

Equality Screening, Disability Duties and Human Rights Assessment Template - Draft

Options to restrict or stop the routine prescribing of selected medicines in primary care

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[Guidance on completion of the template can be found on the Equality Commission website at S75 screening template 2010 \(web access checked 291124\) .docx](#)

Part 1. Policy scoping

1.1 Information about the policy

Name of the policy:

Consultation on options to restrict or stop the routine prescribing of selected medicines in primary care.

Is this an existing, revised or a new policy?

This consultation document outlines a review of the prescribing of selected medicines, which Departmental guidance considers having low and limited clinical value, from General Practitioner (GP) practices in primary care within Northern Ireland and proposes a range of options, some of which could lead to new or revised policy decisions.

The consultation presents four options, which in some cases may result in the introduction of new policies or changes to existing arrangements.

Currently, non-statutory guidance is issued to GP practices by the Department and SPPG via the Northern Ireland Formulary web site¹, on the advisability of prescribing certain low and limited clinical value medicines including those with limited evidence of efficacy, or those used for the treatment of minor self-limiting illnesses (some of which may be purchased over the counter at low cost).

However, there are no restrictions on GP practices who fail to abide by this guidance, and prescribers can still use their clinical discretion when prescribing.

The need for this review aligns with the Department of Health's Valuing Medicines: A Strategy for the Sustainable Use of Medicines in Northern Ireland² (September 2025).

A key recommendation within the strategy is to consult on actions to restrict or stop prescribing of low-priority medicines including those with poor evidence of effectiveness and medicines available over the counter for minor conditions.

What is it trying to achieve? (intended aims/outcomes)

This consultation aims to assess and address the prescribing of selected medicines, which Departmental guidance considers having low and limited clinical value, from GP practices in primary care in Northern Ireland, with the objective of improving clinical effectiveness, ensuring better value for money, and supporting the sustainable use of medicines.

Medicines play a vital role in preventing, treating and curing disease and are central to

¹ Northern Ireland Formulary: [Prescribing Stop List](#)

² Department of Health: [Valuing Medicines: A strategy for the sustainable use of medicines in Northern Ireland](#)

supporting health and wellbeing throughout life. However, the cost of medicines in Northern Ireland continues to rise year on year and now stands at over £870 million annually. Without action, there is a risk that the Health and Social Care (HSC) system will struggle to fund new and innovative treatments, particularly in the context of an ageing population and increasing demand for services.

Despite ongoing efforts to improve the efficient and appropriate use of medicines, prescribing rates and costs per person in Northern Ireland remain consistently higher than in other parts of the United Kingdom. Further action is needed to ensure medicines remain both affordable and effective in delivering the best possible outcomes for patients.

The consultation supports the implementation of the Department's Valuing Medicines: A Strategy for the Sustainable Use of Medicines in Northern Ireland (September 2025), which recommends reviewing the prescribing of low-priority medicines, including those with limited evidence of effectiveness or those available over the counter for minor conditions.

While progress has been made, £7.3 million was spent in primary care in 2024/25 on medicines included on the 'Limited Evidence' and 'Stop' lists. Reducing expenditure in these areas could help redirect resources towards more effective and evidence-based treatments.

Gathering stakeholder views will inform the Department's consideration of the available options and support decisions on whether changes to prescribing policy on low and limited clinical value medicines are required.

**Are there any Section 75 categories which might be expected to benefit from the intended policy?
If so, explain how.**

The screening exercise has not identified any adverse impact for any of the Section 75 categories and does not identify any significant human rights impacts in relation to the proposed options.

The options under consideration are expected to benefit the NI population as they aim to:

- Improve clinical effectiveness in prescribing decisions*
- Ensure better value for money*
- Ensure the sustainable use of medicines by redirecting resources towards more effective and evidence-based treatments*

Certain Section 75 groups may experience greater benefit due to their higher use of medicines. Older people (aged 65 and over) account for a significant proportion of prescriptions in primary care and therefore may particularly benefit from more clinically effective and appropriate prescribing. Data indicates that in 2024/25 within primary care, 46.4% of items were dispensed to patients aged 65 or over, with a further 34.4% to patients in the 45-64 age group.

