

## AWTTC Equality and Health Impact Assessment

### Project/Policy title: All Wales Guidance for Prescribing Intervals

**AWMSG and AWTTC will consider and complete an Equality and Health Impact Assessment in parallel with each development stage of our projects and policies. This will help us to follow the five ways of working for public bodies, and work to achieving the wellbeing goals, outlined in the Well-Being of Future Generations (Wales) Act 2015.**

**Date: 15/06/2022**

1.	Names of the project/policy lead, and AWTTC contact details	AWTTC contact details: Tel:02921 826900; email: <a href="mailto:awttc@wales.nhs.uk">awttc@wales.nhs.uk</a>
2.	State the objectives of the project/policy. <i>(include what outcomes will be measured and who by, when, any other details? Perhaps who else will be involved?)</i>	<p>To review and update the existing “<i>All Wales Review and Guidance for Prescribing Intervals</i>” published in February 2013.</p> <p>In 2019, Welsh Government and Community Pharmacy Wales (CPW) commissioned an independent review of dispensing volumes in Wales. The Welsh Institute for Health and Social Care (WIHSC) at the University of South Wales undertook the review, which specifically aimed to consider:</p> <ul style="list-style-type: none"> <li>- Whether it is feasible to reduce the volume of prescriptions issued and dispensed in Wales through practical changes to prescribing and dispensing arrangements; and</li> <li>- Whether such changes would significantly release pharmacist time to provide direct patient care.</li> </ul> <p>The review and the Welsh Government response was published in January 2022 and has identified several priorities for action. One key theme related to “<i>reducing the number of dispensing events in primary care</i>”. The review concluded on this theme that, on balance, there would be a benefit to pharmacies, GPs and patients if dispensing intervals were</p>

		<p>extended, where clinically appropriate. There has been a long held view that 28 day prescribing intervals could reduce medicine waste, however there was little robust evidence to support this view. Since the guidance was published in 2013 additional evidence has become available which suggests shorter intervals may have a negative impact on adherence to treatment and that what is needed is a more flexible approach to meet the needs of individuals.</p> <p>Outcomes:</p> <ul style="list-style-type: none"> <li>- Development of updated guidance on prescribing intervals by AWTTTC to be submitted to AWPAG for 16 March 2022 meeting;</li> <li>- Consultation period of four weeks following review at AWPAG;</li> <li>- Re-submission to AWPAG for 29 June 2022 meeting;</li> <li>- Submission to AWMSG for endorsement for 14 September 2022.</li> </ul>
3.	<p>Evidence and background information considered. For example:</p> <ul style="list-style-type: none"> <li>• population data</li> <li>• staff and service users' data, as applicable</li> <li>• needs assessment</li> <li>• engagement and involvement findings</li> <li>• research</li> <li>• good practice guidelines</li> <li>• participant knowledge</li> <li>• list of stakeholders and how stakeholders have engaged in the development stages</li> <li>• comments from those involved in the designing and development stages</li> </ul>	<p>A review and update of the existing “<i>All Wales Review and Guidance for Prescribing Intervals</i>” is required in line with current evidence and the Welsh Institute for Health and Social Care (WIHSC) independent <i>Review of dispensing volumes in community pharmacies</i> available here: <a href="#">Review of Dispensing Volumes in Community Pharmacies — University of South Wales</a> and the Welsh Government response to the report available here: <a href="#">Review of dispensing volumes in community pharmacies: Welsh Government response   GOV.WALES</a></p> <p>Evidence base: <a href="#">‘The impact of issuing longer versus shorter duration prescriptions – a systematic review’</a> by S. King, C. Miani, J. Exley, J.Larkin, A. Kirtley, and R.A. Payne in British Journal of General Practice, March 2018 doi.org/10.3399/bjgp18X695501 <a href="#">‘Long-term costs and health consequences of issuing shorter duration prescriptions for patients with chronic health conditions in the English NHS’</a> by A. Martin, R.A. Payne and E.C.F. Wilson in Applied Health</p>

