

Equality and Health Impact Assessment

Policy* title: Polypharmacy in older people: a guide for healthcare professionals

AWMSG and AWTTC will consider and complete an Equality and Health Impact Assessment in parallel with each development stage of our 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.

*** The term “policy” is used throughout to cover: policies, strategies, functions, practices, procedures.**

Date: 20/02/2023

1.	Names of the policy lead(s); AWTTC contact details	AWTTC Tel: 02921 826900; email: awttc@wales.nhs.uk
2.	State the objectives of the policy.	Update existing AWMSG-endorsed ‘Polypharmacy’ resource. The intention is to provide more of a focus on managing polypharmacy in the elderly and concentrating on the groups of medicines seen in practice that require review in the elderly population.
3.	Evidence and background information considered. For example: <ul style="list-style-type: none"> • population data • staff and service users’ data, as applicable • needs assessment • engagement and involvement findings • research • good practice guidelines • participant knowledge • list of stakeholders and how stakeholders have engaged in the development stages 	World Health Organization. Medication Without Harm - WHO Global Patient Safety Challenge. 2017. Available at: https://www.who.int/publications/i/item/WHO-HIS-SDS-2017.6 . Maher RL, Hanlon JT, and Hajjar ER. Clinical Consequences of Polypharmacy in Elderly. <i>Expert Opinion on Drug Safety</i> . 2014;13(1):57-65. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3864987/ . The King's Fund. Polypharmacy and medicines optimisation - Making it safe and sound. 2013. Available at: https://www.kingsfund.org.uk/publications/polypharmacy-and-medicines-optimisation



	<ul style="list-style-type: none">• comments from those involved in the designing and development stages <p>Population pyramids are available from Public Health Wales Observatory.</p>	<p>Statswales.gov.wales Population aged 65 and over, per health board (and as a % of total health board population) – mid-year population estimates for 2020:</p> <ul style="list-style-type: none">• Aneurin Bevan 120,386 (20.1%)• Betsi Cadwaladr 164,699 (23.4%)• Cardiff and Vale 81,645 (16.2%)• Cwm Taf Morgannwg 88,317 (19.6%)• Hywel Dda 97,530 (25.0%)• Powys 36,801 (27.7%)• Swansea Bay 79,212 (20.3%)• Wales 668,590 (21.1%)
4.	Who will this policy affect?	Local Health Boards General Public General Practitioners Pharmacists

5. EQIA - How will the 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.

How will the 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.
<p>5.1 Age For most purposes, the main categories are people aged:</p> <ul style="list-style-type: none"> • under 18 years; • between 18 and 65 years; • over 65 years. 	<p>This guidance is intended to focus on elderly patients (often defined as those aged 65 years and over). Therefore, the elderly population is mostly likely to benefit from the guidance being implemented – though will also experience the largest change. However, the principles of medication review in order to reduce polypharmacy stated in this document can apply to all age groups.</p> <p>Both the benefits (e.g. decreases in drug adverse events, improved safety and quality of life) and perceived disadvantages of undergoing thorough medication review</p>	<p>No necessary changes to the guidance identified to mitigate its focus on the elderly.</p>	<p>N/A</p>



How will the 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.
	(e.g. possible additional appointments, changes to established treatment regimens) will be more pronounced in the elderly population.		
5.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes.	Individuals with disabilities (i.e. functional and/or cognitive impairment) may be more likely to have some medications stopped or reduced as the risk of continuing them may outweigh the originally intended benefits in that specific population (e.g. as part of implementing the STOPPFrail tool). Some long-term medical conditions (e.g. diabetes) may also increase or decrease the need to discontinue medications as determined by a medicines review.	Note in the guidance where cognitive/functional impairment or the presence of long-term medical conditions may affect choices regarding therapy continuation.	Specific considerations of functional/cognitive impairment or the presence of long-term medical conditions when reviewing the continuation of certain therapies are made, where appropriate.
5.3 People of different genders:	We do not expect that this guidance will affect individuals unequally based on their gender.	N/A	N/A




How will the 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.
<p>Consider men, women, people undergoing gender reassignment.</p> <p>NB 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>			
<p>5.4 People who are married or who have a civil partner.</p>	<p>We do not expect that this guidance will affect individuals unequally based on their marital/civil partnership status</p>	<p>N/A</p>	<p>N/A</p>
<p>5.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.</p> <p>They are protected for 26 weeks after having a baby whether or not they are on maternity leave.</p>	<p>We do not expect that this guidance will affect “women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding” unequally.</p>	<p>N/A</p>	<p>N/A</p>



How will the 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.
5.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers.	People of certain ethnic groups may be at higher risk of polypharmacy in general e.g. Asian/Asian British People of different race and ethnicities can have varying responses to medicines .	Note in the guidance that the person's culture or social beliefs of the treatment or disease should be considered at all times during reviews. Note in the guidance that people of different races and ethnicities can have varying responses to medicines. Guidance should also highlight the potential links between overprescribing, deprivation, ethnicity and inequalities and the impact this has on the health of the person.	Additions have been made to the introduction of the document to highlight these three points.
5.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief.	We do not expect that this guidance will affect individuals unequally based on their religion or beliefs.	N/A	N/A



