

Equality Analysis Form

Subject of equality analysis	Proposed primary care prescribing scheme	
Type		Tick
	Policy	
	Strategy	
	Business case	X
	Commissioning service redesign	
	Contract / Procurement	X
	Event / consultation	
Owner	Name:	Gill Bradley & Mark Randerson
	Job Title:	Medicines Management
Date	June 2016	
Assessment Summary	<p>NHS Doncaster CCG is proposing a primary care prescribing scheme from July 2016 to March 2017 to increase cost effectiveness of primary care prescribing without impacting clinical quality, and to reduce variation in prescribing. The context to this time-limited scheme is as follows:</p> <ul style="list-style-type: none"> • The CCG is facing a significant financial challenge in 2016/17. • There are areas of prescribing where Doncaster spend is relatively more than comparable CCGs for similar clinical outcomes. • Analysis by the national NHS RightCare Team has identified some key pathway areas where improving the quality of the prescribing could also achieve savings. <p>The prescribing areas within the proposed scheme are aligned to the areas identified for NHS Doncaster CCG through the NHS England Right Care analysis:</p> <ul style="list-style-type: none"> • Endocrine, nutritional and metabolic (diabetes, oral contraception, thyroid hormone, nutrition) • Respiratory (COPD and Asthma) • Neurological (neuropathic pain, strong opioids, obesity medications, dementia) • Genito Urinary (urinary incontinence, erectile dysfunction) • Circulation (lipid lowering) <p>The desired outcomes from the scheme are a reduced volume of inappropriately prescribed items and/or alignment to the CCG drugs Formulary (best practice).</p>	

Stakeholders		Tick
	Staff	
	General public	
	Service users	X
	Partners	
	Providers	X
Other		
Data collection and consultation	<p>What data is available to you to support your analysis?</p> <ul style="list-style-type: none"> • Right Care analysis from NHS England • Prescription Pricing Authority data on prescribing trends • Financial analysis • NICE guidance • Practices will be provided with initial benchmarked data by the CCG Medicines Management Team. There will be open access for all practices to be able to view the data published on the PBCi Portal. This benchmark data will include: <ul style="list-style-type: none"> ○ Cost/STARPU or Cost/ASTROPU for each therapeutic area ○ CCG Averages for the above as a comparator ○ A subsequent report will be provided 6 months into the scheme • It is intended that Practices will be allocated an indicative budget for each RightCare therapeutic area. It is recognised that there is significant diversity amongst practices, and each practice will potentially be starting from a different baseline in relation to their prescribing spend and outcomes. Therefore practices will be able to design their own ways of making the required savings, and targets for these savings will be tailored to individual practices, depending on the baseline position. It is important that practices use their own ideas to undertake this work. This could include activities such as: <ul style="list-style-type: none"> ○ Prevention and public health awareness ○ Alignment and adherence to the Doncaster Formulary as detailed on the Medicines Management website www.medicinesmanagement.doncasterccg.nhs.uk ○ Prescribing in line with clinical guidelines ○ Individual patient clinical and medication reviews ○ The management of prescription ordering systems and strategies to reduce medication waste. <p>Has there been any consultation to inform your analysis?</p> <ul style="list-style-type: none"> • Engagement with medicines management clinical team, including GP lead, and CCG Medicines Management Group. • Practices will be provided with support by the CCG Medicines Management Team. 	

Protected characteristic	Positive	Neutral	Negative	Negative: What are the risks? Positive: What are the benefits / opportunities?
Age		X		The therapeutic areas in the scheme will impact across patient age ranges.
Disability	X			By tackling the therapeutic areas the scheme aims to reduce the volume of inappropriately prescribed items (over medication or drugs that are not first line for that disease area), or alignment to the CCG drugs Formulary which is considered best practice.
Gender	X			Some of the planned therapeutic areas will aim to address gender-specific prescribing <ul style="list-style-type: none"> • endocrine, nutritional and metabolic: oral contraception (female) • genito urinary: erectile dysfunction (male)
Race		X		The therapeutic areas in the scheme will impact across patient ethnicities. Some of the conditions within the therapeutic areas may potentially be more prevalent in some ethnicities than other, and therefore a focus on these areas could potentially have a positive impact e.g. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3268497/
Religion & Belief		X		Prescribers already have an awareness of religious sensitiveness so that these can be considered when prescribing. Jehovah's Witnesses, for example, may choose to avoid blood derived products. Several religions, including Hinduism, Judaism, and Islam, prohibit the consumption of swine and

Protected characteristic	Positive	Neutral	Negative	Negative: What are the risks? Positive: What are the benefits / opportunities?
				bovine products; many medications contain inactive ingredients derived from these sources.
Sexual Orientation		X		No impact expected.
Gender reassignment		X		No impact expected.
Pregnancy & Maternity		X		No impact expected.
Marriage & Civil Partnership		X		No impact expected.
Social Inclusion / Community Cohesion		X		We need to be aware that across the groups, patients may have a reaction to proposed changes in their medication and have concerns about this.

Conclusion & Recommendations including any resulting action plan	<p>The scheme is generally expected to have a neutral impact upon inequalities.</p> <p>There may be some limited positive impact around gender specific therapeutic areas.</p> <p>A positive impact is expected around physical disabilities because we will be focusing on medications for long term conditions and disabilities.</p> <p>Across the protected characteristics and population groups, patients may have a reaction to proposed changes in their medication and have concerns about this. It is recommended that the CCG develops a core communication explaining the rationale for the prescribing scheme. This will form a core communications brief for any enquiries regarding the scheme, to brief key stakeholder/partners on the scheme, and can also be provided to General Practices should they wish to explain any aspect of the scheme to patients.</p>
Review date	No review recommended.