	<p><a href="#">Population pyramids</a> are available from Public Health Wales Observatory.</p>	<p>Economics and Health Policy, March 2018 doi.org/10.1007/s40258-018-0383-9</p> <p><a href="#">‘Clinical effectiveness and cost-effectiveness of issuing longer versus shorter duration (3-month vs. 28-day) prescriptions in patients with chronic conditions: systematic review and economic modelling’</a> by C. Miani, A. Martin, J. Exley, B. Doble, E.C.F. Wilson, R.A. Payne, A. Avery, C. Meads, A. Kirtley, M.M. Jones, and S. King in National Institute for Health Research Journals Library, December 2017 doi.org/10.3310/hta21780</p> <p><a href="#">‘Retrospective, multicohort analysis of the Clinical Practice Research Datalink (CPRD) to determine differences in the cost of medication wastage, dispensing fees and prescriber time of issuing either short (&lt;60 days) or long (&gt;60 days) prescription on lengths in primary care for common, chronic conditions in the UK’</a> by B. Doble, R.A. Payne, A. Harshfield and E.C.F. Wilson in BMJ Open, December 2017 doi.org/10.1136/bmjopen-2017-019382</p>
<p><b>4.</b></p>	<p>Who will this project/policy affect?</p>	<ul style="list-style-type: none"> <li>- Community Pharmacy Contractors;</li> <li>- General Practitioners;</li> <li>- Dispensing practices;</li> <li>- Local Health Boards;</li> <li>- General Public.</li> </ul>

## 5. EQIA - How will the project/policy impact on people?


Questions in this section relate to the impact on people on the basis of their 'protected characteristics'.

Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

<b>How will the project/policy impact on, or affect:</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Actions taken (and who by).</b> Refer to where the mitigation is included in the document, as appropriate.
<p><b>5.1 Age</b> For most purposes, the main categories are people aged:</p> <ul style="list-style-type: none"> <li>• under 18 years;</li> <li>• between 18 and 65 years;</li> <li>• over 65 years.</li> </ul>	<p>Increased flexibility around prescribing intervals could reduce the need for those age groups with limited access to transport to frequently attend their pharmacy, dispensing practice, and surgery to collect repeat medication. Reducing financial burden on those age groups and potential to increase compliance.</p>	<p>Note within the guidance to consider patient compliance in clinical appropriateness and shared decision-making process.</p>	<p>Stated under recommendations: consider patient compliance in clinical appropriateness and shared decision-making process.</p>
<p><b>5.2 Persons with a disability as defined in the Equality Act 2010</b> Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes.</p>	<p>Increased flexibility around prescribing intervals could reduce the need for those with physical impairments and long-term conditions to attend their pharmacy, dispensing practice, and surgery to collect repeat medication, improving</p>	<p>Note within the guidance that vulnerable patients should not have their prescribing interval increased.</p>	<p>Stated under recommendations: Consider the impact that a greater prescribing interval would have on vulnerable/cognitively impaired patients. A change to the prescribing interval may be unsuitable for these patients.</p>

How will the project/policy impact on, or affect:	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Actions taken (and who by). Refer to where the mitigation is included in the document, as appropriate.
	access. However vulnerable/cognitively impaired patients may not be suitable for extended prescribing intervals.		
<p><b>5.3 People of different genders:</b> Consider men, women, people undergoing gender reassignment. <b>NB</b> Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender.</p>	No impact.	N/A	N/A
<p><b>5.4 People who are married or who have a civil partner.</b></p>	No impact.	N/A	N/A
<p><b>5.5 Women who are expecting a baby, who are</b></p>	No impact.	N/A	N/A

<b>How will the project/policy impact on, or affect:</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Actions taken (and who by).</b> Refer to where the mitigation is included in the document, as appropriate.
<p><b>on a break from work after having a baby, or who are breastfeeding.</b> They are protected for 26 weeks after having a baby whether or not they are on maternity leave.</p>			
<p><b>5.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers.</b></p>	No impact.	N/A	N/A
<p><b>5.7 People with a religion or belief or with no religion or belief.</b> The term 'religion' includes a religious or philosophical belief.</p>	No impact.	N/A	N/A
<p><b>5.8 People who are attracted to other people of:</b></p> <ul style="list-style-type: none"> <li>• the opposite sex (heterosexual);</li> <li>• the same sex (lesbian or gay);</li> </ul>	No impact.	N/A	N/A