Similarly, as females account for a higher proportion of dispensed items, they may also experience greater benefits from improvements in prescribing quality and outcomes. Of the 45.7 million items dispensed in the community in NI in 2024/25, 56.4% were to females³.

The Department also recognises that those with a disability are more likely to have a greater need for HSC prescriptions over those without disability.

Overall, however, the policy is intended to deliver benefits across all Section 75 categories by promoting safe, effective, and sustainable use of medicines for all patients.

Who initiated or wrote the policy?

The Pharmaceutical Directorate, Department of Health

Who owns and who implements the policy?

Responsibility for implementing any accepted options will fall to the Department of Health. There will also need to be support and buy in from the Department's Strategic Planning and Performance Group (SPPG), Health Trusts, General Practitioners, and Community Pharmacy Northern Ireland (CPNI).

1.2 Implementation factors

Are there any factors which could contribute to/detract from the intended aim/outcome of the policy/decision?

If yes, are they (please delete as appropriate)

financial

legislative

other, please specify _____

1.3 Main stakeholders affected

³ Health and Social Care Business Services Organisation, Family Practitioner Services (2025) *General Pharmaceutical Services Statistics for Northern Ireland 2024 – 2025*. Available at: [General Pharmaceutical Services for Northern Ireland: Annual Statistics 2024/25](#)

Who are the internal and external stakeholders (actual or potential) that the policy will impact upon? (please delete as appropriate)

staff

service users

other public sector organisations

voluntary/community/trade unions

other, please specify - *Patient representative groups, community pharmacy, general practice, Health Trusts, SPPG, community development representatives, HSC Staff.*

1.4 Other policies with a bearing on this policy

- **what are they?**

Department of Health (2025) Valuing Medicines: A Strategy for the Sustainable Use of Medicines in Northern Ireland
Health and Social Care (2024) Northern Ireland Formulary

- **who owns them?**

The Department of Health
Strategic Planning and Performance Group

1.5 Available evidence

What evidence/information (both qualitative and quantitative⁴) have you gathered to inform this policy? Specify details for each of the Section 75 categories.

There are currently no barriers to individuals receiving HSC prescriptions. These are accessible to everyone should they need them. With this being the case, the Department is of

⁴ * Qualitative data – refers to the experiences of individuals related in their own terms, and based on their own experiences and attitudes. Qualitative data is often used to complement quantitative data to determine why policies are successful or unsuccessful and the reasons for this.
Quantitative data - refers to numbers (that is, quantities), typically derived from either a population in general or samples of that population. This information is often analysed either using descriptive statistics (which summarise patterns), or inferential statistics (which are used to infer from a sample about the wider population).

the view that any proposals relating to prescriptions have the potential to impact the total population of NI.⁵

The latest data provided to the Department from the Business Services Organisation (BSO) through their Family Practitioner Services (FPS) Pharmacy Payment System and from their FPS General Pharmaceutical Services Annual Report 2024/25⁶ confirms that were 45.7 million items dispensed in the community (this includes community pharmacy, appliance contractors and dispensing doctors) in Northern Ireland in 2024/25. This was an increase of 0.7% on the previous year and is the highest level of dispensing recorded. In 2024/25, the total ingredient cost⁷ for prescription items dispensed in primary care in NI was £497.0 million. This was a decrease of 0.9% on the previous year but was substantially higher than the £412.0m in 2013/14.

When looking at dispensing totals in NI, of the 45.7 million items dispensed in the community in NI in 2024/25 [Females account for 56.4% of all prescription items which could be attributed to a gender.](#)⁸

When looking at the breakdown by age, 46.4% of items which could be attributed to an age were dispensed to patients aged 65 and over, with a further 34.4% to patients in the 45-64 age group. These age groups also accounted for the highest total ingredient costs of £196.5 million and £152.1 million respectively, representing nearly three quarters of the total ingredient cost which could be assigned to patient age.⁹

Religious belief evidence / information:

There is no qualitative or quantitative evidence available in relation to the religious beliefs of those who are currently in receipt of HSC prescriptions.

