

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Community pharmacy: promoting health and wellbeing

The impact on equality has been assessed during guidance development according to the principles of the NICE equality policy.

1.0 Scope: before consultation (to be completed by the Developer and submitted with the draft scope for consultation)

1.1 Have any potential equality issues been identified during the development of the draft scope, before consultation, and, if so, what are they?

(Please specify if the issue has been highlighted by a stakeholder)

The proposed scope does not explicitly exclude any groups of people. The proposed scope only excludes services provided by hospital pharmacies that are dispensing for inpatients or outpatients, services that people use because they were directed to those services by pharmacy staff, and online pharmacies.

The proposed focus of the guideline is all members of a community that a community pharmacy serves. This will include people who are well, people at risk of health conditions, and people with health conditions. People may be at risk of health conditions because of behavioural risk factors (such as smoking, misusing alcohol or drugs, or being physically inactive), physiological or biochemical risk factors (such as high blood pressure or being overweight) or risk factors that may affect their mental health (such as difficulties sleeping).

The proposed scope includes any setting where community pharmacy services are provided by community pharmacists or their staff. This will include services offered to people who may have difficulty accessing other healthcare services, such as people who are housebound, and people who do not want to access other healthcare services, such as people who do not present to their GP.

The proposed key areas that will be covered are general health and wellbeing advice for all people in contact with community pharmacy staff, including tailored health and wellbeing promoting activities for groups at risk of health conditions and people with

health conditions.

Potential equality issues were discussed at the stakeholder workshop. Attendees at the workshop highlighted the following considerations:

- Some groups, such as travellers, may be more likely to present to a community pharmacy than a GP. Some groups may be less likely to present to any primary care service, such as:
 - People who are housebound
 - People in care homes or sheltered accommodation
 - Carers
 - Men
 - People from BME groups
 - People who are homeless
 - People who misuse drugs or alcohol
 - Other disadvantaged or underserved groups
- It may be difficult to identify people at risk of particular health conditions or with a particular health condition, for example, people with mental health problems.
- Some groups may have difficulty understanding information provided by community pharmacy services, such as those who do not speak English as a first language and people who are unable to read.

The attendees at the workshop also highlighted that community pharmacy can play an important role in reducing health inequalities, as people who do not access healthcare through other routes may seek healthcare advice in a pharmacy setting.

1.2 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee? For example, if population groups, treatments or settings are excluded from the scope, are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?

The preliminary view is that these potential equality issues will not need addressing by the committee.

Completed by Developer Ella Novakovic

Date 6th June 2016

Approved by NICE quality assurance lead Andrew Harding

Date 6th June 2016

2.0 Scope: after consultation (to be completed by the Developer and submitted with the revised scope)

2.1 Have any potential equality issues been identified during consultation, and, if so, what are they?

During consultation, stakeholders identified the following equality issues:

- How looked after children's health needs are assessed and addressed.
- Providing interventions in a language that users of community pharmacies can understand, particularly in areas where people do not speak English as a first language.
- Providing information in a format that is appropriate for people's needs and cultural background.
- Providing interventions that are appropriate for the complexity of the information being provided.

Stakeholders also asked for clarification to be added to the equality impact assessment on why distance-selling (online) pharmacies are excluded from the scope. This decision was made taking into account all comments received from stakeholders. It was decided that whilst distance-selling pharmacies can play a role in promoting health and wellbeing, they do not have the same opportunity to provide face to face care as 'bricks and mortar' community pharmacies.

After consultation, an additional potential equality issue was identified: access to community pharmacy services in rural areas. In rural communities where there is no reasonable access to a community pharmacy, GPs are able to provide dispensing services. However, in areas where GPs provide dispensing services, it is difficult for new community pharmacies to open as they are not allowed to 'prejudice' existing medical or pharmaceutical services (see <http://psnc.org.uk/contract-it/market-entry-regulations/rural-issues/> for more information). As a result, it may be difficult for people in rural communities to access community pharmacy services.

2.2 Have any changes to the scope been made as a result of consultation to highlight potential equality issues?

No changes to the scope have been made as a result of consultation to highlight potential equality issues. The guideline committee will be provided with the equality impact assessment and be asked to consider equality issues throughout the development of the guideline. This consideration will be based on the evidence available, as equalities issues will be highlighted and extracted where possible/available, and from their expert perspective and experiences.

