Integrated Impact Assessment Form (IIA) from May 2014

NHS Luton Clinical Commissioning Group

This form is the new Integrated Impact Assessment form to be used by LCCG from May 2014

1. Why do I need to do an IIA?

The aim of this impact assessment process is to:

- Ensure adherence to the legal duties contained within the Equality Act 2010 and associated Public Sector Duty to analyse the impact of decisions to be undertaken by LCCG.
- Ensure LCCG has **due regard** to equality taking a proportionate and timely approach to analysing the impact on citizens
- Minimise duplication of initial impact assessments with regards to Social and Health impacts and maximise consideration of other key priorities of Inclusion and Community Cohesion
- Ensure that LCCG has been able to consider the social and health impacts in its decision making in a single document and, where necessary enable the production of a comprehensive action plan to mitigate any potential negative impacts identified

2. When do I need to do an IIA?

An IIA must be started at the beginning of any project, policy or strategy, and cannot be finalised until such time as all consultations, as required, are undertaken.

- The Impact Table will help you to make early consideration of the potential impacts of your proposal and should be used from the point at which preliminary report is taken to LCCG Executive Board where appropriate. By using this table at your earliest point in the project, potential impacts can be highlighted and it will also be clear whether you need to carry out a full IIA.

- If you complete this table and *all* impacts identified are neutral, i.e. there is no noticeable impact on characteristics and priorities listed *and* you are fully confident of this, please contact the Equality lead by email setting out how you have reached this judgement as it is *unlikely* you will need to carry out a full IIA.

- An IIA must at all times identify those who will be affected by the decision, policy or strategy.

- At a time of economic austerity IIA authors are minded to consider the whole range of decisions, both locally and nationally when analysing the impact on citizens

- Your first early draft is to be sent to the Equality Lead for comments and guidance

- Once consultation has ended, the IIA must be updated with results of the consultation and returned to the equality lead for further consideration and approval – at this stage it will be signed off as completed.

If at anytime you need further guidance please contact the Sandra Legate Equality Lead at Social Justice Unit, Town Hall, Luton on 01582 546805 or Maureen Drummond 01582 547228. Both can be contacted on the internal email system.

Proposal Title: Community Pharmacy Repeat Prescription Ordering Service Date of IIA: July 2014 Updated after consultation -	Lead Officer Name: Richard Jones

Early draft Seen by:[1] .....

Finalised IIA Signed and seen by Equality Leads:

Name:

Date:

Please include the names of all other contributors and stakeholders involved in the preparing of this proposal who have been consulted with and **agreed** this assessment. (*Please note the IIA must not be carried out by one person*):	If there is any potential impact on staffing please include the name/s of the trade union representative/s involved in the preparation of this assessment or any supporting evidence of request to participate:

QUALITY IMPACT;

LCCG will also consider the impact of the quality of the service to be provided to the citizens of Luton, therefore staff will have to undertake the quality impact. Please identify below if you have undertaken the Quality Assessment;

YES

If you have **not** done so, please do the quality impact **before** completing the IIA. If the Score is below 12 for the assessment you will not need to complete the IIA.

[1] Please send an early draft of your IIA to the Equality Lead to ensure all impacts are being considered at the appropriate time

Please provide an outline of your proposal:

Information supporting the proposal (**who, what, where, how**[2])

Luton CCG has identified that there are substantial safety and waste issues associated with community pharmacy repeat ordering services. These issues particularly apply to automatically ordered repeats (repeat prescriptions ordered by community pharmacy without a timely prompt from the patient or carer). The aim of the proposal is to reduce the amount of medicines waste and reduce risk of patient harm. For the purposes of this paper we will refer to this as the **community pharmacy repeat prescription ordering service**. This is the process where the pharmacy orders medication on behalf of the patient, sometimes without a prompt from the patient.

An audit done on repeat prescription data collected from Luton GP practices between October 2013 and January 2014, when extrapolated, showed 80% of repeat medicines are ordered by community pharmacy. Of this, there was over-ordering of 29% of items. When annualised, £2.1M was calculated as the overspend generated from pharmacy managed repeats. This figure is likely to be much higher as there will be excess ordering of those items where there are no clear instructions. If the ratio of over-ordered to correctly ordered is applied to the unknown items then a figure of £3.2M is more likely to be the annual excess spend.