However, the results of the 2021 census in NI¹⁰ indicate that on census day, the main current religions were: [Catholic/Roman Catholic \(42.3%\); Presbyterian \(16.6%\); Church of Ireland \(11.5%\); Methodist \(2.4%\); Other Christian denominations \(6.9%\); and Other religions \(1.3%\).](#) [In addition, 17.4% of the NI population had 'No religion'.](#)

⁵ Northern Ireland Statistics and Research Agency (2025) 2024 Mid-Year Population Estimates for Northern Ireland. Available at: [2024 Mid-year Population Estimates for Northern Ireland](#)

⁶ Health and Social Care Business Services Organisation, Family Practitioner Services (2025) *General Pharmaceutical Services Statistics for Northern Ireland 2024 – 2025*. Available at: [General Pharmaceutical Services for Northern Ireland: Annual Statistics 2024/25](#)

⁷ Ingredient cost is based on the gross cost of items before discounts. It will not necessarily reflect the actual amount paid by FPS. This is the cost at list price excluding VAT i.e. the price listed in the national Drug Tariff or in standard price lists and is not necessarily the price that has been paid. It does not take into account any contract prices or discounts, dispensing costs or fees It also excludes payments made to community pharmacists for providing dispensing services.

⁸ Health and Social Care Business Services Organisation, Family Practitioner Services (2025) *General Pharmaceutical Services Statistics for Northern Ireland 2024 – 2025*. Available at: [General Pharmaceutical Services for Northern Ireland: Annual Statistics 2024/25](#)

⁹ Health and Social Care Business Services Organisation, Family Practitioner Services (2025) *General Pharmaceutical Services Statistics for Northern Ireland 2024 – 2025*. Available at: [General Pharmaceutical Services for Northern Ireland: Annual Statistics 2024/25](#)

¹⁰ Northern Ireland Statistics and Research Agency (2022) *Census 2021: Main statistics for Northern Ireland Statistical Bulletin: Religion*. Available at: <https://www.nisra.gov.uk/system/files/statistics/census-2021-main-statistics-for-northern-ireland-phase-1-statistical-bulletin-religion.pdf>

The options within the consultation will affect and are designed to benefit all patients, regardless of their religious belief.

The consultation document seeks views on this subject and asks stakeholders if any of the proposals contained in the consultation document would have an adverse impact on any of the nine equality groups identified under Section 75 of the NI Act 1998.

Political Opinion evidence / information:

There is no qualitative or quantitative evidence available in relation to the political opinions of those individuals who are currently in receipt of HSC prescriptions.

Results from first party preference votes in the 2022 NI Assembly election¹¹ saw [Sinn Féin \(27 seats\) and the Democratic Unionist Party \(DUP\) \(25 seats\) make up the top two political parties in NI](#), with a combined vote share of 50%¹².

The consultation options are designed to affect and benefit all patients, regardless of their political opinion.

The consultation document seeks views on this subject and asks stakeholders if any of the proposals contained in the consultation document would have an adverse impact on any of the nine equality groups identified under Section 75 of the NI Act 1998.

Racial Group evidence / information:

There is no qualitative or quantitative evidence available in relation to the racial groupings of those individuals who are currently in receipt of HSC prescriptions.

The results of the 2021 census in NI¹³ indicate that on census day, [96.55% of the usually resident population in NI were White, 0.14% were Irish Traveller, 0.08% were Roma, 0.52% were Indian, 0.50% were Chinese, 0.23% were Filipino, 0.08% were Pakistani, 0.10% were Arab, 0.28% were Other Asian, 0.76% were Mixed, 0.58% were Black and 0.19% belonged to other ethnic groups.](#)

The consultation options are designed to affect and benefit all patients, regardless of their racial group.

¹¹ The Electoral Commission (2022) *Report on the May 2022 Northern Ireland Assembly election*. Available at: <https://www.electoralcommission.org.uk/research-reports-and-data/our-reports-and-data-past-elections-and-referendums/report-may-2022-northern-ireland-assembly-election>

¹² BBC News (2022) *Northern Ireland Assembly Election Results 2022*. Available at: <https://www.bbc.co.uk/news/election/2022/northern-ireland/results>

¹³ Northern Ireland Statistics and Research Agency (2022) *Census 2021: Main statistics ethnicity tables*. Available at: <https://www.nisra.gov.uk/publications/census-2021-main-statistics-ethnicity-tables>

The consultation document seeks views on this subject and asks stakeholders if any of the proposals contained in the consultation document would have an adverse impact on any of the nine equality groups identified under Section 75 of the NI Act 1998.

