



Part A: Preparation and Assessment of Relevance and Priority

Part A is a three step process which will help you to prioritise work and prepare for EqlA.

Step 1 - Preparation:
identify the title of the
Policy/function/strategy, the main aims and
the key contributors
(see **Form 1**)



Step 2 - Gather Evidence:
collect, but do not analyse information at
this stage - just see what evidence is
available
(see **Form 2**)



**Step 3 - Assessment of Relevance and
Priority:**
determine whether or not the evidence
demonstrates high, medium, low, or no
relevance and priority across the core
dimensions of the equality duties, by each of
the equality strands
(see **Form 3**)

Form 1: Preparation

Part A must be completed at the beginning of a Policy/function/strategy development or review, and for every such occurrence. (Refer to the Step-by-Step Guide for additional information).

Step 1 - Preparation		
1.	Title of Policy - what are you equality impact assessing?	<p>REFERRAL OF PATIENTS PRESENTING AT COMMUNITY PHARMACY FOR EMERGENCY HORMONAL CONTRACEPTION TO THE INTEGRATED SEXUAL HEALTH SERVICE PROTOCOL</p> <p>Emergency Hormonal Contraception is an all Wales NHS enhanced service currently being implemented at community pharmacies. It is being provided to a national specification dictated by WAG. This local protocol for referral of clients into integrated sexual health is being developed to conform with the specification and facilitate clients to urgently access emergency contraception if they are outside of the criteria of the enhanced service or for identification and treatment of suspected sexually transmitted infections.</p> <p>This EqIA assesses the referral protocol, not the service itself.</p>
2.	Policy Aims and Brief Description - what are its aims? Give a brief description of the Policy (The What, Why and How?)	<p>Clients will present at a community pharmacy for emergency hormonal contraception. During the consultation for EHC it may be apparent that the patient has been at risk of/ or is demonstrating symptoms of an STI. Some clients may present too late for EHC to be effective or may want the increased effectiveness that insertion of an IUD provides and so may wish to be referred.</p> <ol style="list-style-type: none">1. To refer clients who may have been at risk of STIs to an appropriate support service.2. To refer clients, especially those from hard to reach groups, into mainstream contraceptive services3. To signpost patients to services that provide diagnosis and

Step 1 - Preparation

		<p>treatment for STIs.</p> <ol style="list-style-type: none">4. To link community pharmacy into existing sexual health services such that patients with ongoing needs can be referred to appropriate services effectively.5. To refer patients excluded from the PGD to appropriate local NHS services able to meet their emergency contraception needs. <p>Referral will be by telephone appointment. The community pharmacist will make arrangements for the client to be seen, same day if possible, by ISH at an appropriate clinic. Community pharmacies are easily accessible having long opening times, many with evening and weekend hours. They have a requirement to comply with DDA. Access to EHC via this route, without appointment, may be preferable to patients and therefore increase access for clients who may prefer not to access the GP or clinics directly. Pharmacies in deprived areas will be encouraged to participate as there is a correlation between deprivation and teenage conception.</p>
3.	Who Owns/Defines the Policy? - who is responsible for the Policy/work?	Katie Norton Director of Primary Community and Mental Health
4.	Who is Involved in undertaking this EqlA? - who are the key contributors to the EqlA and what are their roles in the process?	Karen May – Community Pharmacy Lead
5.	Other Policies - Describe where this Policy/work fits in a wider context. Is it related to any other policies/activities that could be included in this EqlA?	It relates to the national service specification and patient group direction for supply of EHC by community pharmacies.

Step 1 - Preparation

6.	Stakeholders - Who is involved with or affected by this Policy?	<ul style="list-style-type: none">• Clients presenting for EHC• Community Pharmacists providing the enhanced service (or referring the patient to a pharmacy that provides the service in the case of pharmacists whose own religious/ personal beliefs prohibit them from providing the service, or pharmacies where they choose not to provide the service)• Integrated sexual health teams• GP practices or OOH services may see less clients accessing EHC via them.
7.	What factors may contribute to the outcomes of the Policy? What factors may detract from the outcomes? These could be internal or external factors.	<ul style="list-style-type: none">• Dissemination of the protocol and adherence to by community pharmacists• Commissioning of sufficient pharmacies to enable critical mass for protocol to make a difference• Capacity in ISH to handle referrals

