

**Equality Screening, Disability Duties and Human Rights Assessment Template**

Part 1 – Policy scoping

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Part 3 – Screening decision

Part 4 – Monitoring

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Part 6 – Human Rights

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**Guidance notes are available to assist with completing this template. For further help please contact the Equality and Human Rights Unit ext 20539.**

**Part 1. Policy scoping**

* 1. **Information about the policy / decision**

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| * + 1. What is the name of the policy / decision?

Amendments to the Pharmaceutical Services Regulations (NI) 1997  |

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| 1.1.2 Is this an existing, revised or a new policy / decision?It has been decided to amend the Pharmaceutical Services Regulations (NI) 1997 which regulate the provision of pharmaceutical services in primary care. They contain the Terms of Service for pharmacy contractors who provide Health Service Pharmaceutical Services.There are two amendments. **Recognition of new groups of prescribers**The updating of definitions in the Pharmaceutical Services Regulations (NI) 1997 to recognise new groups of prescribers consequential to changes to the Human Medicines Regulations 2012.**Clarification of Terms of Service for chemists - refusal to supply drugs or appliances**The clarification for pharmacy contractors in their Terms of Service that they (or their staff) may refuse to provide pharmaceutical services to a person (or companion of that person) who is violent, threatens violence, commits or threatens to commit a criminal offence.The policy in relation to new groups of prescribers is set out elsewhere - in the UK wide Human Medicines Regulations 2012. The decision to update the Pharmaceutical Services Regulations (NI) 1997 is to ensure the definitions of prescribers are kept up to date. The decision to update pharmacy contractors’ Terms of Service to include reference to when a chemist can refuse service is new and is being made in response to a request from the Health and Social Care Board and subsequent discussions with our legal advisers. |

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| 1.1.3 What is it trying to achieve? (intended aims/outcomes)**New prescribing arrangements**Recent changes to the UK wide Human Medicines Regulations 2012 have created two new groups of prescribers. Registered therapeutic radiographers will be able to independently prescribe medicines while registered dieticians will be able to enter into supplementary prescribing arrangements. (Supplementary prescribing is an arrangement whereby, after diagnosis by an independent prescriber, the supplementary prescriber can prescribe medicines as part of the patient’s agreed clinical management plan.) These new prescribers will have to undergo appropriate training. Increasing the range of prescribers makes it easier for patients to get the medicines they need, increases patient choice and makes better use of the skills of healthcare professionals. These changes necessitate consequential amendments to the definitions of prescribers in the Pharmaceutical Services Regulations (NI) 1997. This will allow pharmacists to dispense prescriptions issued by these new prescribers.**Refusal to supply drugs or appliances**The Pharmaceutical Services Regulations (NI) 1997 set out the Terms of Service for pharmacy contractors. Following discussions with our legal advisers we propose to include provisions in these Terms of Service to clarify that contractors (or their staff) may refuse to provide pharmaceutical services to a person who is violent, threatens violence, commits or threatens to commit a criminal offence. Similarly, they can refuse to provide pharmaceutical services if anyone accompanying the person seeking pharmaceutical services behaves in this manner. |

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| 1.1.4 If there are any Section 75 categories which might be expected to benefit from the intended policy, please explain how. All section 75 categories affected. |

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| 1.1.5 Who initiated or wrote the policy? **Prescribers** - The policy about increasing prescribers is UK wide and led by the DoH (London).**Refusal to supply drugs or appliances** – DH (NI) |

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| 1.1.6 Who owns and who implements the policy? **Prescribers** - The policy about increasing prescribers is UK wide and led by the DoH (London).**Refusal to supply drugs or appliances** – DH (NI) owns the policy. The HSCB makes arrangements with Community Pharmacy contractors for the provision of pharmaceutical services |

**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

|  |  |  |  |
| --- | --- | --- | --- |
|  Financial |  |  | Please explain:Consequential amendment to the Pharmaceutical Services Regulations (NI) 1997 detail the policy/decision. |
|  |  |  |
|  Legislative | X |  |
|  |  |  |
|  Other |  |  |
|  |  |  |

**1.3 Main stakeholders affected**

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

|  |  |  |
| --- | --- | --- |
|  Staff |  |  |
|  |  |  |
|  Service users | X |  |
|  |  |  |
|  Other public sector organisations | X |  |
|  |  |  |
|  Voluntary/community/trade unions |  |  |
|  |  |  |
|  Other, please specify | Providers of pharmaceutical services and their employees |

##### 1.4 [Other policies with a bearing on this policy](#Onefour) / decision. If any:

|  |  |
| --- | --- |
| Policy | Owner(s) of the policy |
| Revised definitions of prescribers reflect UK wide policy on creating new groups of prescribers | DoH (London)/DH |

**1.5 Available evidence**

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

Aggressive / violent behaviour can arise in wide variety of circumstances some of which are not directly linked to a section 75 group, for example, those engaged in drug or substance abuse.

Aggressive/violent behaviour may also on occasion be linked to certain section 75 groups as indicated below.