Age evidence / information:

The proposals would impact on all patients.

Recent data indicates that in 2024/25 within Primary care, 46.4% of items which could be attributed to an age were dispensed to patients aged 65 and over, with a further 34.4% to patients in the 45-64 age group. These age groups also accounted for the highest total ingredient costs of £196.5 million and £152.1 million respectively, representing nearly three quarters of the total ingredient cost which could be assigned to patient age.¹⁴

The strategy recommendations are designed to benefit all patients, regardless of their age.

The consultation document seeks views on this subject and asks stakeholders if any of the proposals contained in the consultation document would have an adverse impact on any of the nine equality groups identified under Section 75 of the NI Act 1998.

Marital Status evidence / information:

There is no qualitative or quantitative evidence available in relation to the marital status of those individuals who are currently in receipt of HSC prescriptions.

The results of the 2021 census in NI¹⁵ indicate that on census day, [45.6% of people aged 16 years and over were married, 0.2% were in a civil partnership, 38.1% were single, 3.8% were separated, 6.0% were divorced, and 6.4% were widowed.](#)

The options within the consultation are designed to benefit all patients, regardless of their marital status.

The consultation document seeks views on this subject and asks stakeholders if any of the proposals contained in the consultation document would have an adverse impact on any of the nine equality groups identified under Section 75 of the NI Act 1998.

Sexual Orientation evidence / information:

There is no qualitative or quantitative evidence available in relation to the sexual orientation of those individuals in receipt of HSC prescriptions.

¹⁴ Health and Social Care Business Services Organisation, Family Practitioner Services (2025) *General Pharmaceutical Services Statistics for Northern Ireland 2024 – 2025*. Available at: [General Pharmaceutical Services for Northern Ireland: Annual Statistics 2024/25](#)

¹⁵ Northern Ireland Statistics and Research Agency (2023) *Census 2021: Main statistics for Northern Ireland: Statistical bulletin: Marital or civil partnership status & Household relationships (couples)*. Available at: <https://www.nisra.gov.uk/system/files/statistics/census-2021-main-statistics-for-northern-ireland-phase-3-statistical-bulletin-household-relationships-version-2.pdf>

The results of the 2021 census in NI¹⁶ indicate that on census day, 90.0% (1,363,900) of people aged 16 years and over identified as straight or heterosexual, 1.2% (17,700) identified as gay or lesbian, 0.7% (11,300) identified as bisexual, 0.2% (2,600) identified as other sexual orientation, 4.6% (69,300) preferred not to say and 3.3% (50,000) did not state their sexual orientation.

The options within the consultation are designed for all patients, regardless of their sexual orientation.

The consultation document seeks views on this subject and asks stakeholders if any of the proposals contained in the consultation document would have an adverse impact on any of the nine equality groups identified under Section 75 of the NI Act 1998.

Men & Women generally evidence / information:

Recent statistics indicate that a greater number of the 45.7 million items dispensed in the community (this includes community pharmacy, appliance contractors and dispensing doctors) in NI in 2024/25 were to females¹⁷. Females account for 56.4% of all prescription items which could be attributed to a gender in 2024/25.

This suggests that any proposals and recommendations relating to prescriptions are more likely to affect females than males.

This difference is not statistically significant or indeed surprising given that there are slightly more females (51%) than males (49%) in the total NI population as identified in the 2021 census¹⁸.

It is also important to note that females have a longer life expectancy than males¹⁹. The latest available estimates indicate that in 2022-24, life expectancy in NI was 78.8 years for males and 82.6 years for females.

Data indicates that the Expectation of life at birth (EOLB) and median age are projected to increase over the next 25 years²⁰. Life expectancy for females is projected to increase from 82.3 years in 2022 to 85.4 years in 2047. Males are projected to experience a greater increase in life expectancy, from 78.4 years in 2022 to 81.9 years in 2047.

The options are designed to benefit all patients, regardless of their gender.

