

## Equality and Health Impact Assessment

### All Wales self-administration of medicines

AWTTC will fill in an Equality and Health Impact Assessment in parallel with each development stage of our projects. 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: 16/02/26

1.	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.	To develop a single policy framework for self-administration of medicines in hospitals across Wales. This framework will provide clear, standardised guidance to ensure that patients who self-administer their medications at home can do so safely during hospital admissions. It will also align with efforts to reduce hospital-acquired deconditioning and enhance patient autonomy as part of the Safe Care Collaborative.
3.	Evidence and background information considered. For example: <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> </ul>	<p><i>The <a href="#">Optimising Pharmacy Services at Hospital Discharge to Improve Patient Flow</a> (2022) guidance for NHS Wales and the <a href="#">Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales</a> (2023) both emphasise the need to implement and evaluate self-administration policies to empower patients in managing their medicines while in hospital.</i></p> <p>Potential Value for the NHS and Patients in Wales</p> <p>For Patients:</p> <ul style="list-style-type: none"> <li>○ Promotes patient autonomy and involvement in their care.</li> <li>○ Reduces disruption to established medication routines.</li> </ul>



<ul style="list-style-type: none"><li>• comments from those involved in the designing and development stages</li></ul> <p><a href="#">Population pyramids</a> are available from Public Health Wales Observatory.</p>	<ul style="list-style-type: none"><li>○ Supports self-management skills, potentially improving medication adherence post-discharge.</li><li>○ Contributes to reducing hospital-acquired deconditioning by maintaining patient independence.</li><li>○ ensuring patients are confident in self-administering their medication before leaving the hospital, reducing the risk of errors at home</li><li>○</li></ul> <p>For the NHS:</p> <ul style="list-style-type: none"><li>○ Reduces nursing workload related to routine medication administration.</li><li>○ Enhances patient safety by ensuring continued familiarity with personal medication regimens.</li><li>○ Aligns with wider NHS strategies on patient-centered care and self-management.</li></ul> <p>Resource Implications:</p> <ul style="list-style-type: none"><li>○ Initial investment of time for assessing patient suitability, but potential long-term savings from reduced staff involvement in medication administration.</li><li>○ Possible funding required for staff training to support risk assessments and successful implementation.</li><li>○ Need for integration of self-administration into ward workflows and performance monitoring systems.</li></ul> <p>Expected Outcomes:</p> <ul style="list-style-type: none"><li>• Establishment of a single policy framework for self-administration in Wales.</li></ul>
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		<ul style="list-style-type: none"><li>• Increased number of patients self-administering medication in hospital.</li><li>• Reduction in medication administration workload for nursing staff.</li><li>• Integration of self-administration metrics into ward performance dashboards.</li><li>• Potential reduction in hospital-acquired deconditioning rates.</li></ul>
4.	Who will this project affect?	<ul style="list-style-type: none"><li>• Clinicians (nurses, pharmacists, and doctors) responsible for inpatient medication management.</li><li>• Patients and carers who would benefit from self-administration.</li><li>• Hospital management teams and policymakers within NHS Wales.</li></ul>

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

Questions in this section relate to the impact on people based on the 'protected characteristics' of the Equality Act 2010, and other factors.

How will the project impact on, or affect:	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Actions taken (and who by).
<p><b>5.1 Age</b> For most purposes, the main categories are people aged:</p> <ul style="list-style-type: none"> <li>• between 18 and 65 years;</li> <li>• over 65 years.</li> </ul>	<p>Older adults may benefit from continued autonomy in managing their medications, reducing reliance on staff.</p> <p>Younger patients may require additional support to ensure they understand the self-administration process</p>	<p>N/A</p>	<p>N/A</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>Self-administration can empower individuals with disabilities by enabling them to manage their own medications, promoting independence.</p> <p>Patients with certain disabilities may require tailored support or adaptations to safely self-administer.</p>	<p>All related documents published on the AWTTC website will meet accessibility requirements.</p> <p>Any patient-facing materials will also be produced as easy read booklets in Welsh and English.</p>	<p>Documents to be published in required formats by AWTTC</p>
<p><b>5.3 People of different genders:</b> Consider men, women, people undergoing gender reassignment.</p>	<p>We do not expect a potential negative, or unequal, impact on</p>	<p>N/A</p>	<p>N/A</p>



How will the project impact on, or affect:	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Actions taken (and who by).
<b>N.B.</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.	people based on their gender, or on people undergoing gender reassignment.		
<b>5.4 People who are married or who have a civil partner.</b>	We do not expect a potential negative, or unequal, impact on people based on their marital status or being in a civil partnership.	N/A	N/A
<b>5.5 Women who are expecting a baby, who are 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.	We do not expect a potential negative, or unequal, impact on women who are expecting a baby, are breastfeeding, or are on a break from work after having a baby.	N/A	N/A
<b>5.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies and travellers, migrant workers.</b>	Language barriers may hinder understanding of self-administration instructions	Provide the patient information leaflet to the patient to aid their understanding.	Health care professional assessing for self-administration to make decision on suitability when assessing the patient.