Form 2: Evidence Gathering

Equality Strand	Evidence Gathered Evidence Search accessed 19/4/11	Does the evidence apply to the following with regard to this Policy/work? Tick as appropriate.									
Race	no evidence	Eliminating Discrimination and Eliminating Harassment	x	Promoting Equality of Opportunity	x	Promoting Good Relations and Positive Attitudes	x	Encouraging participation in Public Life	x	Take account of difference even if it involves treating some individuals more favourably*	
Disability	no evidence		x		x		x		x		✓
Gender	no evidence		x		x		x		x		
Sexual Orientation	no evidence		x		x		x		x		
Age	no evidence		x		x		x		x		
Religion or Belief	no evidence		x		x		x		x		
Welsh Language	no evidence		x		x		x		x		
People have a human right to: life; not to be tortured or treated in a degrading way; to be free from slavery or forced labour; to liberty; to a fair trial; not to be punished without legal authority; to respect for private and family life, home and correspondence; to freedom of thought, conscience and religion; to freedom of expression and of assembly; to marry and found a family and to not be discriminated against in relation to any of the rights contained in the European Convention.											
Human Rights	This protocol underpin all aspects of the Human Rights Act, particularly not to be treated in a degrading way and respect for privacy and family life, home and correspondence. The protocol support patient's right to choose to disclose information about their sexual behaviour and to seek to support. Clients will be treated in confidence and with respect in a dignified and non judgemental manner										

* This column relates only to Disability due to the specific requirement in the DDA 2005 to treat disabled people more favourably to achieve equal outcomes. This is not applicable to the other equality strands.

Form 3: Assessment of Relevance and Priority

Equality Strand	Evidence: Existing evidence to suggest some groups affected. Gathered from Step 2. (See Scoring Chart A)	Potential Impact: Nature, profile, scale, cost, numbers affected, significance. Insert one overall score (See Scoring Chart B)	Decision: Multiply 'evidence' score by 'potential impact' score. (See Scoring Chart C)
Race	1	0	0
Disability	1	0	0
Gender	1	0	0
Sexual Orientation	1	0	0
Age	1	0	0
Religion or Belief	1	0	0
Welsh Language	1	0	0
Human Rights	1	0	0

Scoring Chart A: Evidence Available

3	Existing data/research
2	Anecdotal/awareness data only
1	No evidence or suggestion

Scoring Chart B: Potential Impact

-3	High negative
-2	Medium negative
-1	Low negative
0	No impact
+1	Low positive
+2	Medium positive
+3	High positive

Scoring Chart C: Impact Decision

-6 to -9	High Impact (H)
-3 to -5	Medium Impact (M)
-1 to -2	Low Impact (L)
0	No Impact (N)
1 to 9	Positive Impact (P)

FORM 4: (Part A) Outcome Report


Policy Title:	Referral of patients presenting at community pharmacy for emergency hormonal contraception to the Integrated Sexual Health Service Protocol
Organisation:	Cardiff & Vale University Health Board
Name: Title: Department:	Karen May Community Pharmacy Lead Pharmacy /primary care
Summary of Assessment:	The policy applies equally to everyone who may be appropriate for referral. No evidence of any impact.
Decision to Proceed to Part B Equality Impact Assessment:	<p style="text-align: center;">No</p> <p style="text-align: center;">Please record reason(s) for decision</p> <p style="text-align: center;">The protocol applies to all clients equally and consistently. No evidence of impact identified.</p>

Action Plan

You are advised to use the template below to detail any actions that are planned following the completion of Part A or Part B of the EqlA Toolkit. You should include any remedial changes that have been made to reduce or eliminate the effects of potential or actual adverse impact, as well as any arrangements to collect data or undertake further research.