How will the 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.
5.8 People who are attracted to other people of: <ul style="list-style-type: none"> • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual). 	We do not expect that this guidance will affect individuals based on who they are attracted to.	N/A	N/A
5.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design.  Well-being goal – A Wales of vibrant culture and thriving Welsh language	Any patient-facing materials produced as part of the resource (Patient Information Leaflets etc) will need to be produced in Welsh in time for final publication.	Produce any Patient Information Leaflets bilingually in time for final publication.	To be confirmed once content agreed. Currently link to AWMSG endorsed Good Sleep Guide which has already been translated.
5.10 People according to their income related group. Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health.	We do not expect that this guidance will affect individuals unequally based on their income.	N/A	N/A
5.11 People according to where they live.	The availability of services supporting deprescribing as part	N/A	N/A




How will the 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.
Consider people living in areas known to show poor economic and/or health indicators, people unable to access services and facilities.	<p>of a medication review may not be equal throughout Wales.</p> <p>This may be further impacted by the fact that there is an unequal distribution of individuals aged 65 years and over across Wales (and therefore more demand for services catering to this demographic in some areas).</p> <p>We do not expect that the availability of this resource will negatively impact individuals based on where they live. The availability of the All Wales guidance may also help support introduction and expansion of services where they are needed.</p>		
5.12 Consider others who face health inequalities: <ul style="list-style-type: none">• Looked after and accommodated children and young people.	We do not expect that this guidance will affect individuals unequally based on health inequalities.	N/A	N/A




How will the 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">• Carers: paid/unpaid, family members.• People who are homeless or those who experience homelessness: people on the street; those staying temporarily with friends/family; those in hostels/B&Bs.• Those involved in the criminal justice system: offenders in prison or on probation, ex-offenders.• People with addictions and substance misuse problems.• People who have poor literacy.• People living in remote, rural and island locations.			
5.13 Consider any other groups and risk factors relevant to this project.	N/A	N/A	N/A

6. HIA - How will the policy impact on the health and wellbeing of people in Wales 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 the population in Wales. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the 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>6.1 People being able to access the service offered. 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>The availability of services supporting deprescribing as part of a medication review may not be equal throughout Wales (e.g. Withdrawal Support Service).</p> <p>There is an unequal distribution of individuals aged 65 years and over across Wales (and therefore potentially more demand for services catering to this demographic in some areas).</p> <p>A reduction of adverse events – one of the desired outcomes of using the resources – could possibly reduce demand on hospital services.</p> <p>We do not expect that the availability of this resource will negatively impact individuals</p>	<p>N/A</p>	<p>N/A</p>





How will the 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.
	being able to access services. The availability of the All Wales guidance may also help support introduction and expansion of services where they are needed.		
6.2 People being able to improve or maintain healthy lifestyles. 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 to services that support disease prevention (such as vaccination, falls prevention). Also consider impact on access to supportive services, including smoking cessation services, weight management services.  Well-being goal – A healthier Wales	Implementation of the resource being developed should improve safety and quality of life for elderly patients, through the avoidance of Inappropriate Polypharmacy.	N/A	N/A




How will the 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.
6.3 People in terms of their income and employment status. Consider the impact on the availability and accessibility of work, paid or unpaid employment, wage levels, job security, working conditions.  Well-being goal – A prosperous Wales	No impact.	N/A	N/A
6.4 People in terms of their use of the physical environment. Consider the impact: <ul style="list-style-type: none">• on the availability and accessibility of transport, healthy food, leisure activities, green spaces;• of the design of the built environment on the physical and mental health of patients, staff and visitors;• on air quality, exposure to pollutants;	No impact.	N/A	N/A



How will the 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.
<ul style="list-style-type: none">• safety of neighbourhoods, exposure to crime;• road safety and preventing injuries or accidents;• quality and safety of play areas and open spaces.  <p>Well-being goal – A resilient Wales</p>			
<p>6.5 People in terms of social and community influences on their health.</p> <p>Consider the impact on:</p> <ul style="list-style-type: none">• family organisation and roles; social support and social networks;• neighbourliness and sense of belonging;• social isolation;• peer pressure;• community identity;• cultural and spiritual ethos.  <p>Well-being goal – A Wales of cohesive communities</p>	No impact.	N/A	N/A



How will the 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>6.6 People in terms of macro-economic, environmental and sustainability factors. Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate.</p>  <p>Well-being goal – A globally responsible Wales</p>	<p>No impact.</p>	<p>N/A</p>	<p>N/A</p>

7. Please complete section 7 after completing the EqHIA, and complete the action plan.

<p>7.1 Please summarise the potential positive and/or negative impacts of the policy.</p>	<p>Implementation of the resource being developed should improve safety and quality of life for elderly patients, through the avoidance of Inappropriate Polypharmacy.</p> <p>Due to possible unequal distribution of healthcare services, and the distribution of the elderly population across different areas of Wales, some work may be required to ensure supporting services are available and accessible to all.</p>
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Action plan for mitigation or improvement and implementation

	Action	Lead(s)	Timescale	Actions taken
<p>7.2 What are the key actions identified as a result of completing the EqHIA?</p>	<p>Additions have been made to the introduction to address point '5.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers.'</p>	<p>AWTTC</p>	<p>Feb 2023</p>	<p>Additional points added to the introduction as noted above.</p>
<p>7.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment needed?</p> <p>This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a</p>	<p>N/A</p>			



	Action	Lead(s)	Timescale	Actions taken
more formal and full consultation is required?				
7.4 What are the next steps?	No further changes identified as being required.	AWTTC	N/A	N/A

AWTTC's EqHIA template is adapted from the Cardiff & Vale University Health Board EHIA template.