

## Equality & Health Impact Assessment for Medicines Management Policy

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Medicines Management Policy
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Clinical Diagnostics and Therapeutic Services (Pharmacy) Darrell Baker Director of Pharmacy and Medicines Management 02920 742995. <a href="mailto:Darrell.Baker@wales.nhs.uk">Darrell.Baker@wales.nhs.uk</a> Louise Williams Nurse Advisor Medicines Management 02920744590 <a href="mailto:Louise.Williams7@wales.nhs.uk">Louise.Williams7@wales.nhs.uk</a>
3.	Objectives of strategy/ policy/ plan/ procedure/ service	The objective of The Medicines Management Policy is to set out Cardiff & Vale UHB that ensure that people receive medication for the correct reason and receive the right medication, at the right dose and the right time as part of an overall medicines management process. Guidance on safe and appropriate medicines related practice is set out in the Medicines Code produced by the C&V UHB Medicines Management Group.
4.	Evidence and background information considered. For example <ul style="list-style-type: none"> <li>• population data</li> <li>• staff and service users data, as applicable</li> <li>• needs assessment</li> <li>• engagement and involvement findings</li> <li>• research</li> <li>• good practice guidelines</li> <li>• participant knowledge</li> <li>• list of stakeholders and how</li> </ul>	Cardiff and Vale University Local Health Board area is the smallest and most densely populated LHB area in Wales, it serves Wales' capital city. Cardiff and Vale University Health Board is one of the largest NHS organisations in Europe. We employ approximately 14,500 staff, and spend around £1.4 billion every year on providing health and wellbeing services to a population of around 472,400 people living in Cardiff and the Vale of Glamorgan. We also serve a wider population across South and Mid Wales for a range of specialties. <ul style="list-style-type: none"> <li>• The Medicines Management Policy is applicable to all staff.</li> <li>• A benchmarking exercise against similar documentation from all other Welsh Health Boards was undertaken.</li> </ul>

	<p>stakeholders have engaged in the development stages</p> <ul style="list-style-type: none"> <li>• comments from those involved in the designing and development stages</li> </ul> <p>Population pyramids are available from Public Health Wales Observatory<sup>1</sup> and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need<sup>2</sup>.</p>	<ul style="list-style-type: none"> <li>• The document aligns LHB practice to the All Wales Policy for Medicines Recording Review Storage and Disposal.</li> <li>• The Medicines Management Policy and related Medicines Code procedure supersedes previous medicines related policy and a list of these is included as an appendix in the Medicines Code</li> </ul> <p>It is widely known that there are differences between men and women in the incidence and prevalence of most health conditions. However The Gender and Access to Health Services Study 2008 concluded that Gender is the most significant factor interacting with economic status to compound health inequalities. We recommend a review of the actions presently within the health inequalities strategy to ensure that they are implemented in a gender-sensitive way. Most importantly, it is our view that future Public Service Agreements in relation to health inequalities must aim to reduce gaps in health outcome between men and women in parallel with reducing gaps between the least well off and the rest of the population.</p>
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	<p>The Medicines Management Policy is applicable to all staff involved in all or part of the medicines management process.</p> <p>Whilst the policy is aimed at staff patients will be affected but this should be in a positive way as the objective of the policy is to ensure that people receive medication for the correct reason and receive the right medication, at the right dose and the right time as part of an overall medicines management process.</p>

**EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?**

<sup>1</sup> <http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf>

<sup>2</sup> <http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face>

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
<b>6.1 Age</b> For most purposes, the main categories are: under 18; between 18 and 65; and over 65	The aim of the policy is to ensure that people receive medication for the correct reason and receive the right medication, at the right dose and the right time. However we are aware of case law surrounding the administration of medicines in relation to age. We now have guidance on the covert administration of medicines.	n/a	n/a
<b>6.2 Persons with a disability as defined in the Equality Act 2010</b> Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical	The UHB is aware from its demographic information that it employs staff who have disabilities as defined within the Act. As such, the Policy would be made accessible to staff in alternative formats on request or via usual good	Staff will ensure that patients with any disability are given the appropriate support in order for patients and their carers to facilitate medicines management. The Medicines Safety	All Clinical Boards to communicate to appropriate staff.

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
conditions such as diabetes	management practice. Note - the Arial font size 14 recommendation is aimed at communication and information needs for patients. We are aware that we may need to amend/provide the format of our communication in line with the appropriate standards and legislation.	Executive will maintain clear and identified links with the UHB Patient Safety Team.”	
6.3 People of different genders: Consider men, women, people undergoing gender reassignment  NB Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going	There appears not to be any negative impact on staff regarding gender identity as the aim of the policy is to ensure that people receive medication for the correct reason and receive the right medication, at the right dose and the right time. impact	n/a	n/a

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
through any medical procedures. Sometimes referred to as Trans or Transgender			
6.4 People who are married or who have a civil partner.	There appears not to be any negative impact as the aim of the policy is to ensure that people receive medication for the correct reason and receive the right medication, at the right dose and the right time.	n/a	n/a
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not they are on maternity leave.	There appears to be minimal impact on staff as the aim of the policy is to ensure that people receive medication for the correct reason and receive the right medication, at the right dose and the right time. Information is also provided with regards to cultural celebrations such as Ramadan and its effects on	Staff returning from maternity leave will receive a clinical area based update of any changes during their absence.	All Clinical Boards to communicate to appropriate staff.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	diabetics and expectant mothers.		
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	There appears not to be any impact on staff regarding race, nationality, colour, culture or ethnic origin as the aim of the policy is to ensure that people receive medication for the correct reason and receive the right medication, at the right dose and the right time. We would ensure that non-English speakers received information appropriate to their language/cultural need.	Where able information should be available to meet language need.	n/a
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	It is unlikely to be any impact on staff regarding their religion as the aim of the policy is to ensure that people receive medication for the correct reason and receive the right medication,	The Medicines Code needs to shared with community pharmacies to ensure all parties are aware of the expected standard of practice.	Primary Care Pharmacy Lead.