In addition to the financial waste, other risks to community pharmacy repeat prescription ordering have been identified. These include:

- Patients receiving medication they do not require or did not request as they hold sufficient stock
- Patients receiving medication that has been stopped by a clinician
- Patients receiving duplicate medication (medication that may have been stopped or changed but remains on the Pharmacy medication record (PMR)
- Increased volume of prescription requests at GP surgeries requiring increased clinician time

Some real examples of the risk to patient safety is as follows:
Opioid overdose risk (strong pain killers): a repeat prescription order was requested for a discontinued items - morphine sulphate MR and fentanyl patches. This could have resulted in coma and possible death had the patient received and taken both items. The GP was alerted and did not agree to the prescription request.
Risk of major bleed: a pharmacy ordered 3 medicines which thin the blood and should never be prescribed together, dabigatran, rivaroxaban and clopidogrel. This error was picked up by the hospital
Insulin: a patient was found to have a 4 year supply of insulin at home after being automatically ordered for him (cost £4,000)

The proposal aims to stem the tide of over-ordering via the community pharmacy repeat prescription ordering service by either 1 of 2 options, with a third option – 'do nothing' also considered.

[2] Breakdown of present users by ethnicity, age, gender, disability, religion/belief, sexuality (if recorded)
Also, show areas in the town with the biggest and lowest needs.
Greater emphasis is required at the start of the IIA on the service, how it is delivered now and how the new service will be delivered

Option 1: Do nothing.
The existing system continues. This means that the pharmacist can order a repeat prescription without any input from the patient or carer.

Who: all patients registered with Luton GPs who receive medication on repeat. This includes people with long term conditions, any age, sex, sexual orientation, gender reassignment, race, religion, etc.

If this option is selected, all patient groups will be affected by a variation in the quality of services provided by community pharmacies. There may be increased risk of harm to patients, and those patients who have mental, learning or physical disabilities may be at increased risk.

Option 2: Stop the Repeat prescription ordering service in its current format.
This means that pharmacies would not be able to order medicines for the majority of patients. We would like nearly all patients to order their repeat prescriptions themselves. However, certain patient groups, who cannot easily order directly from their GP, would be able to ask pharmacy to order their medicines. The patient or carer would have to make contact with the pharmacy in a timely fashion 7-10 days before the medicine is due, which stops automatically ordered repeats.

Patients will be well-informed about the various ways they can order their repeat prescription from their surgeries.
Please note: this does not affect the pharmacy collection and delivery service, ie, where the Pharmacy collects prescriptions from the GP Surgery, dispenses the medication and delivers it to the patient.

Who: all patients registered with Luton GPs who receive medication on repeat. See below for breakdown. This includes people with long term conditions, any age, sex, sexual orientation, gender reassignment, race, religion, etc.
If this option is selected, the majority of patients will take responsibility for ordering their own repeat medication directly with the GP surgery.
Certain patient groups will benefit from improvement in quality of services provided by community pharmacies. There should be a reduced risk of harm to patients, and those patients who have mental, learning or physical disabilities may be better protected.

Option 3: Stop automated ordered repeat prescription ordering -
which does not require input from the patient or carer and allow only patient ordered repeat prescriptions, where there is direct input from the patient or carer (in a timely fashion 7-10 days before the prescription is due) to say whether they need the prescription or not. This option would require very robust systems and regular auditing to be put in place to ensure requests submitted were with patient/carer input. For community pharmacies that do not comply, there would be the option to stop accepting prescription requests from those pharmacies.
This option will be in the long-term both time and labour intensive. From past experience, when some pharmacies are aware they are no longer being closely audited, they slip back into old habits.

Who: all patients registered with Luton GPs who receive medication on repeat. This includes people with long term conditions, any age, sex, sexual orientation, gender reassignment, race, religion, etc.