¹⁶ Northern Ireland Statistics and Research Agency (2023) *Census 2021: Main statistics for Northern Ireland: Statistical bulletin: Sexual Orientation*. Available at: <https://www.nisra.gov.uk/system/files/statistics/census-2021-main-statistics-for-northern-ireland-phase-3-statistical-bulletin-sexual-orientation.pdf>

¹⁷ Health and Social Care Business Services Organisation, Family Practitioner Services (2025) *General Pharmaceutical Services Statistics for Northern Ireland 2024 – 2025*. Available at: [General Pharmaceutical Services for Northern Ireland: Annual Statistics 2024/25](#)

¹⁸ Northern Ireland Statistics and Research Agency (2022) *Census 2021: Main statistics for Northern Ireland: Statistical bulletin: Population and household estimates for Northern Ireland*. Available at: <https://www.nisra.gov.uk/system/files/statistics/census-2021-population-and-household-estimates-for-northern-ireland-statistical-bulletin-24-may-2022.pdf>

¹⁹ Department of Health (NI) (2025) *Life Expectancy in Northern Ireland 2022-24*. Available at: [Life expectancy in Northern Ireland 2022-24: headline figures](#)

²⁰ Northern Ireland Statistics and Research Agency (2025) *2022-based Interim Population Projections for Northern Ireland*. Available at: [Statistical Bulletin - 2022-based Population Projections for Northern Ireland 1.pdf](#)

The consultation document seeks views on this subject and asks stakeholders if any of the proposals contained in the consultation document would have an adverse impact on any of the nine equality groups identified under Section 75 of the NI Act 1998.

Disability evidence / information:

The Department recognises that those with a disability are more likely to have a greater need for HSC prescriptions over those without disability.

The results of the 2021 census in NI²¹ indicate that on census day, one person in four (24.3% or 463,000 people) had a limiting long-term health problem or disability, 40% of which were aged 65 or more (185,300 people).

Census 2021 results also reveal that 34.7% of people had one or more long-term health conditions (659,800 people). The most prevalent long-term conditions (whether solely or in combination with others) were long-term pain or discomfort (11.58%), mobility or dexterity difficulty that limits basic physical activities (10.91%); shortness of breath or difficulty breathing (10.29%); an emotional, psychological or mental health condition (8.68%) and other condition (8.81%).

The consultation options are designed to benefit all patients, regardless of their disability status.

The consultation document seeks views on this subject and asks stakeholders if any of the proposals contained in the consultation document would have an adverse impact on any of the nine equality groups identified under Section 75 of the NI Act 1998.

Dependants evidence / information:

There is no qualitative or quantitative evidence available in relation to whether those individuals who are currently in receipt of HSC prescriptions are with or without dependants.

According to the 2021 NI Census²², 30.7% of NI's 768,802 households include dependent children aged 0 – 18.

The proposed options are designed to benefit all patients, regardless of whether they have dependants.

²¹ Northern Ireland Statistics and Research Agency (2022) *Census 2021: Main statistics for Northern Ireland: Statistical bulletin: Health, disability and unpaid care*. Available at: <https://www.nisra.gov.uk/system/files/statistics/census-2021-main-statistics-for-northern-ireland-phase-2-statistical-bulletin-health-disability-and-unpaid-care.pdf>

²² Northern Ireland Statistics and Research Agency (2023) *Census 2021: Main statistics demography tables – household relationships*. Available at: <https://www.nisra.gov.uk/publications/census-2021-main-statistics-demography-tables-household-relationships>

The consultation document seeks views on this subject and asks stakeholders if any of the proposals contained in the consultation document would have an adverse impact on any of the nine equality groups identified under Section 75 of the NI Act 1998.

1.6 Needs, experiences and priorities

Taking into account the information referred to above, what are the different needs, experiences and priorities of each of the following categories, in relation to the particular policy/decision?

Specify details of the needs, experiences and priorities for each of the Section 75 categories below:

Religious belief

No evidence of specific need has been identified.

Political Opinion

No evidence of specific need has been identified.

Racial Group

No evidence of specific need has been identified.

Age

While the strategy recommendations are designed to benefit all patients, regardless of their age, the Department recognises that the population in NI are living longer and becoming more reliant on greater numbers of HSC prescription items. In 2024/25, within Primary care, 46.4% of items which could be attributed to an age were dispensed to patients aged 65 and over, with a further 34.4% to patients in the 45-64 age group. This suggests that those in these categories will generally have a higher reliance on HSC prescriptions to, for example, someone in their 20s.

