



Equality Screening, Disability Duties and Human Rights Assessment Template

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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

1.1 Information about the policy/decision

1.1.1 What is the name of the policy/decision?

Proposed amendments to the Pharmaceutical Services Regulations (NI) 1997 in relation to the statutory terms of service for chemists specifically in a period where a disease being or in anticipation of a disease being imminently pandemic and a serious risk or potentially a serious risk to human health.

1.1.2 Is this an existing, revised or a new policy/decision?

It is a revised policy proposing amendments to the Pharmaceutical Services Regulations (NI) 1997 and support the response to the current pandemic situation. The proposals, however, will also apply to any future pandemics

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

These proposed amendments are enabling measures that can be used in a period where a disease being or in anticipation of a disease being imminently pandemic and a serious risk or potentially a serious risk to human health, such as the Covid-19 pandemic.

The proposed amendments will mainly:

- provide for options that each pharmaceutical contractor must have a home delivery option in place for delivery of prescription items to eligible patients.
- permit the Health and Social Care Board (HSCB), with the agreement of the Department, to be able to vary core and supplementary opening hours for community pharmacies that have statutory terms of services, for a period specified in an announcement.

The proposed legislation is part of a wider policy in dealing with a pandemic aimed at giving the health service the flexibility to make certain that arrangements are in place to ensure that patients continue to have access to medicines.

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

It is not possible to identify any specific Section 75 categories that might be expected to benefit from the intended policy as these are enabling measures that can be used in a period where a disease being or in anticipation of a disease being imminently a pandemic and a serious risk or potentially a serious risk to human health, such as Covid-19. However, as elderly patients tend to take larger amounts of medication, and may be unable to make arrangements to collect their own medicines, they may benefit more from the changes. Individuals who are 'shielding', and may require access to a delivery service, could be from any Section 75 group and would benefit from the policy.

1.1.5 Who initiated or wrote the policy?

The Department of Health (DoH) initiated and prepared the proposed policy and legislative changes following discussions with HSCB.

1.1.6 Who owns and who implements the policy?

The DoH would be the owner of the policy. The implementation of the policy would be the responsibility of the HSCB through the statutory responsibility it has for commissioning 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

Legislative

Other

The policy change would be implemented through the introduction of subordinate legislation under powers conferred by the Article 63 of the Health and Personal Social Services (NI) Order 1972.

Consequential amendment to the Pharmaceutical Services Regulations (NI) 1997 detail the policy/decision.

1.3 Main stakeholders affected

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

Staff	<input type="checkbox"/>	
Service users	<input checked="" type="checkbox"/>	
Other public sector organisations	<input checked="" type="checkbox"/>	HSCB
Voluntary/community/trade unions	<input checked="" type="checkbox"/>	CPNI
Other, please specify	Community Pharmacy Contractors Pharmacists	

1.4 Other policies with a bearing on this policy / decision. If any:

Policy	Owner(s) of the policy
General policies relating to supply of medicines	DoH/HSCB

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.

Section 75 category	Details of evidence/information
Religious belief	There is no qualitative or quantitative evidence available in relation to religious belief that is relevant to this policy. The amendments to the Pharmaceutical Services Regulations (NI) 1997 seeks to protect the interests of all involved, including all section 75 categories, by seeking to ensure that patients continue to have access to medicines. The ability to change opening hours gives flexibility to the HSCB to manage