In all circumstances pharmacists would be expected to use their professional judgement and act to obtain appropriate assistance for the patient.

|  |  |
| --- | --- |
| **Section 75 category**  | **Details of evidence/information** |
| Religious belief  | No evidence has been identified in relation to religious belief. .  |
| Political opinion  | No evidence has been identified in relation to political opinion.  |
| Racial group  | As different cultures and racial groups may express themselves in different fashions there may be a risk of some behaviours being misunderstood as being threatening and potentially violent.   |
| Age  |  In relation to Alzheimer’s which predominately affects older people the Alzheimer’s society have produced a fact sheet, this states:-“People with dementia may sometimes behave aggressively, either physically or verbally, and this can be very distressing for the person and for their carer, family and friends. ........ more than one third of people living with dementia have at times behaved aggressively, particularly in the moderate to severe stages of the condition.”Source:<https://www.alzheimers.org.uk/site/scripts/download_info.php?fileID=1797> |
| Marital status  | No evidence has been identified in relation to marital status.  |
| Sexual orientation | No evidence has been identified in relation to sexual orientation. |
| Gender(Men and women generally) | No evidence has been identified in relation to gender |
| Disability(with or without) | There is evidence to suggest that some persons with mental health problems may display violent and/or aggressive behaviour . In May 2015, NICE issued guidance – “Violence and aggression: short-term management in mental health, health and community settings” Source:-<www.nice.org.uk/guidance/ng10?unlid=93070701120163221237> Some people with learning disabilities can display challenging behaviour: Two of the most widely used definitions of ‘challenging behaviour’ are:‘Culturally abnormal behaviour(s) of such an intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit use of, or result in the person being denied access to, ordinary community facilities.’Source: Emerson, E (1995), cited in Emerson, E (2001, 2nd edition): Challenging Behaviour: Analysis and intervention in people with learning disabilities. Cambridge University Press‘Behaviour can be described as challenging when it is of such an intensity, frequency, or duration as to threaten the quality of life and/or the physical safety of the individual or others and it is likely to lead to responses that are restrictive, aversive or result in exclusion.’Source: Royal College of Psychiatrists, British Psychological Society, Royal College of Speech and Language Therapists, (2007), Challenging behaviour – a unified approach. <http://www.challengingbehaviour.org.uk/learning-disability-files/Formal-Definitions-of-Challenging-Behaviour-.pdf>   |
| Dependants(with or without) | Persons accompanied by dependants exhibiting challenging behaviour may face difficulties when seeking to access pharmaceutical services. |

**\*** 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).

**1.6 Needs, experiences and priorities**

Taking into account the information recorded in 1.1 to 1.5, what are the different needs, experiences and priorities of each of the following categories, in relation to the particular policy/decision? Specify details for each of the Section 75 categories

|  |  |
| --- | --- |
| **Section 75 category**  | **Details of needs/experiences/priorities** |
| Religious belief  | No particular needs, experiences or priorities have been identified in relation to religious belief. |
| Political opinion  | No particular needs, experiences or priorities have been identified in relation to political opinion.  |
| Racial group  | There may be a risk that some forms of expression for BME groups could be misunderstood as aggression. |
| Age  | Older people with dementia may express aggression as part of their condition. |
| Marital status  | No particular needs, experiences or priorities have been identified in relation to marital status.  |
| Sexual orientation | No particular needs, experiences or priorities have been identified in relation to sexual orientation.  |
| Gender(Men and women generally) | No particular needs, experiences or priorities have been identified in relation to gender |
| Disability(with or without) | Aggression can arise from some forms of disability such as mental health problems, Autism etc.. |
| Dependants(with or without) | Persons accompanied by dependants exhibiting challenging behaviour may face difficulties when seeking pharmaceutical services. |

**Part 2. Screening questions**

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| **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) |
| Section 75 category  | Details of policy impact  | Level of impact? minor/major/none |
| Religious belief |  | None |
| Political opinion  |  | None |
| Racial group  |  | None |
| Age |  | None |
| Marital status  |  | None |
| Sexual orientation |  | None |
| Gender(Men and women generally) |  | None |
| Disability(with or without) |  | None |
| Dependants(with or without)  |  | None |

|  |
| --- |
|  **2.2** Are there opportunities to better promote equality of opportunity for people within the Section 75 equalities categories? |
| Section 75 category  | If **Yes**, provide details  | If **No**, provide reasons |
| Religious belief |  |
| Political opinion  |  |
| Racial group  | Provision of professional guidance to community pharmacists. |
| Age | Provision of professional guidance to community pharmacists. |
| Marital status |  |
| Sexual orientation |  |
| Gender(Men and women generally) |  |
| Disability(with or without) | Provision of professional guidance to community pharmacists. |
| Dependants(with or without) | Provision of professional guidance to community pharmacists. |

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| --- |
| **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? (minor/major/none) |
| Good relations category  | Details of policy impact  | Level of impact minor/major/none  |
| Religious belief |  | None |
| Political opinion  |  | None |
| Racial group |  | None |

|  |
| --- |
| **2.4** Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group? |
| Good relations category | If **Yes**, provide details  | If **No**, provide reasons |
| Religious belief |  | No |
| Political opinion  |  | No |
| Racial group  |  | No |