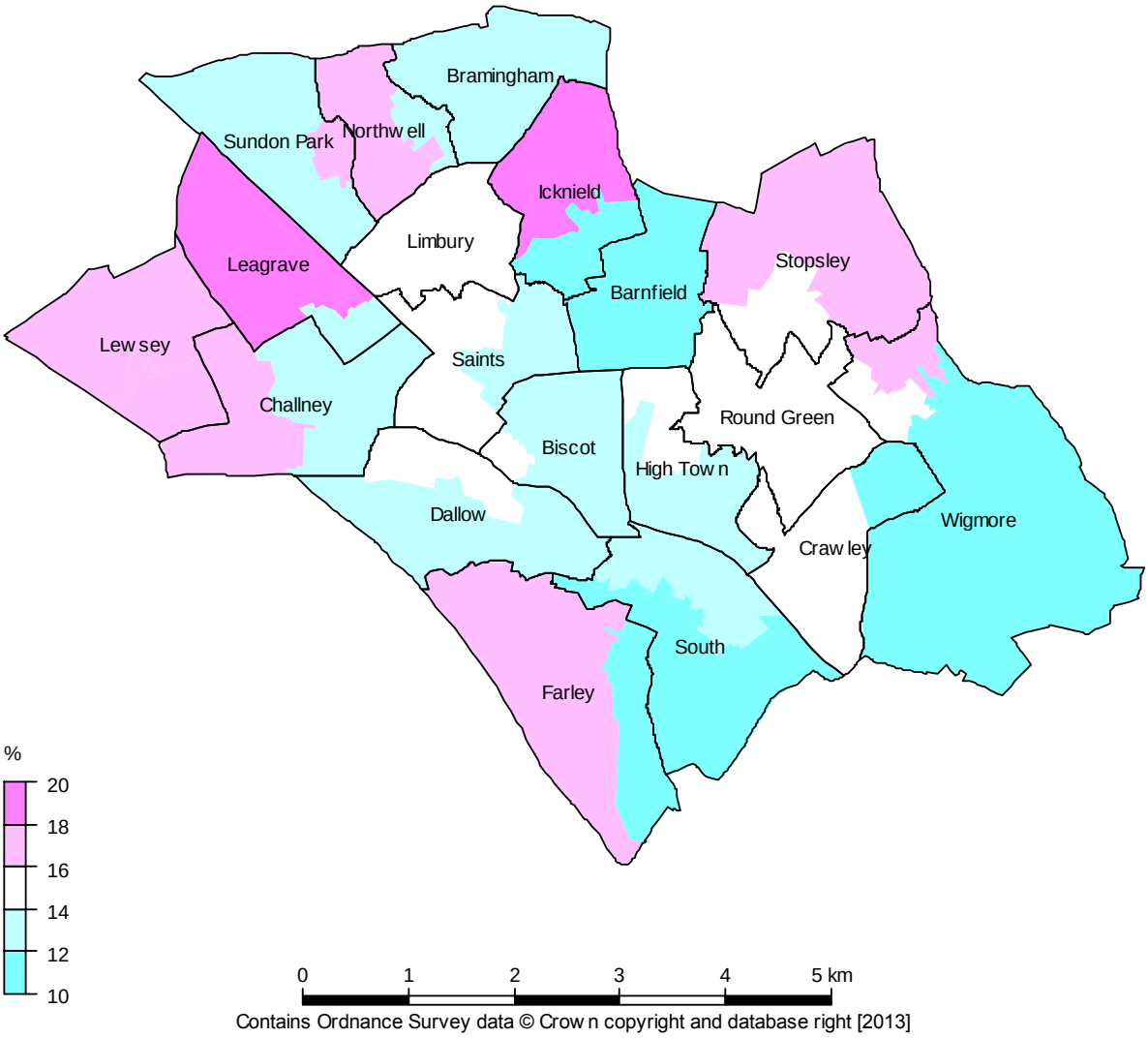
Who uses community pharmacy repeat prescription ordering services?
By definition, anyone who is on regular, long-term medication is a candidate for this service. Patients with long-term conditions are most likely users of this service.

Long term conditions Practice Prevalence figures for 2012/13 are as follows:

CCG Name	NHS LUTON CCG		
Number of Practices	31		
Sum of List Sizes	216,957		
Sum of Coronary Heart Disease Register	5,505	Coronary Heart Disease Prevalence	2.5%
Sum of Stroke or Transient Ischaemic Attacks (TIA) Register	2,520	Stroke or Transient Ischaemic Attacks (TIA) Prevalence	1.2%
Sum of Hypertension Register	25,688	Hypertension Prevalence	11.8%
Sum of Diabetes Mellitus (Diabetes) Register (ages 17+)	11,933	Diabetes Mellitus (Diabetes) Prevalence	7.3%
Sum of Chronic Obstructive Pulmonary Disease Register	2,545	Chronic Obstructive Pulmonary Disease Prevalence	1.2%
Sum of Epilepsy Register (ages 18+)	1,024	Epilepsy Prevalence	0.6%
Sum of Hypothyroidism Register	4,783	Hypothyroidism Prevalence	2.2%
Sum of Cancer Register	2,751	Cancer Prevalence	1.3%
Sum of Mental Health Register	1,956	Mental Health Prevalence	0.9%
Sum of Asthma Register	11,710	Asthma Prevalence	5.4%
Sum of Heart Failure Register	1,103	Heart Failure Prevalence	0.5%
Sum of Depression Register (ages 18+)	7,659	Depression Prevalence	4.7%
Sum of Chronic Kidney Disease Register (ages 18+)	4,034	Chronic Kidney Disease Prevalence	2.5%
Sum of Atrial Fibrillation Register	1,972	Atrial Fibrillation Prevalence	0.9%

Based on the data attached, there could be up to 85,183 individuals in Luton with a long-term condition. This does not take into account the number of individuals with multiple conditions. The percentage of people with more than one long term condition is approximately 25%,(1) therefore a more accurately estimated figure of 63,933 may be candidates for managed repeats.

Proportion of people who had a limiting long-term illness or disability, 2011



IMPACT TABLE

The purpose of this table is to consider the potential impact of your proposal against the Equality Act 2010 'protected characteristics' and the Council's Social, Environmental and Economic priorities.

Once you have completed this process you should have a clearer picture of any potential significant impacts[3], **positive, negative** or **neutral**, on the community and/or staff as a result of your proposal. The rest of the questions on this form will help you clarify impacts and identify an appropriate action plan.

Protected Groups	Citizens/Community			Staff (for HR related issues)		
	Positive	**Negative**	**Neutral**	**Positive**	**Negative**	**Neutral**
Race			X			
Gender			X			
Disability		X				
Sexual Orientation			X			
Age		X				
Religion/Belief			X			
Gender Reassignment			X			
Pregnancy/Maternity			X			
Marriage/Civil Partnership *(HR issues only)*			X			
Care Responsibilities[4] *(HR issues only)*		X				
Social & Health[5]						
Impact on community cohesion			X			
Impact on tackling poverty			X			
Impact on health and wellbeing	X					

Please answer the following questions ;

1. Research and Consultation

1.1 Have you made use of existing recent research, evidence and/or consultation to inform your proposal? Please insert links to documents as appropriate below **(1.1. box)**

Audit of Managed repeats (2014)

[3] "Significant impact" means that the proposal is likely to have a noticeable effect on specific section(s) of the community greater than on the general community at large.

[4] This is a Luton specific priority added to the 9 protected characteristics covered under the Equality Act and takes into account discrimination by association.

[5] Full definitions can be found in section 3

Guidance issued from DH and Luton JSNA core data set.

1.2 Have you carried out any specific consultation with people likely to be affected by the proposal? (if yes, please insert details **(1.2 box)**

Who	How	When
Age Concern	Focus group	11 July 2014
Diabetes UK	Focus group	03 July 2014
Impact Mental Health Focus Group	Focus group	04 July 2014
Practice Patient Participation Groups	Face to face meeting/Virtual	27 May, 07 July
CCG Patient Reference Group	Meeting	01 July
HealthWatch Luton	Meeting	13 May, 02 June
LPC	Meeting	23 May, 29 May, 23 June
LMC	Meeting	27 May 2014
GP Practices	PMFI, Members Forum, letter	29 Apr, 28 May, 8 July
Community Pharmacies	Letter	8 July

Mechanisms of engaging with people with care responsibilities are being investigated as current engagement does not extensively feature this group.

1.1.Insert any links to references including websites below		**1.2. Consultation – Who, Where, Date**
JSNA core data set – http://www.luton.gov.uk/Community_and_living/Luton%20observatory%20census%20statistics%20and%20mapping/Pages/Joint%20Strategic%20Needs%20Assessment%20-%20JSNA.aspx (1)Department of Health (2014) report – Long term conditions of Compendium of information(Third edition) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216528/dh_134486.pdf		See above Also – Updated engagement-actions log Meeting notes ..\Engagement log.xlsx ..\Practice PPG1 log.xlsx..\Meetings notes\PPG meeting notes at Bell House 07.docx ..\Meetings notes\PPG meeting notes Bute House.docx ..\Meetings notes\PRG Meeting Notes 01 July 2014.docx ..\Meetings notes\Repeat Prescription Consultation - Age Concern Luton July 2014.pdf..\Meetings notes\Repeat Prescription Consultation - Age Concern Luton July 2014.pdf ..\Meetings notes\Diabetes UK Luton CCG Community Pharmacy Repeat Prescription Ordering Service Report.docx

1.3 Please show clearly the outcomes from the consultation, please show where possible what groups had concerns and what was raised in the consultation(s).