How will the project/policy impact on, or affect:	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Actions taken (and who by). Refer to where the mitigation is included in the document, as appropriate.
<ul style="list-style-type: none"> <li>both sexes (bisexual).</li> </ul>			
<p><b>5.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design.</b></p>  <p>Well-being goal – A Wales of vibrant culture and thriving Welsh language</p>	No impact.	N/A	N/A
<p><b>5.10 People according to their income related group.</b> Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health.</p>	Increased flexibility around prescribing intervals could reduce the frequency needed to attend their pharmacy to collect repeat medication, reducing potential costs in travel to attend the pharmacy.	N/A	N/A
<p><b>5.11 People according to where they live.</b> Consider people living in areas known to show poor economic and/or health</p>	Increased flexibility around prescribing intervals could reduce the need for those who live in rural areas to frequently	Note within the guidance to consider patient compliance in clinical appropriateness	Stated under recommendations: consider patient compliance in clinical appropriateness and shared decision-making process.

<b>How will the project/policy impact on, or affect:</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Actions taken (and who by).</b> Refer to where the mitigation is included in the document, as appropriate.
indicators, people unable to access services and facilities.	attend their pharmacy, dispensing practice, and surgery to collect repeat medication. Reducing financial burden on those age groups and potential to increase compliance.	and shared decision-making process.	
<b>5.12 Consider others who face health inequalities:</b> <ul style="list-style-type: none"> <li>• Looked after and accommodated children and young people.</li> <li>• Carers: paid/unpaid, family members.</li> <li>• People who are homeless or those who experience homelessness: people on the street; those staying temporarily with friends/family; those in hostels/B&amp;Bs.</li> <li>• Those involved in the criminal justice system: offenders in prison or on probation, ex-offenders.</li> </ul>	No impact.	N/A	N/A






<b>How will the project/policy impact on, or affect:</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Actions taken (and who by).</b> Refer to where the mitigation is included in the document, as appropriate.
<ul style="list-style-type: none"> <li>• People with addictions and substance misuse problems.</li> <li>• People who have poor literacy.</li> <li>• People living in remote, rural and island locations.</li> </ul>			
<p><b>5.13 Consider any other groups and risk factors relevant to this project.</b></p>	<p>The current arrangements for funding of dispensing doctors, in the form of dispensing fees, are encompassed within an England and Wales dispensing fee envelope. The movement away from 28-day prescribing towards longer prescription intervals could impact negatively on dispensing doctors who could receive a reduction in dispensing fees. Until any amendments are made to the dispensing fee arrangements for dispensing doctors the</p>	<p>Dispensing practices may wish to implement the recommendations of this guidance as there are benefits which include a reduced workload in writing prescriptions and, in the case of dispensing doctors, dispensing them.</p> <p>Welsh Government officials and General practitioners Committee (GPC) Wales may wish to consider the implications of the recommendations taking</p>	<p>Impact section of document updated to make reference to dispensing doctors.</p>


<b>How will the project/policy impact on, or affect:</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Actions taken (and who by).</b> Refer to where the mitigation is included in the document, as appropriate.
	<p>implementation of this guidance may adversely affect the financial stability of dispensing doctors. However, short prescribing intervals can place significant workload on doctors, surgery and dispensary staff including writing prescriptions and dispensing them. Dispensing doctors are uniquely placed to realise the benefits of reduced workload from increasing prescription intervals.</p>	<p>into account the sustainability of rural practice alongside the benefits to patients and practitioners of less frequent prescribing.</p>	


**6. HIA - How will the project/policy impact on the health and wellbeing of our population and help address inequalities in health?**


Questions in this section relate to the impact on the overall health of individual people, and the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

<b>How will the project/policy impact on, or affect:</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Actions taken (and who by)</b> Refer to where the mitigation is included in the document, as appropriate.
<p><b>6.1 People being able to access the service offered.</b> Consider access for those living in areas of deprivation and/or those experiencing health inequalities.</p>  <p>Well-being goal - A more equal Wales</p>	<p>Increased flexibility around prescribing intervals could reduce health inequalities as reducing the frequency of need to attend their pharmacy to collect repeat medication, improving access.</p>	<p>N/A</p>	<p>N/A</p>
<p><b>6.2 People being able to improve or maintain healthy lifestyles.</b> Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol or non-prescribed drugs plus access</p>	<p>No impact.</p>	<p>N/A</p>	<p>N/A</p>