**2.5** **Additional considerations**

**Multiple identity**

Provide details of data on the impact of the policy on people with multiple identities (e.g. minority ethnic people with a disability, women with a disability, young protestant men, young lesbian, gay or bisexual persons). Specify relevant Section 75 categories concerned.

|  |
| --- |
| No impacts have been identified for any of the section 75 groups. |

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.

|  |
| --- |
| No |

**Part 3. Screening decision**

3.1 How would you summarise the impact of the policy / decision?

|  |  |  |  |
| --- | --- | --- | --- |
| No impact | X |  |  |
| Minor impact |  |  | Consider mitigation (3.4 – 3.5) |
| Major impact |  |  |  |

3.2 Do you consider that this policy / decision needs to be subjected to a full Equality Impact Assessment (EQIA)?

|  |  |
| --- | --- |
|  Yes - screened in |  |
|  No - screened out | x |

3.3 Please explain your reason for making your decision at 3.2.

No mitigation needed.

No evidence for any adverse differential impacts or opportunities to better promote equality of opportunity have been identified.

**Mitigation**

If you have concluded at 3.1 and 3.2 that the likely impact is ‘**minor**’ and an equality impact assessment is not to be conducted, you must consider mitigation (or scope for further mitigation if some is already included as per 2.6) to lessen the severity of any equality impact, or the introduction of an alternative policy to better promote equality of opportunity or good relations.

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

|  |  |
| --- | --- |
| Yes |  |
|  No | X |

3.5 If you responded “**Yes**”, please give the **reasons** to support your decision, together with the proposed changes/amendments or alternative policy.

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|  |

**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?

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| --- |
| The provision of HS pharmaceutical services and any monitoring of its provision is the responsibility of the HSCB. |

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

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| --- |
| See above. |

**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?

|  |
| --- |
| Not applicable. |

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?

|  |
| --- |
| Not applicable  |

**Part 6. Human Rights**

6.1 Please complete the table below to indicate whether the policy / decision affects anyone’s Human Rights?

|  |  |  |  |
| --- | --- | --- | --- |
| **ARTICLE** | POSITIVE IMPACT | NEGATIVE IMPACT = human right interfered with or restricted | NEUTRAL IMPACT  |
| Article 2 – Right to life |  |  | x |
| Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment  |  |  | x |
| Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour |  |  | x |
| Article 5 – Right to liberty & security of person |  |  | x |
| Article 6 – Right to a fair & public trial within a reasonable time |  |  | x |
| Article 7 – Right to freedom from retrospective criminal law & no punishment without law. |  |  | x |
| Article 8 – Right to respect for private & family life, home and correspondence. |  |  | x |
| Article 9 – Right to freedom of thought, conscience & religion |  |  | x |
| Article 10 – Right to freedom of expression |  |  | x |
| Article 11 – Right to freedom of assembly & association |  |  | x |
| Article 12 – Right to marry & found a family |  |  | x |
| Article 14 – Prohibition of discrimination in the enjoyment of the convention rights |  |  | x |
| 1st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property |  |  | x |
| 1st protocol Article 2 – Right of access to education |  |  | x |

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

NA

*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).*
	1. 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.

NA

**Part 7 - Approval and authorisation**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **Grade** | **Date** |
| Screened - completed by  | Margaret Glass | DP | 2 August 2016 |
| Approved by1 | David Lennox  | 7 | 2 August 2016 |
| Forwarded to E&HR Unit2 | Walter Stafford | DP | 3 August 2016 |

Notes:

1 The Screening Template should be approved by a senior manager responsible for the policy this would normally be at least Grade 7.

2 When the Equality and Human Rights Unit receive a copy of the final screening it will be placed on the Department’s website and will be accessible to the public from that point on. In addition, consultees who elect to receive it, will be issued with a quarterly listing all screenings completed during each three month period.

**ADDITIONAL INFORMATION TO INFORM THE ANNUAL PROGRESS REPORT TO THE EQUALITY COMMISSION**

**(PLEASE NOTE : THIS IS NOT PART OF THE SCREENING TEMPLATE BUT MUST BE COMPLETED AND RETURNED WITH THE SCREENING)**

1. Please provide details of any measures taken to enhance the level of engagement with individuals and representative groups. Please include any use of the Equality Commissions guidance on consulting with and involving children and young people.

|  |
| --- |
| No enhancement. Consultation, as required by primary legislation, with those representative of the pharmaceutical profession. Also key stakeholders. Not appropriate for children. |

1. In developing this policy / decision were any changes made as a result of equality issues raised during :

(a) pre-consultation / engagement;
(b) formal consultation;
(c) the screening process; and/or
(d) monitoring / research findings.

If so, please provide a brief summary including how the issue was identified, what changes were made, and what will be the expected outcomes / impacts for those effected.

|  |
| --- |
| NA |

1. Does this policy / decision include any measure(s) to improve access to services including the provision of information in accessible formats? If so please provide a short summary.

|  |
| --- |
| NA |

**Thank you for your co-operation.**

Equality and Human Rights Unit.