Patient reference groups outcomes:
Acceptance of issues raised by CGG in relation to community pharmacy ordering systems
Broad agreement of need that patients manage the ordering of their medication.
Concerns around those patient who are house-bound, have no carers and those who do not use technology readily or willingly.
Acceptance of proposed mitigation of community pharmacy service to be maintained for these vulnerable groups of patients, as long as there is patient contact.

Highlighted that GP practices have an important role.

Age Concern focus group outcomes
Option 2 works well for literate and engaged patients regardless of ethnicity, age and frailty, and empowers patients and this felt by participants to be a tangible expression of their independence and control over their healthcare. However, it has increased risk of non-compliance because some patients are not engaged, or motivated.
Automatic re-ordering provides safeguards for less engaged patients. Less engaged patients especially males, BME elders who did not speak English and those disinterested in their condition.
The value of the local pharmacist in drug safety was also recognised by participants, and some patients had experienced drug errors, especially relating to lack of understanding. 14 patients had had a medication review at surgery, but only 1 with the pharmacist. Patients who had drugs delivered lost opportunity to consult with their pharmacists on drug safety. Cost burden to NHS is polypharmacy and adverse drug reactions rather than stockpiling of medicines.

Diabetes UK Focus group outcomes
Relationship with GP/pharmacist – usefulness of pharmacists as having more time to talk about medication and isde-effects was valued by many patients. MUR was useful but not publicised.
Majority of patients ordered their prescriptions online. Concerns around automatic ordered repeats were expressed by several participants.
Feedback for option 2 – all participants agreed that automatically ordered repeats service was not fit for purpose. There needs to be more discussion on what groups of patients would still use automatic repeats – this needs safeguards and flexibility. 'vulnerable' may exclude patients who would be negatively impacted but do not fit 'vulnerable' category. How would removal of service be communicated to patients to ensure patients not overlooked or left without necessary medication. Suggestion that some people currently using automatic repeats could be contacted by pharmacist to check what medication they required. *(this is option 2).*
Patients had concerns about nominating one pharmacy as they often had to visit several pharmacies to complete their medication supplies.
Other suggestions/concerns
Delivery services by pharmacies – to offer to pick up medication no longer required.
Concerns on high charge phone numbers for GP surgeries
Some concerns on review dates on prescriptions not being adhered to.
One attendee spoke about the difficulty of taking various medications and receiving contradictory information about contra-indications.
All attendees acknowledged the wastage of medicines and felt this was also a patient safety concern.

Impact MH Focus group (people experiencing mental ill-health) outcomes
Consensus was a mix of views. Felt that there were issues with existing system, linked to communication. Comments ranged from good experiences to poor experiences with current services. Mixed views and comments on 3 options. Could be an element of confusion around understanding of 3 options.
Other comments
Patients should have meaningful consultation with GP and pharmacists.
Patients should decide when medication is collected and take responsibility.
Patients can and should order self repeat prescription
Gp, pharmacist and patients all need to be kept informed of medical changes. Need for patients to have regular information on their medication.
Concerns around – communication of medication changes, stockpiling of medication by patients with severe mental illness. Explained that risk assessment carried out and weekly prescriptions can be issued.

2. Impacts Identified

2.1 Where you have identified a **positive*** impact, for **communities or staff**, please outline how these can be enhanced and maintained **against each group identified**. Specific actions to be detailed in action plan below.

**By positive impact we mean, is there likely to be a noticeable improvement experienced by people sharing a characteristic?*

2.2 Where you have identified a **negative*** impact please explain the nature of this impact and why you feel the proposal may be negative. Outline what the consequences will be **against each group identified**. You will need to identify whether mitigation is available, what it is and how it could be implemented. Specific actions to be detailed in action plan below.