At this stage of strategy development, the screening exercise did not identify any specific need for this category, however this draft screening document will be kept under review and updated to reflect any views or evidence sharing during the consultation and implementation phases.

Marital status

No evidence of specific need has been identified.

Sexual orientation

No evidence of specific need has been identified.

Men and Women Generally

While the strategy recommendations are designed to benefit all patients, regardless of their gender, the Department recognises that a greater number of prescription items are dispensed to females than males within the NI population.

At this stage of strategy development, the screening exercise did not identify any specific need for this category, however this draft screening document will be kept under review and updated to reflect any views or evidence sharing during the consultation and implementation phases.

Disability

While the strategy recommendations are designed to benefit all patients, regardless of their disability status, the Department recognises that those with a disability are more likely to have a greater need for HSC prescriptions over those without disability.

At this stage of strategy development, the screening exercise did not identify any specific need for this category, however this draft screening document will be kept under review and updated to reflect any views or evidence sharing during the consultation and implementation phases.

Dependants

No evidence of specific need has been identified.

Part 2. Screening questions

**2.1 What is the likely impact on equality of opportunity for those affected by this policy, for each of the Section 75 equality categories?
minor/major/none**

Details of the likely policy impacts on Religious belief:

What is the level of impact? *None*

Details of the likely policy impacts on Political Opinion:

What is the level of impact? *None*

Details of the likely policy impacts on Racial Group:

What is the level of impact? *None*

Details of the likely policy impacts on Age:

What is the level of impact? *Minor*

Details of the likely policy impacts on Marital Status:

What is the level of impact? *None*

Details of the likely policy impacts on Sexual Orientation:

What is the level of impact? *None*

Details of the likely policy impacts on Men and Women:

What is the level of impact? *Minor*

Details of the likely policy impacts on Disability:

What is the level of impact? *Minor*

Details of the likely policy impacts on Dependents:

What is the level of impact? *None*

2.2 Are there opportunities to better promote equality of opportunity for people within the Section 75 equalities categories? Yes/ No

Detail opportunities of how this policy could promote equality of opportunity for people within each of the Section 75 Categories below:

Religious Belief:

No. The policy proposal would apply to all irrespective of religious belief.

Political Opinion:

No. The policy proposal would apply to all irrespective of political opinion.

Racial Group:

No. The policy proposal would apply to all irrespective of racial grouping.

Age:

Yes. While the strategy recommendations are designed to benefit all patients, regardless of their age, the Department recognises that the population in NI are living longer and becoming more reliant on greater numbers of HSC prescription items. In 2024/25, within Primary care, 46.4% of items which could be attributed to an age were dispensed to patients aged 65 and over, with a further 34.4% to patients in the 45-64 age group. This suggests that those in these categories will generally have a higher reliance on HSC prescriptions to, for example, someone in their 20s. As and if the options progress to the implementation phase, there may be opportunities to better promote equality of opportunity for these groups.

Marital Status:

No. The policy proposal would apply to all those irrespective of marital status.

Sexual Orientation:

No. The policy proposal would apply to all irrespective of sexual orientation.

Men and Women generally:

Yes. While the strategy recommendations are designed to benefit all patients, regardless of their gender, the Department recognises that a greater number of prescription items are dispensed to females than males within the NI population. As and if the options progress to the implementation phase, there may be opportunities to better promote equality of opportunity for these groups.

Disability:

Yes. While the strategy recommendations are designed to benefit all patients, regardless of their disability status, the Department recognises that those with a disability are more likely to have a greater need for HSC prescriptions over those without disability. As and if the options progress to the implementation phase, there may be opportunities to better promote equality of opportunity for this group.

Dependants:

No. The policy proposal would apply to all irrespective of whether they are with or without dependents.

2.3 To what extent is the policy likely to impact on good relations between people of different religious belief, political opinion or racial group?

Please provide details of the likely policy impact and determine the level of impact for each of the categories below i.e. either minor, major or none.

Details of the likely policy impacts on Religious belief:

What is the level of impact? *None*

Details of the likely policy impacts on Political Opinion:

What is the level of impact? *None*

Details of the likely policy impacts on Racial Group:

What is the level of impact? *None*

2.4 Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group?