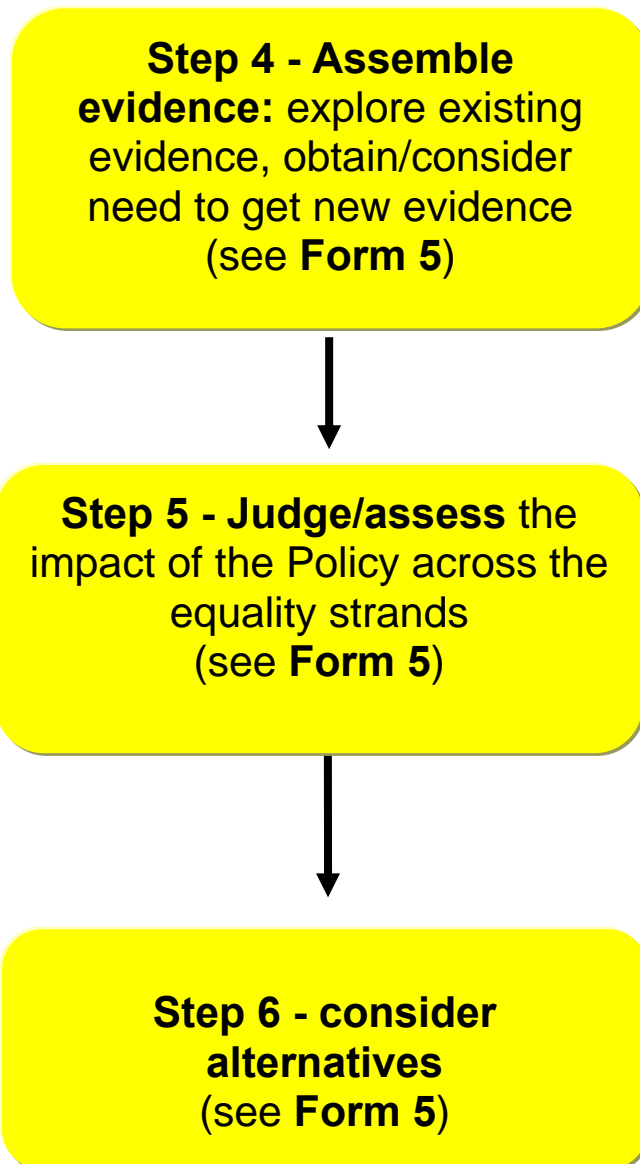
	Action(s) proposed or taken	Reasons for action(s)	Who will benefit?	Who is responsible for this action(s)?	Timescale
1. What changes have been made as a result of the EqlA?	N/A				
2. Where a Policy may have differential impact on certain groups, state what arrangements are in place or are proposed to mitigate these impacts?	N/A				

3. Justification: For when a policy may have adverse impact on certain groups, but there is good reason not to mitigate.	N/A				
4. Describe any mitigating actions taken?	N/A				
5. Provide details of any actions planned or taken to promote equality .	N/A				

Date:	17/5/11
Monitoring Arrangements:	Service evaluation and review after 12 months
Review Date:	17/5/12
Signature of all Parties:	

Part B: Equality Impact Assessment

Part B has three steps:



Form 5: Equality Impact Assessment

Step 4 - Assemble evidence		
1.	Do you have adequate information? Refer to Form 2 (Part A, Step 2: <i>Evidence Gathering</i>) If not, can the Policy go ahead during this process?	
2.	Does the evidence relate to all strands? (please explain)	
3.	What additional information is required?	
4.	State which representative bodies of relevant groups you will liaise with for support. Is the information representative?	

Step 5 - Judge/assess the impact of the policy across the equality strands

Detail below whether you have identified any positive, adverse or differential effect for any of the following strands:

