NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE quality standards

Equality impact assessment

Community pharmacies: promoting health and wellbeing

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

### 1. TOPIC ENGAGEMENT STAGE

* 1. **Have any potential equality issues been identified during this stage of the development process?**

No equality issues have been identified at this stage.

* 1. **Have any population groups, treatments or settings been excluded from coverage by the quality standard at this stage in the process. Are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?**

No population groups, treatments or settings have been excluded from coverage at this stage.

Completed by lead technical analyst \_\_\_\_\_\_Anna Wasielewska\_\_\_\_\_\_

Date\_\_\_\_5/09/2019\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by NICE quality assurance lead \_\_\_\_\_\_\_\_\_ Nicola Greenway\_\_\_

Date\_\_\_\_\_9/09/2019\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### PRE-CONSULTATION STAGE

**2.1 Have any potential equality issues been identified during the development of the quality standard (including those identified during the topic engagement process)? How have they been addressed?**

The QSAC highlighted that statement 2 on promoting community pharmacy needs to recognise that people who are housebound may not get the messages about the support they may access from community pharmacy. The equality and diversity section within the draft quality standard highlights that proactive approach needs to be taken to engage with people who are homebound.

The QSAC highlighted that statement 1 on providing information and advice needs to recognise that some people may not be able to understand the information provided. The equality and diversity section within the draft quality standard highlights that people should be provided with information that they can easily understand themselves, or with support, so they can communicate effectively with the community pharmacist. Information should be in a format that suits their needs and preferences. It should be accessible to people who do not speak or read English, and it should be culturally appropriate and age appropriate.

### 2.2 Have any changes to the scope of the quality standard been made as a result of topic engagement to highlight potential equality issues?

No changes have been made to the scope of the quality standard at this stage.

### 2.3 Do the draft quality statements 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?

The draft statements do not prevent any specific groups from accessing services.

### 2.4 Is there potential for the draft quality statements to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No potential impact has been identified.

### 2.5 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 2.1, 2.2 or 2.3, or otherwise fulfil NICE’s obligation to advance equality?

The quality standard has a specific statement on the role of community pharmacies in addressing health inequalities.

Completed by lead technical analyst: Anna Wasielewska

Date: 22/11/2019

Approved by NICE quality assurance lead: Nicola Greenway

Date: 9/01/2020

### 3. POST CONSULTATION STAGE

### 3.1 Have any additional potential equality issues been raised during the consultation stage, and, if so, how has the committee addressed them?

At consultation, stakeholders highlighted rural communities as having potential difficulties accessing integrated services included in newly established referral pathways. The equality and diversity section for quality statement 3 highlighting the need to consider alternative arrangements for people who may not be able to access some of the services has been added.

### 3.2 If the quality statements have changed after the consultation stage, are there any 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?

Changes made to the statements do not make it more difficult for any groups to access services.

### 3.3 If the quality statements 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?

The statements do not have an adverse impact on people with disabilities.

### 3.4 If the quality statements 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 3.1, 3.2 and 3.3, or otherwise fulfil NICE’s obligations to advance equality?

An equality and diversity consideration was added to statement 3. It highlights the need for commissioners to look for alternative arrangements when commissioning pathways that may not be accessible for some people living in rural areas. It suggests that they may need to work with community pharmacies to ensure that the services can be provided through local community support groups, activity groups or luncheon clubs.

Completed by lead technical analyst: Anna Wasielewska

Date: 16/03/2020

Approved by NICE quality assurance lead: Mark Minchin

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