

QUALITY IMPACT ASSESSMENT (QIA)



Name of Scheme	MK minor ailments scheme
Scheme Lead (and author of this QIA if different to scheme lead)	Fiona Garnett (author of QIA - Dona Wingfield)
Organisation	NHS Bedfordshire, Luton and Milton Keynes CCG
Date & Version	25/8/2021 Version 2
Brief Description of Scheme	<p>The scheme in Milton Keynes was implemented to reduce demand for primary care and A&E. This scheme has never existed in Bedfordshire and Luton. All other CCGs in the East of England follow the national (NHSE) position of encouraging self-care advice and guidance and do not provide this service.</p> <p>https://www.england.nhs.uk/medicines-2/conditions-for-which-over-the-counter-items-should-not-routinely-be-prescribed/ Most Over the Counter (OTC) medicines listed are used to treat self limiting conditions and these conditions may resolve by themselves or self-care (purchasing of OTC) can enable acute treatment. See below for Milton Keynes Policy and also NHSE equivalent policy (which also has patient information leaflets and support framework)</p> <p>Supporting documents: MKPF1 - Minor Ailment Scheme Monthly Reimbursement Cost Calculator MKPF2 - MK Community Pharmacy Minor Ailment Schemes MKPF3 - Conditions for which otc items should not routinely be prescribed in primary care</p>

OVERALL ASSURANCE

SAFETY	No. Questions	Negative	Neutral	Positive	N/A
	5			2	1

CLINICAL EFFECTIVENESS	No. Questions	Negative	Neutral	Positive	N/A
	2	0		1	1

PATIENT EXPERIENCE AND INVOLVEMENT	No. Questions	Negative	Neutral	Positive	N/A
	6	0		3	3

NAME OF MEMBER OF QUALITY TEAM SUPPORTING

Self-Assessment Criteria

Negative	This development will have a negative impact
Neutral	There is no anticipated change in the impact of this development
Positive	This development will have a positive impact
N/A	This question is not relevant at this time

SCREENING SECTION

Is a full QIA required for this Scheme? Please colour "Yes" or "No" accordingly	Yes	Proceed to the full QIA below
	No	Explain why further analysis is not required, or who you have spoken to in the Quality Team in the box to the right

FULL QIA-EQIA

ID	What is the potential impact of the service development on patient safety	Use these prompts to help you comprehensively evaluate the plans	Information to inform Self-Assessment	Self-Assessment
1a	What are the known patient safety issues within the current service? (as identified by national/local audits, SIs, incident trend analysis, complaints, CQC and other external inspections, staff observation/feedback)	Has the current safety of the service been evaluated and known patient safety risks identified? Prompts to consider: Specific safety issues within this pathway or service. Analysis of available data/information to identify themes and trends. The way in which the planned changes will address the identified patient safety issues. Impact on preventable harm. Covid specific - back log position, current patient wait in service Has service prioritisation been considered	It is recognised that the patients in Milton Keynes will be impacted in that they may need to purchase Over the Counter (OTC) products. It should be emphasised that all patients of BLMK CCG have access to the nationally commissioned "Community Pharmacy Consultation Scheme" (CPCS), which allows referral direct from practice (typically the prescription clerk) for patients who require a consultation for minor illness, without having to go through the GP first. Through this scheme, community pharmacists provide advice and guidance to enable the patient to self-care and/or purchase OTC medication. Likewise, patients can attend community pharmacy for advice without an appointment and purchase OTC medication in line with NHS guidance. Since COVID there has been a significant reduction of 71.% uptake. A toolkit of resources published by NHSE to facilitate CCGs to implement the national recommendations on self-care (management of self limiting conditions) will support discussions between patients and their healthcare professionals within Milton Keynes, including: •Patient information leaflet •Easy Read patient information leaflet •GP handout	Positive
1b	Have staffing, skill mix and workload issues been considered within the plans?	What assurances have the service providers given with regard to assessing their workforce requirements to deliver this service/pathway safely? Prompts to consider: skill mix, recruitment activity, vacancy, training etc. Covid specific – what is impact on staff availability to work, numbers of staff shielding, vulnerable, having to work differently. How will required MDT working be addressed in order to offer service provision for patients who are shielding	The Local Pharmaceutical Committee (LPC) will be contacted as part of the public consultation to determine impact. It is noted that the scheme was in place to reduce flow into A&E however with the integrated care pathways in place and specialist hubs within the community to treat acute minor illness, there are other methods of reducing hospital admission. The pandemic has also driven acute management of self limiting conditions within the community setting. The national guidance states: self-care may be suitable in the following scenarios: products for a condition that is considered to be self-limiting and so does not need treatment as it will heal or be cured of its own accord, although the person may still want to purchase an OTC medicine to treat symptoms until the condition has resolved, items for a condition which lends itself to self-care, i.e. that the person suffering does not normally need to seek medical advice and can manage the condition by purchasing OTC items directly, products for which there is little evidence of clinical effectiveness, for example vitamins, minerals and probiotics. By reducing spend on these types of prescriptions, resources can be used for other higher priority areas that have a greater impact for patients, improving patient outcomes. There has since been a national letter sent to GPs on the legal position to prescribe/not prescribe OTC medicines Supporting documents MKPF5 - National letter sent to GPs on the legal position to prescribe or not prescribe OTC medicines	Neutral