How will the project impact on, or affect:	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Actions taken (and who by).
<a href="#">The Runnymede Trust</a>			
<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.  <a href="#">Implications of religious beliefs on selection of medicines (BMJ)</a>  <a href="#">In practice: guidance on religion, personal values and beliefs</a> (General Pharmaceutical Council)	We do not expect a potential negative, or unequal, impact on people who have a religion or belief, or people with no religion of belief.	N/A	N/A
<b>5.8 People who are attracted to other people of:</b> <ul style="list-style-type: none"><li>• the opposite sex (heterosexual);</li><li>• the same sex (lesbian or gay);</li><li>• both sexes (bisexual).</li></ul> <a href="#">Stonewall</a>	We do not expect a potential negative, or unequal, impact on people based on who they are attracted to.	N/A	N/A
<b>5.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design.</b>	We do not expect a potential negative, or unequal, impact on people who communicate using the Welsh language.	Any patient-facing materials will be produced in Welsh and English, in line with the Welsh language standards, including easy read booklets.	Documents to be published in required formats by AWTTC



How will the project impact on, or affect:	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Actions taken (and who by).
	Any patient-facing materials will be produced in Welsh and English, in line with the Welsh language standards, including easy read booklets.		
<b>5.10 People according to their income related group.</b>	We do not expect a potential negative, or unequal, impact on people based on their income-related group.	N/A	N/A
<b>5.11 People according to where they live.</b>	We do not expect a potential negative, or unequal, impact on people based on where they live.	N/A	N/A
<b>5.12 Consider others who face health inequalities, such as:</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</li></ul>	We do not expect a potential negative, or unequal, impact on people who face health inequalities.	N/A	N/A



How will the project impact on, or affect:	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Actions taken (and who by).
<p>friends/family; those in hostels/B&amp;Bs</p> <ul style="list-style-type: none"><li>• People involved in the criminal justice system: offenders in prison or on probation, ex-offenders</li><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>			
<b>5.13 Consider any other groups and risk factors relevant to this project.</b>	N/A	N/A	N/A

## 6. HIA - How will the project 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.

<b>How will the project 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> <i>Refer to where the mitigation is included in the document, as appropriate.</i>
<b>6.1 People being able to access the service offered.</b>	We do not expect a potential negative, or unequal, impact on people's ability to access the service offered.	N/A	N/A
<b>6.2 People being able to improve or maintain healthy lifestyles.</b>	We do not expect a potential negative, or unequal, impact on people's ability to improve or maintain healthy lifestyles.	N/A	N/A
<b>6.3 People in terms of their income and employment status.</b>	We do not expect a potential negative, or unequal, impact on people in terms of their income and employment status.	N/A	N/A
<b>6.4 People in terms of their use of the physical environment.</b>	We do not expect a potential negative, or unequal, impact on people's use of the physical environment.	N/A	N/A
<b>6.5 People in terms of social and community influences on their health.</b> •	We do not expect a potential negative, or unequal, impact on people in terms of social and community influences on their health.	N/A	N/A



<b>How will the project 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> <i>Refer to where the mitigation is included in the document, as appropriate.</i>
<b>6.6 People in terms of macro-economic, environmental and sustainability factors.</b>	We do not expect a potential negative, or unequal, impact on people in terms of macroeconomic, environmental and sustainability factors.	Sustainability, there may be a reduction in medication waste because of patients accessing medication that has already been dispensed to them <sup>1</sup> .	N/A

**7. Please fill in section 7.1 after completing the EqHIA, and fill in the action plan.**

<p><b>7.1 Please summarize the potential positive and/or negative impacts of the project.</b></p>	<ul style="list-style-type: none"> <li>• Reduction in medication administration workload for nursing staff.</li> <li>• Potential reduction in hospital-acquired deconditioning rates.</li> <li>• While the policy focuses on self-administration during hospital stays, it may also impact their ability to manage medications effectively once discharged home, considering their unstable living conditions.</li> <li>• Empowering young people in care to manage their medications promotes independence.</li> <li>• Additional support and training may be needed to ensure their safety and understanding</li> <li>• Self-administration policies can alleviate some responsibilities from carers, allowing them to focus on other aspects of care.</li> <li>• Carers may need additional training to support patients in managing their medications safely.</li> </ul>
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**Action plan for mitigation or improvement and implementation**

	Action	Lead(s)	Timescale	Actions taken ( <i>state who by</i> )
<p><b>7.2 What are the key actions identified as a result of completing the EqHIA?</b></p>	N/A	N/A	N/A	N/A
<p><b>7.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment needed?</b></p>	N/A	N/A	N/A	N/A

	Action	Lead(s)	Timescale	Actions taken ( <i>state who by</i> )
<b>7.4 What are the next steps?</b>	'Review framework in 3 years'	AWTTC	March 2029	AWTTC
<b>7.5 Review of project and EqHIA</b>	TBC			

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

## References

1. Smale E, Van den Berg J, Korporaal J et al. Barriers, facilitators and implementation strategies to implement 'patient's own medication' and 'self-administration of medication' in hospitals. *International Journal for Quality in Health Care*. 2025;37. Available at: <https://doi.org/10.1093/intqhc/mzaf038>. Accessed Sep 2025.