Detail opportunities of how this policy could better promote good relations for people within each of the Section 75 Categories below:

Religious Belief:

No particular opportunities to better promote good relations have been identified as a result of the specific proposals.

Political Opinion:

No particular opportunities to better promote good relations have been identified as a result of the specific proposals.

Racial Group:

No particular opportunities to better promote good relations have been identified as a result of the specific proposals.

2.5 Additional considerations

Multiple identity

Generally speaking, people can fall into more than one Section 75 category. Taking this into consideration, are there any potential impacts of the policy/decision on people with multiple identities? (For example; disabled minority ethnic people; disabled women; young Protestant men; and young lesbians, gay and bisexual people).

There is limited data available to the Department to identify those within the group of individuals receiving HSC prescriptions and who will have multiple identities although we are aware that they exist.

At this stage of development, the screening exercise did not identify any specific need for this category, however this draft screening document will be kept under review and updated to reflect any views or evidence sharing during the consultation and implementation phases.

Provide details of data on the impact of the policy on people with multiple identities. Specify relevant Section 75 categories concerned.

There is no specific data available to the Department to identify those within the group of individuals receiving HSC prescriptions and who will have multiple identities although we are aware that they exist.

2.6 Was the original policy / decision changed in any way to address any adverse impacts identified either through the screening process or from consultation feedback. If so please provide details.

This consultation relates to a recommendation arising from Valuing Medicines: A Strategy for the Sustainable Use of Medicines in Northern Ireland (DoH, 2005)

As part of that strategy development, a 12-week public consultation took place to ensure that the strategy is comprehensive and meets the needs of all involved. No adverse impacts were identified, including for this option.

It is important to note that this is the initial screening analysis. This draft screening document will be kept under review and updated to reflect any views or evidence sharing during the consultation and, if a suitable option is identified, implementation phases.

Part 3. Screening decision

3.1 Would you summarise the impact of the policy as; No Impact/ Minor Impact/ Major Impact?

Minor Impact

3.2 Do you consider that this policy/ decision needs to be subjected to a full equality impact assessment (EQIA)?

No

3.3 Please explain your reason.

The intention of these proposals is to help restrict or stop the prescribing of low and limited clinical value medicines from GP practices in Primary Care within Northern Ireland, with the objective of improving clinical effectiveness, ensuring better value for money, and supporting the sustainable use of medicines. The screening exercise did not identify any adverse impact for any of the Section 75 categories and did not identify any major human rights impacts in the strategy.

This draft screening document will be kept under review and updated to reflect any views or evidence shared during the consultation and, if a suitable option is identified, implementation phases.

3.4 Mitigation

When the public authority concludes that the likely impact is ‘minor’ and an equality impact assessment is not to be conducted, the public authority may consider mitigation to lessen the severity of any equality impact, or the introduction of an alternative policy to better promote equality of opportunity or good relations.

Can the policy/decision be amended or changed or an alternative policy introduced to better promote equality of opportunity and/or good relations?

If so, give the reasons to support your decision, together with the proposed changes/amendments or alternative policy.

Yes. However, on the basis that no negative impacts have been identified, mitigations are considered unnecessary. This draft screening document will be kept under review and

updated to reflect any views or evidence shared during the consultation and implementation phases.

3.5 Timetabling and prioritising

Factors to be considered in timetabling and prioritising policies for equality impact assessment.

If the policy has been ‘**screened in**’ for equality impact assessment, then please answer the following questions to determine its priority for timetabling the equality impact assessment.

Not applicable –a decision has been made to screen out at this stage.

On a scale of 1-3, with 1 being the lowest priority and 3 being the highest, assess the policy in terms of its priority for equality impact assessment.

Effect on equality of opportunity and good relations – **Rating** ____ (1-3)

Social need – **Rating** ____ (1-3)

Effect on people’s daily lives – **Rating** ____ (1-3)

Relevance to a public authority’s functions – **Rating** ____ (1-3)

Note: The Total Rating Score should be used to prioritise the policy in rank order with other policies screened in for equality impact assessment. This list of priorities will assist the public authority in timetabling. Details of the Public Authority’s Equality Impact Assessment Timetable should be included in the quarterly Screening Report.