SAFETY	1c	Do the plans include changes to treatment involving medications, (including prescribing, administration or security)	<p>What impact will the plans have on medicines security and have you received assurance as to how any risks will be mitigated?</p> <p>Prompts to consider:</p> <ul style="list-style-type: none"> Patient safety. Competency in medicines administration. Systems in place to ensure appropriate monitoring of patient outcomes/safety. Have you sought support/advice from the Meds Management Team? <p>Covid specific – treatment of patients including virtual assessments – OPD assessments for clinical presentations. What safety consideration are in place in using technology for assessment? What are positives for patient safety using technology?</p>	<p>NHS England partnered with NHS Clinical Commissioners after CCGs asked for a nationally co-ordinated approach to the development of commissioning guidance in this area to ensure consistency and address unwarranted variation. Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for CCGs aims to provide a consistent, national framework for CCGs to use.</p> <p>Supporting documents: MKPF4 - Guide for HCPs - Conditions for which OTC should not be routinely prescribed</p>	Positive
	1d	Explain any impact on the organisation's duty to protect children, young people and adults?	<p>Protocols to consider include:</p> <ul style="list-style-type: none"> The NHS Constitution, Partnership working, Safeguarding children or adults Have you sought support/advice from the Safeguarding Team? <p>Covid specific – How will safeguarding be considered in virtual assessment settings? Digital technology – has robustness and safety of service been assessed to prevent against any safeguarding concerns.</p>	<p>Process considers vulnerability (take dependency into account) and low income - prior approval form and policy for Bedfordshire included</p> <p>Supporting documents MKPF6 - BCCG Funding application for GFF MKPF7 - Bedfordshire CCG commissioning position on the provision of GFF</p>	Positive
	1e	Explain how the planned changes will be ratified through a governance process?	<p>In the event of a legal challenge, how thorough is the ratification process?</p> <p>Where is clinical leadership and decision making?</p> <p>Prompts to consider</p> <ul style="list-style-type: none"> Current statutes / professional standards E.g. Mental Capacity Act, Mental Health Act, Dangerous Drugs Act, Children's Act, No Secrets, GMC, NMC etc. Involvement of the appropriate specialist Responsible committees within each organisation and across the pathway (Please note these may be outlined within the NICE Guidance) Overview and Scrutiny Committee; who and how will the changes/KPI's be monitored; what early warning flags will be monitored/reviewed and by whom? <p>Covid specific</p> <ul style="list-style-type: none"> Where is governance agreement across BLMK commissioning and provision? Has clinical leadership and involvement been sought? Has there been any feedback through incident management cell regarding service provision? <p>Infection prevention and Control response requires cautious consistent consideration and adherence to specific Public health England guidance. How has this been considered?</p>	<p>Policy alignment would be in line with national guidance. The EQIA has been discussed with the Equality and Diversity lead and one of the Quality leads. All current BLMK ICS medicines optimisation committees (decision making) report into the Quality and Performance Committee. A corporate public consultation is being conducted on this alignment lead by BLMK CCG communications team to ensure optimal public engagement.</p>	Neutral
CLINICAL EFFECTIVENESS	ID	What is the potential impact of the service development on clinical effectiveness?	Use these prompts to help you comprehensively evaluate the plans	Information to inform Self-Assessment	Self-Assessment
	2a	<p>How are the planned changes or service re-design in line with the most up-to-date guidance ensuring the business case is evidence- based?</p> <p>NICE baseline assessment tool can be accessed from: www.nice.org.uk</p> <p>Has the NICE commissioning Costing Tools been used?</p> <p>What plans are in place for clinical audit or evaluation</p>	<p>Has a baseline assessment against recommendations/indicators been undertaken?</p> <p>Does the plan reflect the Quality Standard Indicators? Are there gaps? If there are gaps, how will these be addressed?</p> <p>Use NICE costing tools alongside the guidance, where available. These can be accessed from: www.nice@org.uk</p> <p>Audit against standards outlined in NICE guidance or professional standards. Use the NICE clinical audit tool where available www.nice@org.uk</p> <p>Covid specific If this is a service delivery change or service change, due to Covid impact, how will this service and how quickly be evaluated? What are timelines and where will this evaluation be shared</p>	<p>The purpose of the national policy (for ICS wide adoption) is curbing routine prescribing for minor, short-term conditions, many of which will cure themselves or cause no long term effect on health, will free up NHS funds for frontline care.</p> <p>The guidance will not affect prescribing of over the counter items for longer term or more complex conditions or where minor illnesses are symptomatic or a side effect of something more serious.</p> <p>The NHS each year spends:</p> <ul style="list-style-type: none"> £22.8 million on constipation – enough to fund around 900 community nurses £3 million on athletes foot and other fungal infections – enough to fund 810 hip ops £2.8 million on Diarrhoea – enough to fund 2912 cataract operations <p>The new over the counter medicines guidance will curb the routine prescribing of products that are for:</p> <ul style="list-style-type: none"> A self-limiting condition, which does not require any medical advice or treatment as it will clear up on its own, such as sore throats, coughs and colds A condition that is suitable for self-care, which can be treated with items that can easily be purchased over the counter from a pharmacy, such as indigestion, mouth ulcers and warts and verrucae. Other over-the-counter products currently prescribed include remedies for dandruff, indigestion, mouth ulcers and travel sickness. Each year the NHS also spends 4.5 million on dandruff shampoos, £7.5 million on indigestion and heartburn, and £5.5 million on mouth ulcers. 	Positive
	2b	What are the Health Outcomes for patients?	<p>What are the expected health outcomes for patients?</p> <p>How will the success against your expected health outcomes be measured?</p> <p>How do these compare with other available treatment or care pathway alternatives?</p> <p>Covid Specific If this is a service delivery change or service change, due to Covid impact, how will this service and how can the same outcomes for patients be achieved? Will outcomes be improved? Will this affect access to services? Could this have impact on health outcome is access is different</p>	<p>We envisage no significant impact on health outcomes, there may be a risk of health deterioration if people are unable to access via NHS, this health inequality (particularly for those on low incomes) will still be able to access if they qualify through the policy criteria (see attached proforma and policy from Bedfordshire for reference)</p>	Neutral