	the commissioning of community pharmacy services and the more effective management of a pandemic.
Political opinion	There is no qualitative or quantitative evidence available in relation to political opinion that is relevant to this policy. This amendment to the Pharmaceutical Services Regulations (NI) 1997 seeks to protect the interests of all involved, including all section 75 categories by seeking to ensure that patients continue to have access to medicines. The ability to change opening hours gives flexibility to the HSCB to manage the commissioning of community pharmacy services and the more effective management of a pandemic.
Racial group	There is no qualitative or quantitative evidence available in relation to the racial groupings that is relevant to this policy. This amendment to the Pharmaceutical Services Regulations (NI) 1997 seeks to protect the interests of all involved, including all section 75 categories by seeking to ensure that patients continue to have access to medicines. The ability to change opening hours gives flexibility to the HSCB to manage the commissioning of community pharmacy services and the more effective management of a pandemic.
Age	<p>There is no qualitative or quantitative evidence available in relation to specific age groupings that is relevant to this policy. This amendment to the Pharmaceutical Services Regulations (NI) 1997 seeks to protect the interests of all involved, including all section 75 categories by seeking to ensure that patients continue to have access to medicines. The ability to change opening hours gives flexibility to the HSCB to manage the commissioning of community pharmacy services and the more effective management of a pandemic.</p> <p>It is recognised, however, that older patients are generally more reliant and tend to be in receipt of a medicine or an appliance on HSC prescription compared to younger patients. Therefore the amendments would impact greater on the older population, but as the purpose of the measures is to ensure that all patients have access to medicines, this impact is not seen as negative nor adverse.</p>
Marital status	There is no qualitative or quantitative evidence available in relation to marital status that is relevant to this policy. This amendment to the Pharmaceutical Services Regulations (NI) 1997 seeks to protect the interests of all involved, including all section 75 categories by seeking to ensure that patients continue to have access to medicines. The ability to change opening hours gives flexibility to the HSCB to manage the commissioning of community pharmacy services and the more effective management of a pandemic.
Sexual orientation	There is no qualitative or quantitative evidence available in relation to sexual orientation that is relevant to this policy. This amendment to the Pharmaceutical Services Regulations (NI) 1997 seeks to protect the interests of all involved, including all section 75 categories by seeking to ensure that patients continue to have access to medicines. The ability to change opening hours gives flexibility to the HSCB to manage the commissioning of community pharmacy services and the more effective management of a pandemic.

<p>Gender (Men and women generally)</p>	<p>There is no qualitative or quantitative evidence available in relation to gender that is relevant to this policy. This amendment to the Pharmaceutical Services Regulations (NI) 1997 seeks to protect the interests of all involved, including all section 75 categories by seeking to ensure that patients continue to have access to medicines. The ability to change opening hours gives flexibility to the HSCB to manage the commissioning of community pharmacy services and the more effective management of a pandemic.</p> <p>The Department recognises that currently female patients generally tend to be in receipt of a medicine or an appliance on HSC prescription compared to male patients. This suggests that there are likely to be more females affected by the possible introduction of the measures, but as their purpose is to ensure that all patients have access to medicines, this impact is not seen as negative nor adverse.</p>
<p>Disability (with or without)</p>	<p>There is no qualitative or quantitative evidence available in relation to disability that is relevant to this policy. This amendment to the Pharmaceutical Services Regulations (NI) 1997 seeks to protect the interests of all involved, including all section 75 categories by seeking to ensure that patients continue to have access to medicines. The ability to change opening hours gives flexibility to the HSCB to manage the commissioning of community pharmacy services and the more effective management of a pandemic.</p> <p>The Department recognises that these measures will most likely impact on those with a disability over those without a disability given their greater need and reliance on medicine or an appliance on HSC prescription. However if these measures are enacted upon it will ensure those patients with a disability to continue to have access to their medicine or appliance without any interruption or delay. The purpose of the measures is to ensure that all patients have access to medicines, and therefore this impact is not seen as negative nor adverse for those with or without a disability.</p>
<p>Dependants (with or without)</p>	<p>There is no qualitative or quantitative evidence available in relation to dependants that is relevant to this policy. This amendment to the Pharmaceutical Services Regulations (NI) 1997 seeks to protect the interests of all involved, including all section 75 categories by seeking to ensure that patients continue to have access to medicines. The ability to change opening hours gives flexibility to the HSCB to manage the commissioning of community pharmacy services and the more effective management of a pandemic.</p>

* **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	These are enabling measures that can be used in a period where a disease being or in anticipation of a disease being imminently pandemic and a serious risk or potentially a serious risk to human health, such as Covid 19. There is no evidence to suggest that different religions will have any different needs, experiences or priorities in relation to the proposed amendments to the Pharmaceutical Services Regulations (NI) 1997.
Political opinion	These are enabling measures that can be used in a period where a disease being or in anticipation of a disease being imminently pandemic and a serious risk or potentially a serious risk to human health, such as Covid 19. There is no evidence to suggest that those with different political opinions will have any different needs, experiences or priorities in relation to the proposed amendments to the Pharmaceutical Services Regulations (NI) 1997.
Racial group	These are enabling measures that can be used in a period where a disease being or in anticipation of a disease being imminently pandemic and a serious risk or potentially a serious risk to human health, such as Covid 19. There is no evidence to suggest that different racial groups will have any different needs, experiences or priorities in relation to the proposed amendments to the Pharmaceutical Services Regulations (NI) 1997.
Age	<p>These are enabling measures that can be used in a period where a disease being or in anticipation of a disease being imminently pandemic and a serious risk or potentially a serious risk to human health, such as Covid 19.</p> <p>The Department recognises the population in NI are living longer and with this are becoming more reliant on greater numbers of HSC prescription items. This suggests that those over 60 will generally have a higher reliance on HSC prescriptions to say someone in their 20s.</p>