Is the policy affected by timetables established by other relevant public authorities?

Not applicable.

If yes, please provide details.

Part 4. Monitoring

Monitoring is an important part of policy development and implementation. Through monitoring it is possible to assess the impacts of the policy / decision both beneficial and adverse.

4.1 Please detail how you will monitor the effect of the policy / decision?

Information gathered in the development of the consultation document and through the responses received through public consultation will be used to initially assess the impacts that the proposals may have.

The information will be monitored by the Department of Health (NI).

4.2 What data will you collect in the future in order to monitor the effect of the policy / decision?

Some statistics and data systems are already in place through collection of prescription data in primary care settings:

- Health and Social Care Business Services Organisation: General Pharmaceutical Services Statistics for Northern Ireland*
- Health and Social Care Business Services Organisation: Prescription Cost Analysis*

Please note: - *For the purposes of the annual progress report to the Equality Commission you may later be asked about the monitoring you have done in relation to this policy and whether that has identified any Equality issues.*

Part 5. Disability Duties

5.1 Does the policy/decision in any way promote positive attitudes towards disabled people and/or encourage their participation in public life?

No. The proposals do not directly promote positive attitudes towards disabled people, nor does it discourage people with a disability from participating in public life.

5.2 Is there an opportunity to better promote positive attitudes towards disabled people or encourage their participation in public life by making changes to the policy/decision or introducing additional measures?

No opportunity has been identified to promote positive attitudes towards disabled people or encourage their participation in public life by changing or introducing additional measures to the proposals.

Part 6. Human Rights

6.1 Does the policy / decision affects anyone's Human Rights?

Details of the likely policy impacts on Article 2 – Right to life:

What is the impact? *Neutral*

Details of the likely policy impacts on Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment:

What is the impact? *Neutral*

Details of the likely policy impacts on Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour:

What is the impact? *Neutral*

Details of the likely policy impacts on Article 5 – Right to liberty & security of person:

What is the impact? *Neutral*

Details of the likely policy impacts on Article 6 – Right to a fair & public trial within a reasonable time:

What is the impact? *Neutral*

Details of the likely policy impacts on Article 7 – Right to freedom from retrospective criminal law & no punishment without law:

What is the impact? *Neutral*

Details of the likely policy impacts on Article 8 – Right to respect for private & family life, home and correspondence:

What is the impact? *Neutral*

Details of the likely policy impacts on Article 9 – Right to freedom of thought, conscience & religion:

What is the impact? *Neutral*

Details of the likely policy impacts on Article 10 – Right to freedom of expression:

What is the impact? *Neutral*

Details of the likely policy impacts on Article 11 – Right to freedom of assembly & association:

What is the impact? *Neutral*

Details of the likely policy impacts on Article 12 – Right to marry & found a family: (insert text here)

What is the impact? *Neutral*

Details of the likely policy impacts on Article 14 – Prohibition of discrimination in the enjoyment of the convention rights:

What is the impact? *Neutral*

Details of the likely policy impacts on 1st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property:

What is the impact? *Neutral*

Details of the likely policy impacts on 1st protocol Article 2 – Right of access to education:

What is the impact? *Neutral*

6.2 If you have identified a likely negative impact who is affected and how?

At this stage we would recommend that you consult with your line manager to determine whether to seek legal advice and to refer to Human Rights Guidance to consider:

- *whether there is a law which allows you to interfere with or restrict rights*
- *whether this interference or restriction is necessary and proportionate*
- *what action would be required to reduce the level of interference or restriction in order to comply with the Human Rights Act (1998).*

Not applicable.

6.3 Outline any actions which could be taken to promote or raise awareness of human rights or to ensure compliance with the legislation in relation to the policy/decision.

Not applicable.

Part 7 - Approval and authorisation

	Position/Job Title	Date
Screened by:		
James Gordon	DP Economist	18/06/2026
Approved by:		
Catherine Lynn	Principal Officer	23/06/2026
Copied to EHRU:		

The Screening Template is 'signed off' and approved by a senior manager responsible for the policy (at least Grade 7), made easily accessible on the public authority's website as soon as possible following completion and made available on request.