

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.

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?

Some equality issues were raised during the consultation which were discussed and addressed with the committee. These are as follows:

One stakeholder highlighted the importance of recognising that infrequent contact between underserved groups (such as travellers and injecting drug users) should be made to count and that commissioning barriers should not prevent community pharmacies providing the care that groups of this nature require. The committee agreed that needle and exchange services are already highly commissioned in community pharmacies and thus these groups may be more likely to present to a pharmacy, despite no evidence being found to support this. Recommendations within the overarching principles of good practice section make reference to the importance of proactively seeking opportunities to promote people's physical and mental health and wellbeing (recommendation 1.2.8) by making every contact with the general public count. The committee agreed that a unique benefit of community pharmacies is that they 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. Thus, underserved groups who do not have an NHS number or who are not registered with a GP, may still access pharmacy services.

"Address health inequalities by identifying under-served groups and tailoring health and wellbeing interventions to suit their individual needs". One stakeholder noted that this recommendation would need the support of the local Authority Public Health

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office to support the pharmacy with tools to identify the appropriate customers/patients. In response to this, the committee agreed to highlight the importance of individual pharmacies working and collaborating with other organisations and service providers to become health and wellbeing hubs that are integrated in to existing care and referral pathways (recommendation 1.1.1). They also agreed that interventions should be delivered according to local need and as part of wider services delivered in a local area (recommendation 1.1.2).

Stakeholders supported the recommendation that pharmacies are part of the drive to address poor access to primary care services by underserved groups, and the resulting health inequalities, particularly as these groups may have increased need for mental health support. In light of this, the committee agreed to strengthen the recommendation wording to highlight the opportunity for community pharmacy teams to provide mental health and wellbeing support (recommendation 1.2.8) and formal referrals or signposting to mental health and wellbeing support (recommendation 1.6.2 and 1.6.4).

One stakeholder noted that preventing hepatitis C infections and treating people for hepatitis C are highly effective ways of addressing health inequalities, with community pharmacies well-placed to target hepatitis C-related health and wellbeing interventions at under-served groups. They noted that people who inject drugs (PWID), for example, are more likely to access community pharmacies than GP clinics or secondary care services. The committee agreed that some groups, such as those who misuse drugs or alcohol, may be more likely to present to a community pharmacy than other primary service such as a GP and therefore highlighted this in the list of 'underserved groups' within the terms used in this guideline section.

Recommendation 1.2.8 encourages community pharmacy teams to proactively seek opportunities to promote people's physical and mental health and wellbeing. The committee noted that hepatitis C related health and wellbeing interventions and advice may be given as an adjunct to any treatment or referral that may be offered (such as needle and syringe programmes), however as this health issue was out of scope for this guideline, this specific example was not included in the recommendation. The committee agreed however that the list is not intended to be exhaustive and as such community pharmacy staff should proactively seek any opportunity to raise awareness, provide information, advice, behavioural support or referral to other services.

Finally, it was suggested during consultation that recommendations should also consider safeguarding of vulnerable individuals e.g. those at risk of social isolation and/or vulnerable to abuse. However the committee agreed that a specific reference

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to safeguarding is not needed within the guideline as it is part of the GPhC inspection process and within the NHS contract. It is therefore considered mandatory training for staff with frontline duties in the NHS. Pharmacy staff in particular are expected to be trained/aware of this as part of their professional practice. Many community pharmacy services specifications also have explicit reference to safeguarding training requirements.

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?

No. The committee agreed that the recommendations make it easier in practice for specific groups to be identified and thus access community pharmacy services.

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?

No. The committee agreed that the recommendations in practice make it easier for people with disabilities to access community pharmacy services. For example recommendations have covered issues regarding literacy, sensory impairment, accessibility, learning disabilities and comprehension.

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?

The committee have considered the consultation comments and altered recommendations to ensure they apply across eligible groups by alleviating barriers to, or difficulties with, access to services. The committee caveat the recommendations with the need to consider the needs of eligible individuals when developing and implementing the outlined recommendations. This is reflected in the recommended overarching principles of good practice, where the importance of addressing health inequalities within pharmacies by tailoring services so they are

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accessible and suited to all populations is noted as follows:

1.2.6 Address health inequalities by working with other agencies to identify underserved groups. Tailor health and wellbeing interventions to suit their individual needs and preferences and maximise their impact and effect. For example:

- use knowledge of the local community (particularly from staff who live in the community where they work) to take into account the context in which people live and work (their physical, economic and social environment)
- make use of the skills staff members already have (for example if they speak languages commonly used in areas where people speak English as a second language)
- take into account other personal factors such as gender, identity, ethnicity, faith, culture or any disability that may affect the approach taken (for example provide information in a more accessible or appropriate format for people who may have difficulty reading).

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

Yes, they have been discussed and addressed with the committee. Recommendations have been formulated with consideration of the above equality issues and discussed in more detail in the discussion sections of the evidence reviews.

Updated by Developer: Rachel Walsh Guideline Lead

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Approved by NICE quality assurance lead: Simon Ellis

Date: 02/08/2018