	<p>There is therefore sufficient evidence to suggest that different age groups will have different needs, experiences, priorities or issues in relation to the proposed amendments to the Pharmaceutical Services Regulations (NI) 1997.</p>
Marital status	<p>These are enabling measures that can be used in a period where a disease being or in anticipation of a disease being imminently pandemic and a serious risk or potentially a serious risk to human health, such as Covid 19. There is no evidence to suggest that those of different marital status will have any different needs, experiences or priorities in relation to the proposed amendments to the Pharmaceutical Services Regulations (NI) 1997.</p>
Sexual orientation	<p>These are enabling measures that can be used in a period where a disease being or in anticipation of a disease being imminently pandemic and a serious risk or potentially a serious risk to human health, such as Covid 19. There is no evidence to suggest that those of different sexual orientation will have any different needs, experiences or priorities in relation to the proposed amendments to the Pharmaceutical Services Regulations (NI) 1997.</p>
Gender (Men and women generally)	<p>These are enabling measures that can be used in a period where a disease being or in anticipation of a disease being imminently pandemic and a serious risk or potentially a serious risk to human health, such as Covid 19 and has the potential to affect all patients in receipt of HSC prescription items which evidence suggests are most likely to be those who are from the female population compared to the male population. Therefore there it is recognised there is some evidence to suggest that those of different gender will have different needs, experiences, priorities or issues in relation to the proposed amendments to the Pharmaceutical Services Regulations (NI) 1997.</p>
Disability (with or without)	<p>These are enabling measures that can be used in a period where a disease being or in anticipation of a disease being imminently pandemic and a serious risk or potentially a serious risk to human health, such as Covid 19 and has the potential to affect all patients in receipt of HSC prescription items which evidence suggests are most likely to be those with a disability.</p> <p>The Department recognises that a larger proportion of the NI population have a disability or long term condition and this proportion of the population in NI are likely to be more reliant and in receipt of greater numbers of HSC prescription items to those without a disability or long term condition. There is therefore some evidence to suggest that those with a disability or long term condition may have different needs, experiences, priorities or issues in relation to the proposed amendments to the Pharmaceutical Services Regulations (NI) 1997 compared to</p>

	<p>those without a disability, given that they are likely to be more reliant on HSC prescriptions.</p>
<p>Dependants (with or without)</p>	<p>These are enabling measures that can be used in a period where a disease being or in anticipation of a disease being imminently pandemic and a serious risk or potentially a serious risk to human health, such as Covid 19. There is no evidence to suggest that those with or without dependants will have any different needs, experiences or priorities to proposed amendments to the Pharmaceutical Services Regulations (NI) 1997.</p>

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)		
Section 75 category	Details of policy impact	Level of impact? Minor/major/none
Religious belief	No impact on equality of opportunity has been identified for those affected by the policy proposals.	None.
Political opinion	No impact on equality of opportunity has been identified for those affected by the policy proposals.	None.
Racial group	No impact on equality of opportunity has been identified for those affected by the policy proposals.	None.
Age	There is the potential for an impact on equality of opportunity for those of different ages given that evidence suggests that older patients have more of a reliance on HSC prescription items	Minor – given there may be a potential for an impact, and this will be subject to review following the consultation.
Marital status	No impact on equality of opportunity has been identified for those affected by the policy proposals.	None.
Sexual orientation	No impact on equality of opportunity has been identified for those affected by the policy proposals.	None.