2.3 Is the primary focus of the guideline a population with a specific disability-related communication need?

If so, is an alternative version of the 'information for the public' recommended?

If so, which alternative version is recommended?

The alternative versions available are:

- large font or audio versions for a population with sight loss
- British Sign Language videos for a population deaf from birth
- 'Easy read' versions for people with learning disabilities or cognitive impairment.

The guideline does not focus on a population with a specific disability-related communication need.

Updated by Developer Ella Novakovic

Date 5th September 2016

Approved by NICE quality assurance lead Jenny Mills

Date 9th September 2016

3.0 Guideline development: before consultation (to be completed by the Developer before consultation on the draft guideline)

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

Based on their experience, the committee highlighted the importance of tailoring information and health improvement interventions so that they are suitable and understandable to everybody. It was noted that priority should be given to providing information or additional support in a variety of styles and formats to address language barriers and other factors. This information was referenced in the general principles recommendations.

The issue around access to community pharmacies within rural areas was discussed with the committee. The committee agreed that the lack of evidence here emphasised the importance of health and wellbeing services within community pharmacies being universal and part of an integrated network of care, which was referenced in the general principles and referral recommendations.

3.2 Have any **other** potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?

The committee noted a lack of evidence on delivering interventions which target underserved groups, how their needs are being met and the level of unmet need in these groups (for example those who are not in regular contact with healthcare services). The committee considered expert testimony on addressing health inequalities within community pharmacies and despite the lack of evidence regarding 'underserved groups' specifically, have reached a consensus on the evidence they do have about approaches that could be considered to overcome some of the barriers of reaching these individuals. The committee have made specific recommendations regarding the identification of useful services and the people who may benefit most from services, raising and sustaining awareness of these services and opportunistically delivering services which are tailored to meet the needs of all individuals.

3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?

Recommendations within the general principles section make reference to the importance of addressing health inequalities within pharmacies by tailoring services so they are accessible and suited to all populations. Pharmacies may be more accessible than other health care services for several reasons. They are geographically closer to the whole population, particularly in deprived areas, appointments are not necessary and many staff members are from the local community and so understand local culture and social norms. This allows for identification of the services needed locally as well as people who may benefit from these services, such as high risk or underserved groups. The committee noted in the committee discussion section that there was a lack of evidence regarding the specific nature of the tailoring required when developing interventions for certain groups, therefore a research recommendation was made to address this.

3.4 Do the preliminary recommendations make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

No

3.5 Is there potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No

3.6 Are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in questions 3.1, 3.2 or 3.3, or otherwise fulfil NICE's obligation to advance equality?

The committee have considered the evidence and developed recommendations that on consensus they feel apply across eligible groups. The committee caveat the recommendations with the need to consider the requirements of eligible individuals

3.6 Are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in questions 3.1, 3.2 or 3.3, or otherwise fulfil NICE's obligation to advance equality?

when developing and implementing the outlined recommendations. The committee acknowledge the lack of evidence regarding the tailoring of information and interventions to individuals in some underserved or underprivileged groups. Although the committee agreed by consensus that the evidence they have considered and the subsequent recommendations they have made would likely apply to all eligible groups there is some uncertainty which is reflected in recommendation wording. In response the committee has developed research recommendations that seek to address the lack of detail in the evidence regarding the specific nature of the tailoring required when developing and delivering interventions.

Completed by Developer: Rachel Walsh

Date: 23rd October 2017

Approved by NICE quality assurance lead: Andrew Harding

Date: 8th January 2018

4.0 Final guideline (to be completed by the Developer before GE consideration of final guideline)

4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?

4.2 If the recommendations have changed after consultation, are there any recommendations that make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

4.3 If the recommendations have changed after consultation, is there potential for the recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

4.4 If the recommendations have changed after consultation, are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in questions 4.1, 4.2 and 4.3, or otherwise fulfil NICE's obligations to advance equality?

4.5 Have the Committee's considerations of equality issues been described in the final guideline, and, if so, where?

Updated by Developer _____

Date _____

Approved by NICE quality assurance lead _____

Date _____

5.0 After Guidance Executive amendments – if applicable (to be completed by appropriate NICE staff member after Guidance Executive)

5.1 Outline amendments agreed by Guidance Executive below, if applicable:

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Approved by Developer _____

Date _____

Approved by NICE quality assurance lead _____

Date _____