**By negative impact we mean is there likely to be a noticeable detrimental effect on people sharing a characteristic?*

We have identified a potential negative impact on the following groups of patients:
Disability – reduced mobility or limited access to computers or electronic means of communication
Age – reduced mobility or limited access to computers or electronic means of communication
Care responsibilities – carers of patients

Mitigation available and implemented
In order to mitigate against the risks of any patient being adversely affected by the change in system, any patient or carer who clearly cannot easily access the GP practice physically or otherwise are unable to order via other means – online, email, app or fax, can continue with a service provided by a community pharmacy. These patients may be identified by practices or by pharmacists. However, the pharmacy cannot order automatically for these patients and the pharmacy needs to ensure patient contact is made prior to each prescription request made by the pharmacy.
This has been undertaken in one practice in Luton with benefits to GP practices and CCG and no adverse effect on patients (as identified by patient feedback).

3. Where you have identified a **neutral*** impact for any group, please explain why you have made this judgement.

You need to be confident that you have provided a sufficient explanation to justify this judgement.

**By neutral impact we mean that there will be no noticeable impact on people sharing a characteristic*

Option 2

There is no evidence from our consultation/engagement that the intended service change will have a noticeable impact, either positive or negative on the groups identified above namely:

- Gender
- Sexual Orientation
- Gender reassignment
- Religion/Belief

- Impact on community cohesion
- Impact on tackling poverty

Patient engagement thus far has produced no evidence that changes to community pharmacy ordering services will impact negatively on people sharing these protected characteristics.

4. Social & Health Impacts

If you have identified an impact on community cohesion[6], tackling poverty[7] or health and wellbeing[8], please describe here what this may be and who or where you believe could be affected, **Please also ensure that you consider *any* possible impacts on Looked After Children.**

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Option 2

Impact on Health and Well being – The resources currently being used to fund unwanted prescriptions and over ordered items is diverting valuable financial resources away from improving services for the population of Luton. With the implementation of the intended service change financial resources will be made available to improve health inequalities, in addition, clinician time previously spent vetting prescriptions can now be spent other clinical duties.

There should be a reduced risk of harm due to a reduction in medication errors as patients would be more in control of their medication. These benefits can be enhanced and maintained by providing health care professionals with support and guidance on improving the whole systems approach to medication ordering.

Patients are empowered to take control

Please detail all actions that will be taken to enhance and maintain positive impacts and to mitigate any negative impacts relating to this proposal in the table below:

Action	Deadline	Responsible Officer	Intended Outcome	Date Completed/ Ongoing
Identification of patient groups who cannot easily order directly from their GP – further guidance for GPs and pharmacies to be developed and disseminated.			Clarity on these groups will allow GPs/pharmacies to identify individuals who will require community pharmacy to order on their behalf. Specific inclusion criteria have not been determined as this would potentially exclude some patients who would be suitable.	

[6] is the proposal likely to have a noticeable effect on relations within and between specific section(s) of the community, neighbourhoods or areas.

[7] is the proposal likely to have a noticeable effect on households that are vulnerable to exclusion, e.g. due to poverty, low income and/or in areas of high deprivation

[8] Is the proposal likely to have a positive or negative impact on health inequalities, the physical or mental health and wellbeing of an individual or group, or on access to health and wellbeing services?

Clear communication on the various ways medication can be ordered			To ensure all patients are informed of the various options they have for ordering their medication	
Working closely with GP practices to help support system change		Nikki Saunders	To reduce risks of errors	
Working closely with community pharmacies to help support system change		Nikki Saunders	To reduce risks of errors	
Patient education (format to be developed) on services available in community pharmacies and what to expect from pharmacy and GP relating to medicines		Tess Dawoud/ Penny Fletcher	To improve safety, promote patients knowledge and understanding of medication and to enable a positive patient experience	
PALs service to be informed of any service changes		Richard Jones	To improve system for patient feedback.	
Dates for future GP patient participation groups for ongoing engagement		Nikki Saunders	To improve system for patient feedback.	

A review of the action plan will be prompted 6 months after the date of completion of this IIA

Key Contacts:
Richard Jones Head of medicines optimisation
Tess Dawoud Assistant head of medicines optimisation
Penny Fletcher,

Next Steps

- All Executive Board Reports, where relevant, must have an IIA attached – draft or finalised
- On the rare occasion that the Equality team are unable to sign off the report, e.g. recommendations are in breach of legislation, a statement will be submitted by the Equality lead for LCCG
- Completed and signed IIA's will be published on the LCCG internet once the democratic process is complete