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	at the right dose and the right time. If staff has any religion or belief that may impact on their ability to practice in accordance with this policy, this is a professional issue which they must raise with their professional lead immediately.		
6.8 People who are attracted to other people of: the opposite sex (heterosexual); the same sex (lesbian or gay); both sexes (bisexual)	There appears not to be any impact as the aim of the policy is to ensure that people receive medication for the correct reason and receive the right medication, at the right dose and the right time.	n/a	n/a
6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design	There may be positive impact to ensure patients receive and understand their medicines in a timely manner.	Where able information should be available in Welsh.  Service to encourage Welsh language 'active	n/a

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Well-being Goal – A Wales of vibrant culture and thriving Welsh language		offer' to those receiving medication.	
6.10 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	Minimal Impact is anticipated The UHB Medicines Management policy aims to deliver an achievable equitable service.		n/a
6.11 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	Minimal Impact is anticipated Patients will be already accessing sites as inpatient or outpatient. The UHB Medicines Management policy aims to deliver an achievable equitable service		n/a
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	No other groups identified at this time. If any issues arrive they will be addressed on individual basis. All groups including, homeless, refugee,	n/a	n/a

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	prisoners are able to access emergency, inpatient and outpatient services, though referral from a number of routes such as, outreach, community workers and GPs. If a patient has a carer or parent/guardian we will ensure they receive the appropriate information		

**6. HIA / How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?**

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate</b> Make reference to where the mitigation is included in the document, as appropriate
<p><b>7.1 People being able to access the service offered:</b> Consider access for those living in areas of deprivation and/or those experiencing health inequalities</p> <p>Well-being Goal - A more equal Wales</p>	<p>The policy itself recognises for example, patients and carers.</p>	<p>n/a</p>	<p>n/a</p>
<p><b>7.2 People being able to improve /maintain healthy lifestyles:</b> Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm</p>	<p>There is a positive impact, including for example the provision of nicotine replacement therapies, a flu vaccination programme etc, all of which are available to staff and patients.</p>	<p>n/a</p>	<p>n/a</p>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc</p> <p>Well-being Goal – A healthier Wales</p>			
<p><b>7.3 People in terms of their income and employment status:</b> Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions</p>	<p>There is no specific impact, however if staff do not work within the boundaries of the policy capability and/or disciplinary processes may be considered. Medicines Management policy aims to deliver an achievable equitable service. All NHS prescriptions are</p>	n/a	n/a

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate</b> Make reference to where the mitigation is included in the document, as appropriate
Well-being Goal – A prosperous Wales	currently free of charge.		
<p><b>7.4 People in terms of their use of the physical environment:</b> Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces</p> <p>Well-being Goal – A resilient Wales</p>	<p>The policy itself recognises for example, patients and carers. The UHB has a Mental Health Pharmacy service across a number of sites.</p>	n/a	n/a
<b>7.5 People in terms of</b>	The policy itself recognises	n/a	n/a

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate</b> Make reference to where the mitigation is included in the document, as appropriate
<p><b>social and community influences on their health:</b> Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos</p> <p>Well-being Goal – A Wales of cohesive communities</p>	<p>for example, patients and carers.</p> <p>If a patient has a carer or parent/guardian we will ensure they receive the appropriate information.</p> <p>We have examples of past practice where the UHB has positively addressed concerns from certain communities and individuals about the contents of specific medicines.</p> <p>Information is also provided with regards to cultural celebrations such as Ramadan and its effects on diabetics and expectant mothers.</p>		
<b>7.6 People in terms of macro-economic, environmental and</b>	The policy itself recognises for example, patients and carers.	n/a	n/a

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p><b>sustainability factors:</b> Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate</p> <p>Well-being Goal – A globally responsible Wales</p>	<p>We adhere to the All Wales Policy for Medicines Administration, Recording, Review, Storage and Disposal</p>		

**Please answer question 8.1 following the completion of the EHIA and complete the action plan**

<p><b>8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service</b></p>	<p>Overall, there appears to be positive minimal impact on the protected characteristics and health inequalities as a result of this policy. However there may be an impact on issues of disability, culture and language need that will be met as they arise.</p>
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<p><b>8.2 What are the next steps?</b></p> <p>Some suggestions:-  Decide whether the strategy, policy, plan, procedure and/or service proposal:  continues unchanged as there are no significant negative impacts  adjusts to account for the negative impacts  continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so) stops.  Have your strategy, policy, plan, procedure and/or service proposal approved  Publish your report of this impact assessment  Monitor and review</p>	<p>A new overarching policy on Medicines Management was developed and consulted on in support of the Medicines Code that replaced 19 of our previous documents.  EHIA will be placed on the intranet once approved  Adherence to the policy will be monitored through the Medicines Management Group  When this policy is reviewed, this EHIA will form part of that consultation exercise and publication. This EHIA will be reviewed three years after approval unless changes to terms and conditions, legislation or best practice determine that an earlier review is required.  The UHB standard is that all policies are reviewed within 3 years (1 year if a statutory requirement).</p>			
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