Gender (Men and women generally)	There is the potential for an impact on equality of opportunity for those of different genders given that evidence suggests that female patients generally tend to be in receipt of a medicine or an appliance on HSC prescription compared to male patients.	Minor – given there may be a potential for an impact, and this will be subject to review following the consultation.
Disability (with or without)	There is the potential for an impact on equality of opportunity for those with a disability or long term condition given that evidence suggests that this group of patients have more of a reliance on HSC prescriptions items.	Minor – given there may be a potential for an impact, and this will be subject to review following the consultation.
Dependants (with or without)	No impact on equality of opportunity has been identified for those affected by the policy proposals.	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		No. This is an enabling amendment to the Pharmaceutical Services Regulations (NI) 1997 that will have no impact on the promotion of equality of opportunity for people with different religious beliefs.
Political opinion		No. This is an enabling amendment to the Pharmaceutical Services Regulations (NI) 1997 that will have no impact on the promotion of equality of

		opportunity for people with different political opinions.
Racial group		No. This is an enabling amendment to the Pharmaceutical Services Regulations (NI) 1997 that will have no impact on the promotion of equality of opportunity for people with different racial groupings.
Age	Yes - The amendments to the Pharmaceutical Services Regulations (NI) 1997 has the potential to impact on the elderly and those over 60 years old given that we know that this age group are more likely to need and require more medicines or an appliance on HSC prescription than other age groups.	
Marital status		No. This is an enabling amendment to the Pharmaceutical Services Regulations (NI) 1997 that will have no impact on the promotion of equality of opportunity for people with different marital status.
Sexual orientation		No. This is an enabling amendment to the Pharmaceutical Services Regulations (NI) 1997 that will have no impact on the promotion of equality of opportunity for people with different sexual orientation.
Gender (Men and women generally)	Yes – The amendments to the Pharmaceutical Services Regulations (NI) 1997 has the potential to impact on the female population given that evidence suggests that female patients generally tend to be in receipt of a	

	medicine or an appliance on HSC prescription compared to male patients.	
Disability (with or without)	Yes - The amendments to the Pharmaceutical Services Regulations (NI) 1997 has the potential to impact on those who have a disability given that we know that those with a disability are more likely to be in receipt of a medicine or an appliance on HSC prescription	
Dependants (with or without)		No. This is an enabling amendment to the Pharmaceutical Services Regulations (NI) 1997 that will have no impact on the promotion of equality of opportunity for people 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? (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. This is an enabling amendment to the Pharmaceutical Services Regulations (NI) 1997 that will have no impact on the promotion of good relations between people of different religious beliefs.
Political opinion		No. This is an enabling amendment to the Pharmaceutical Services Regulations (NI) 1997 that will have no impact on the promotion of good relations between people of different political opinions.
Racial group		No. This is an enabling amendment to the Pharmaceutical Services Regulations (NI) 1997 that will have no impact on the promotion of good relations between people of different racial groupings.

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.

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.

The proposals will be reviewed and the screening finalised once the targeted consultation finishes, taking relevant responses and any issues raised into account.

Part 3. Screening decision

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

No impact
Minor impact
Major impact

<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>

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

√

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

At this stage, the proposed amendments to the Pharmaceutical Services Regulations (NI) 1997 do not represent a final policy. It is subject to a targeted consultation. It is considered that an EQIA is not necessary at this time but that will be reviewed on completion of the consultation.

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

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

The Department proposes to consult on the proposal to make amendments to the Pharmaceutical Services Regulations (NI) 1997 but the consultation itself does not represent final policy.

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 any public consultation will be used to initially assess the impacts that the proposal to make amendments to the Pharmaceutical Services Regulations (NI) 1997 proposal may have.

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

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

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 policy proposal does 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?

There is no opportunity to promote positive attitudes towards disabled people or encourage their participation in public life by changing or introducing additional measures to the policy proposal.

The legislative proposals are enabling measures that can be used in a period where a disease being or in anticipation of a disease being imminently pandemic and a serious risk or potentially a serious risk to human health, such as Covid 19.

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			√
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment			√
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour			√
Article 5 – Right to liberty & security of person			√
Article 6 – Right to a fair & public trial within a reasonable time			√
Article 7 – Right to freedom from retrospective criminal law & no punishment without law.			√
Article 8 – Right to respect for private & family life, home and correspondence.			√
Article 9 – Right to freedom of thought, conscience & religion			√
Article 10 – Right to freedom of expression			√
Article 11 – Right to freedom of assembly & association			√
Article 12 – Right to marry & found a family			√
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights			√

1 st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property			√
1 st protocol Article 2 – Right of access to education			√

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

Not applicable.

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).*

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

	Name	Grade	Date
Screened completed by	Karen Simpson	DP	29/4/2020
Approved by ¹	David Lennox	G6 (A)	29/04/2020
Forwarded to E&HR Unit ²			

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.