PATIENT EXPERIENCE AND INVOLVEMENT	ID	What is the potential impact of the service development on patient experience and involvement?	Use these prompts to help you comprehensively evaluate the plans	Information to inform Self-Assessment	Self-Assessment
	3a	What do patients and carers say about the current service?	Use positive and negative feedback from: PALS and complaints, patient opinion, surveys Real time feedback, focus groups, LINK/Healthwatch Covid Specific What feedback has been received from service users since commencement of business contingency and incident management for Covid in health services	Due for public consultation - this will be explored as part of these discussions - LPC contacted	Neutral
	3b	How will patients, carers and key stakeholders be involved in the decision-making process around the development of this service?	At what point in the decision-making process will patients and public have a chance to influence the service development? What methods will be used to involve patients, public and stakeholders? Has advice been sought from the Strategic Public Involvement Group as to how best to manage this. Covid specific How have you engaged for co-production with service users /patients on Covid specific service change	Due for public consultation - this will be explored as part of these discussions - LPC contacted	Neutral
	3c	How will the service development improve the patient experience?	How will this be captured?	Currently Milton Keynes population have access to this scheme and Luton, Central Bedfordshire and Luton do not have access. Luton is one of the 20% most deprived districts/unitary authorities in England and about 19% (9,960) children live in low-income families. In Milton Keynes about 15.1 per cent (8,680) children live in low income families, in Bedford: about 14.9% (4,960) children live in low income families and in Central Bedfordshire, about 11.3% (5,765) children live in low income families. Life expectancy for both men and women is higher than the England average. Whilst there is a higher percentage of dependents with low income families in Luton, Milton Keynes and Bedford both have similar proportions and approximately 4% less than Luton. Decommissioning of the Milton Keynes place based scheme and aligning with the position of Bedfordshire and Luton (3 out of 4 places) would reduce the disparity in health inequalities across BLMK.	Positive
	3d	How will the patient experience of the new service be monitored?	How will feedback be collected? Who will be analysing it and when? Covid specific If covid specific service change how have you continued to engage with patient group	PrescQJPP CIC have published data on OTC items to enable NHS healthcare professionals to review current prescribing patterns in their area (password required). NHS BSA are also in the process of developing a dashboard to summarise the data for OTC items and this will be available shortly. NHSE have also launched a prescribing guide which shows the cost effectiveness of the national scheme.	Positive
	3e	How will patient choice be affected?	Will choice be reduced, increased or stay the same? Do the plans support the compassionate and personalised care agenda? Have you sought specialist Equality and Diversity support and advice? Covid specific Choice may be affected due to impact on resource /workforce , how has this been communicated to patients	It is recognised that the patients in Milton Keynes would be impacted in that they may need to purchase Over the Counter (OTC) products. It should be emphasised that all patients of BLMK CCG have access to the nationally commissioned "Community Pharmacy Consultation Scheme" (CPCS), which allows referral direct from practice (typically the prescription clerk) for patients who require a consultation for minor illness, without having to go through the GP first. Through this scheme, community pharmacists provide advice and guidance to enable the patient to self-care and/or purchase OTC medication. Likewise, patients can attend community pharmacy for advice without an appointment and purchase OTC medication in line with NHS guidance.	Neutral
	3f	What level of public support for this service development is anticipated?	Do you expect people to be supportive, be a little concerned or contact their MP or the press as a result of their objections ? Covid specific Has there been any Covid specific feedback nationally/locally regarding service access?	Public consultation will commence in October 2021 and will end in December 2021 - LPC have been approached to take part in the consultation - alongside Healthwatch	Positive

