
(j)	<p>Socio – Economic Status & Social Class</p> <p>Could the proposed service change or policy have a disproportionate impact on people because of their social class or experience of poverty and what mitigating action have you taken/planned?</p> <p>The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by</p>	<p>The removal of medicines identified as having low clinical value, may have an impact on those living in poverty. Those who choose to purchase items would incur a charge for items no longer available on prescription, or it may result in withdrawing from those medicines, due to incurring costs.</p> <p>For prescriptions being transitioned to another brand, In line with our local programme, there will be no cost to the patient from this change and prescriptions will continue to be available free of charge.</p>	<p>For drugs that are no longer being prescribed, consideration will be given to appropriate alternatives and some may still be appropriate in some circumstances.</p>

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<p>socioeconomic disadvantage when making <u>strategic</u> decisions. If relevant, you should evidence here what steps have been taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status. Additional information available here: c</p> <p>Seven useful questions to consider when seeking to demonstrate ‘due regard’ in relation to the Duty:</p> <ol style="list-style-type: none">1. What evidence has been considered in preparing for the decision, and are there any gaps in the evidence?2. What are the voices of people and communities telling us, and how has this been determined (particularly those with lived experience of socio-economic disadvantage)?3. What does the evidence suggest about the actual or likely impacts of different options or measures on inequalities of outcome that are associated with socio-economic disadvantage?4. Are some communities of interest or communities of place more affected by disadvantage in this case than others?5. What does our Duty assessment tell us about socio-economic disadvantage experienced disproportionately according to sex, race, disability and other protected characteristics that we may need to factor into our decisions?6. How has the evidence been weighed up in reaching our final decision?7. What plans are in place to monitor or evaluate the impact of the proposals on inequalities of outcome that are associated with socio-economic disadvantage? ‘Making Fair Financial Decisions’ (EHRC, 2019)²¹ provides useful information about	<p>This programme will include consideration of supporting patients to switch prescriptions to a more cost effective brand, in discussion with the patient and pharmacist. For drugs known at this stage, it will be the same drug class, but with a different drug name. Some drugs require different doses and patients will require to be supported through this change. If a patient has a preference to revert to a previous therapy, this would be facilitated.</p>	
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	<p>the ‘Brown Principles’ which can be used to determine whether due regard has been given. When engaging with communities the National Standards for Community Engagement²² should be followed. Those engaged with should also be advised subsequently on how their contributions were factored into the final decision.</p>		
(k)	<p>Other marginalised groups</p> <p>How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers & refugees and travellers?</p>	<p>This programme will include consideration of supporting patients to switch prescriptions to a more cost effective brand, in discussion with the patient and pharmacist. For drugs known at this stage, it will be the same drug class, but with a different drug name. Some drugs require different doses and patients will require to be supported through this change. If a patient has a preference to revert to a previous therapy, this would be facilitated.</p> <p>Some drug transitions will require a different dosage or method to administration. Strong support will be required to support this switch. Support will be provided in line with the NHSGGC Clear to All Policy, ensuring access to Interpreters for patient/pharmacist discussion and access to translations and alternative formats, where needed.</p> <p>The removal of medicines identified as having low clinical value, may have an impact on those living in poverty. Those who choose to purchase items would incur a charge for items no longer available on prescription, or it may result in withdrawing from those medicines, due to incurring costs.</p>	<p>For drugs that are no longer being prescribed, consideration will be given to appropriate alternatives and some may still be appropriate in some circumstances.</p>
8.	<p>Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant</p>	<p>This proposal does include an element of cost saving and aligns with the IJB Financial Allocations and Budgets 2024-25 paper, being presented to IJB members in March 2024.</p> <p>This programme will include consideration of supporting patients to switch prescriptions to a more cost effective brand, in discussion with the patient and pharmacist. For drugs known at</p>	