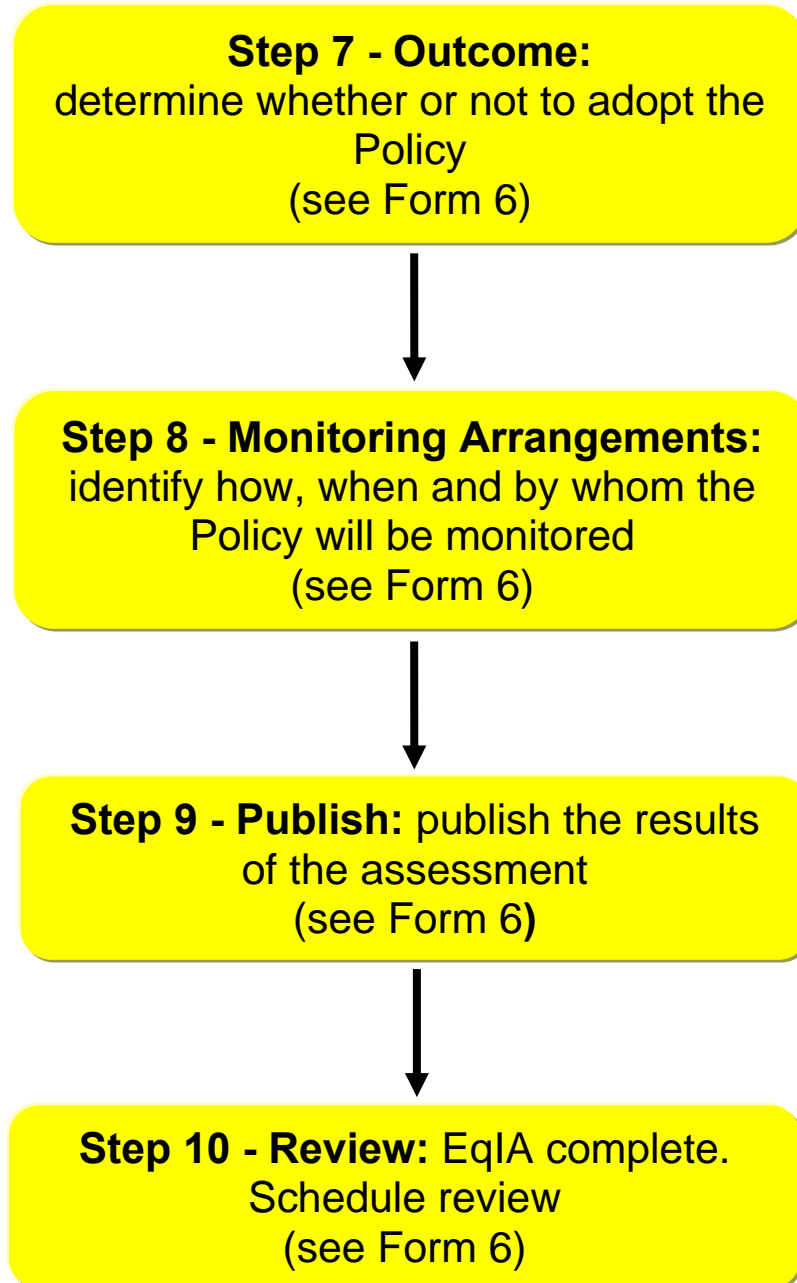
EQUALITY STRAND/GROUP					
		Adverse	Differential	Positive	Comments
Age					
Disability					
Gender					
Race					
Religion or Belief					
Sexual Orientation					
Welsh Language					
Human Rights					

Step 6 - Consider Alternatives

6.	Describe any mitigating actions taken to reduce adverse impact.				
7.	Is there a handling strategy for any unavoidable but not unlawful negative impacts that cannot be mitigated?				
8.	Describe actions taken to maximise the opportunity to promote equality i.e. changes to the Policy, regulation, guidance, communication, monitoring or review				
9.	What changes have been made as a result of the equality impact assessment?				

Part C: Outcome, Monitoring, Publication and Review

Part C is a four step process as follows:



Form 6: Outcome, Monitoring, Publication and Review

Step 7 - Outcome: determine whether to adopt the policy or not		
1.	Will the policy be adopted?	
2.	<p>If No please give reasons and any alternative action(s) agreed:</p> <p>(If the policy is not to be adopted please proceed to step 9).</p>	
Step 8 - Monitoring arrangements: identify how, when and by whom the policy will be monitored.		
3.	How will the policy be monitored?	
4.	What monitoring data will be collected?	

5.	How will this data be collected?	
6.	When will the monitoring data be analysed?	
7.	Who will analyse the data?	
Step 9 - Publish the results of the assessment		
8.	What changes have been made?	
9.	Describe any mitigating actions taken Provide details of any actions taken to promote equality	

10.	Describe the arrangements for publishing the EQIA Outcome Report	
Step 10 - Schedule review		
11.	When will the policy be subject to a further review?	