How will the project/policy impact on, or affect:	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Actions taken (and who by) Refer to where the mitigation is included in the document, as appropriate.
<p>to services that support disease prevention (such as vaccination, falls prevention).</p> <p>Also consider impact on access to supportive services, including smoking cessation services, weight management services.</p>  <p>Well-being goal – A healthier Wales</p>			
<p><b>6.3 People in terms of their income and employment status.</b></p> <p>Consider the impact on the availability and accessibility of work, paid or unpaid employment, wage levels, job security, working conditions.</p>  <p>Well-being goal – A prosperous Wales</p>	No impact.	N/A	N/A

How will the project/policy impact on, or affect:	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Actions taken (and who by) Refer to where the mitigation is included in the document, as appropriate.
<p><b>6.4 People in terms of their use of the physical environment.</b></p> <p>Consider the impact:</p> <ul style="list-style-type: none"> <li>• on the availability and accessibility of transport, healthy food, leisure activities, green spaces;</li> <li>• of the design of the built environment on the physical and mental health of patients, staff and visitors;</li> <li>• on air quality, exposure to pollutants;</li> <li>• safety of neighbourhoods, exposure to crime;</li> <li>• road safety and preventing injuries or accidents;</li> <li>• quality and safety of play areas and open spaces.</li> </ul>  <p>Well-being goal – A resilient Wales</p>	No impact.	N/A	N/A

How will the project/policy impact on, or affect:	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Actions taken (and who by) Refer to where the mitigation is included in the document, as appropriate.
<p><b>6.5 People in terms of social and community influences on their health.</b> Consider the impact on:</p> <ul style="list-style-type: none"> <li>• family organisation and roles; social support and social networks;</li> <li>• neighbourliness and sense of belonging;</li> <li>• social isolation;</li> <li>• peer pressure;</li> <li>• community identity;</li> <li>• cultural and spiritual ethos.</li> </ul>  <p>Well-being goal – A Wales of cohesive communities</p>	No impact.	N/A	N/A
<p><b>6.6 People in terms of macro-economic, environmental and sustainability factors.</b> Consider the impact of government policies; gross domestic product; economic</p>	No impact.	N/A	N/A

<b>How will the project/policy impact on, or affect:</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Actions taken (and who by)</b> Refer to where the mitigation is included in the document, as appropriate.
<p>development; biological diversity; climate.</p>  <p>Well-being goal – A globally responsible Wales</p>			

Please complete section 7.1 after completing the EqHIA, and complete the action plan.

<p><b>7.1 Please summarise the potential positive and/or negative impacts of the project/policy.</b></p>	<p>Increased flexibility around prescribing intervals could reduce health inequalities and environmental impact as reducing the frequency of need to attend their pharmacy to collect repeat medication.</p>
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### Action plan for mitigation or improvement and implementation

	Action	Lead(s)	Timescale	Actions taken
<p><b>7.2 What are the key actions identified as a result of completing the EqHIA?</b></p>	<p>Note within the guidance that vulnerable patients should not have their prescribing interval increased.</p> <p>Document updated to include reference to dispensing doctors.</p>	<p>AWTTC/LH</p> <p>AWTTC/LH</p>	<p>Pre-consultation</p> <p>By June 15<sup>th</sup> 2022</p>	<p>Document updated.</p> <p>Document updated</p>
<p><b>7.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment needed?</b></p> <p>This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>



	Action	Lead(s)	Timescale	Actions taken
<p><b>7.4 What are the next steps?</b></p> <p>Some suggestions:</p> <ul style="list-style-type: none"> <li>• Decide if the project/policy: <ul style="list-style-type: none"> <li>○ continues unchanged because there are no significant negative impacts;</li> <li>○ adjusts to account for the negative impacts;</li> <li>○ continues despite the potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so); or</li> <li>○ stops.</li> </ul> </li> <li>• Have your proposal approved</li> <li>• Publish your report of this impact assessment.</li> <li>• Monitor and review.</li> </ul>	Publish EqHIA report	AWTTC	October 2022	Published on website alongside resources