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	<p>boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>this stage, it will be the same drug class, but with a different drug name. Some drugs require different doses and patients will require to be supported through this change. If a patient has a preference to revert to a previous therapy, this would be facilitated.</p>	
		<p align="center">Service Evidence Provided</p>	<p align="center">Possible negative impact and Additional Mitigating Action Required</p>
<p>9.</p>	<p>What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups? As a minimum include recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.</p>	<p>All staff are encouraged to complete equality and human rights training, available on Learnpro and TURAS.</p>	

10. In addition to understanding and responding to legal responsibilities set out in Equality Act (2010), services must pay due regard to ensure a person's human rights are protected in all aspects of health and social care provision. This may be more obvious in some areas than others. For instance, mental health inpatient care or older people's residential care may be considered higher risk in terms of potential human rights breach due to potential removal of liberty, seclusion or application of restraint. However risk may also involve fundamental gaps like not providing access to communication support, not involving patients/service users in decisions relating to their care, making decisions that infringe the rights of carers to participate in society or not respecting someone's right to dignity or privacy.

The Human Rights Act sets out rights in a series of articles – right to Life, right to freedom from torture and inhumane and degrading treatment, freedom from slavery and forced labour, right to liberty and security, right to a fair trial, no punishment without law, right to respect for private and family life, right to freedom of thought, belief and religion, right to freedom of expression, right to freedom of assembly and association, right to marry, right to protection from discrimination.

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Please explain in the field below if any risks in relation to the service design or policy were identified which could impact on the human rights of patients, service users or staff.

Please explain in the field below any human rights based approaches undertaken to better understand rights and responsibilities resulting from the service or policy development and what measures have been taken as a result e.g. applying the PANEL Principles to maximise Participation, Accountability, Non-discrimination and Equality, Empowerment and Legality or FAIR* .

Patients will continue to have personal choice. If a patient has a preference to revert to a previous therapy, this can be discussed with the patient and healthcare professional, if appropriate, this would be facilitated.

*

- **Facts:** What is the experience of the individuals involved and what are the important facts to understand?
- **Analyse rights:** Develop an analysis of the human rights at stake
- **Identify responsibilities:** Identify what needs to be done and who is responsible for doing it
- **Review actions:** Make recommendations for action and later recall and evaluate what has happened as a result.

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Having completed the EQIA template, please tick which option you (Lead Reviewer) perceive best reflects the findings of the assessment. This can be cross-checked via the Quality Assurance process:

- Option 1: No major change (where no impact or potential for improvement is found, no action is required)
- Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)
- Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)
- Option 4: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

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11. If you believe your service is doing something that 'stands out' as an example of good practice - for instance you are routinely collecting patient data on sexual orientation, faith etc. - please use the box below to describe the activity and the benefits this has brought to the service. This information will help others consider opportunities for developments in their own services.

Actions – from the additional mitigating action requirements boxes completed above, please summarise the actions this service will be taking forward.

Date for completion	Who is responsible?(initials)
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Ongoing 6 Monthly Review please write your 6 monthly EQIA review date:

Lead Reviewer: **Name** Andrew Beattie
EQIA Sign Off: **Job Title** HSCP Lead Pharmacist
 Signature
 Date 06/03/24

Quality Assurance Sign Off: **Name** Alastair Low
 Job Title Planning Manager
 Signature Alastair Low
 Date 11/03/24

**NHS GREATER GLASGOW AND CLYDE EQUALITY IMPACT ASSESSMENT TOOL
MEETING THE NEEDS OF DIVERSE COMMUNITIES
6 MONTHLY REVIEW SHEET**

Name of Policy/Current Service/Service Development/Service Redesign:

--

Please detail activity undertaken with regard to actions highlighted in the original EQIA for this Service/Policy

		Completed	
		Date	Initials
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			

Please detail any outstanding activity with regard to required actions highlighted in the original EQIA process for this Service/Policy and reason for non-completion

		To be Completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

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Please detail any new actions required since completing the original EQIA and reasons:

		To be completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

Please detail any discontinued actions that were originally planned and reasons:

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6-month review date

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Name of completing officer:

Date submitted:

If you would like to have your 6 month report reviewed by a Quality Assuror please e-mail to: alastair.low@ggc.scot.nhs.uk

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