Quality Team Commentary, Recommendations & Sign-Off

To be completed by a member of the Quality team.

SAFETY	CLINICAL EFFECTIVENESS	PATIENT EXPERIENCE AND INVOLVEMENT
Commentary	Commentary	Commentary
Recommendation	Recommendation	Recommendation

	Final Sign-Off	
	Name	Date
Signature of Senior Responsible Owner (SRO)		
Signature of Quality Team Member		

EQUALITY ANALYSIS (EA) FORM



Name of Scheme	Minor Ailments Scheme
Scheme Lead	Fiona Garnett
Organisation	NHS Bedfordshire, Luton and Milton Keynes CCG
Date & Version	25/08/2021
Name of member of Arden & Gem E&D Team or HR Team supporting	David King
What is the aim of the scheme?	Pharmacy First is a service provided in some pharmacies in Milton Keynes and only available to registered patients in the former MK CCG area. It provides pharmacist advice on minor ailments and also supplies Over the Counter (OTC) medication free of charge to people who qualify for free prescriptions.
Who will be affected by this work? e.g. staff, patients, service users, partner organisations etc.	<p>The MK Pharmacy First Minor Ailment Scheme (MAS) is designed to provide an alternative for patients seeking a GP appointment for certain minor illnesses and conditions. It is available to patients registered with a GP practice in Milton Keynes who fulfil one of the following criteria (see below). Since COVID there has been a significant reduction of 71.% uptake.</p> <ul style="list-style-type: none"> • 18 years of age or under and in full time education or • named on a current HC2 charges certificate or • In receipt of one of the following benefits – <ul style="list-style-type: none"> ▪ Income Support or income-related Employment and Support Allowance ▪ gets income-based Jobseekers Allowance ▪ is entitled to, or named on, a valid NHS Tax Credit exemption certificate ▪ Pension Credit guarantee credit (PCGC) ▪ Universal Credit, in line with national criteria

SCREENING SECTION

Is a full EA required for this Scheme? Please colour "Yes" or "No" accordingly	Yes	Proceed to the full EA below	No	Explain why further analysis is not required in the box to the right <i>If no, explain why further equality analysis is not required. E.g. 'This report is for information only' or 'The decision has not been made by the CCG' or 'The decision will not have any impact on patients or staff'. (Very few decisions affect all groups equally and this is not a rationale for not completing an EA.)</i>

FULL EQUALITY ANALYSIS (EA) FORM

If at an initial stage further information is needed to complete a section this should be recorded and updated in subsequent versions of the EA. An Equality Analysis is a developing document, if you need further information for any section then this should be recorded in the relevant section in the form and dated

1	Evidence used What evidence have you identified and considered in determining the impact of this decision e.g. census demographics, service activity data, consultation responses
<p>The scheme was implemented to reduce demand for primary care and A&E. This scheme has never existed in Bedfordshire and Luton. All other CCGs in the East of England follow the national (NHSE) position of encouraging self-care advice and guidance and do not provide this service. https://www.england.nhs.uk/medicines-2/conditions-for-which-over-the-counter-items-should-not-routinely-be-prescribed/ Most OTC medicines listed are used to treat self limiting conditions and these conditions may resolve by themselves or self-care (purchasing of OTC) can enable acute treatment. Currently Milton Keynes population have access to this scheme and Luton, Central Bedfordshire and Luton do not have access. Luton is one of the 20% most deprived districts/unitary authorities in England and about 19% (9,960) children live in low-income families. In Milton Keynes about 15.1 per cent (8,680) children live in low income families, in Bedford: about 14.9% (4,960) children live in low income families and in Central Bedfordshire, about 11.3% (5,765) children live in low income families. Life expectancy for both men and women is higher than the England average. Whilst there is a higher percentage of dependents with low income families in Luton, Milton Keynes and Bedford both have similar proportions and approximately 4% less than Luton. Decommissioning of the Milton Keynes place based scheme and aligning with the position of Bedfordshire and Luton (3 out of 4 places) would reduce the disparity in health inequalities across BLMK. See below for MK policy and also national policy EQIA and the national letter sent to GPs on clarification (legally) on clinical discretion of prescribing OTCs.</p> <p>Supporting documents MKPF8 - MK Community Pharmacy Minor Ailment Scheme Protocols MKPF9 - Minor Ailment Scheme Monthly Reimbursement Cost Calculator MKPF10 - Equality and Health Inequalities – conditions for which OTC should not be routinely prescribed MKPF11- national letter sent to GPs on clarification legally on clinical discretion of prescribing OTCs</p>	
2	Impact of decision In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should include any identified health inequalities which exist in relation to this work
2.1	Age Describe age-related impact and evidence. This can include safeguarding, consent and welfare issues
<p>At service line we do not have detailed background information on the age breakdown and therefore cannot comment on impact on age. It is acknowledged that the cohorts (listed below) may be impacted however the cost of buying the list of medicines available on the scheme cost less than the current cost of a prescription item: £9.35.</p> <ul style="list-style-type: none"> • 18 years of age or under and in full time education or • named on a current HC2 charges certificate or • In receipt of one of the following benefits – <ul style="list-style-type: none"> ▪ Income Support or income-related Employment and Support Allowance ▪ gets income-based Jobseekers Allowance ▪ is entitled to, or named on, a valid NHS Tax Credit exemption certificate ▪ Pension Credit guarantee credit (PCGC) ▪ Universal Credit, in line with national criteria 	
2.2	Disability Describe disability-related impact and evidence. This can include attitudinal, physical, communication and social barriers as well as mental health/learning disabilities, cognitive impairments

At service line we do not have detailed background information on disability to comment on impact. Although we do know that some people with a disability (as legally defined) will be entitled to a Medical Exemption Certificate and so be in receipt of free prescriptions.

2.3	Gender reassignment (including transgender) Describe any impact and evidence in relation to transgender people. This can include issues such as privacy of data and harassment
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At service line we do not have detailed background information on gender reassignment to comment on impact. There is no evidence to suggest that the relevant items are prescribed disproportionately to this group

2.4	Marriage and civil partnership Describe any impact and evidence in relation to marriage and civil partnership. This can include working arrangements, part time working and caring responsibilities
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At service line we do not have detailed background information on marriage and civil partnership to comment on impact. The proposals will apply to all patients regardless of their marital or partnership status, and there is no evidence to suggest that the relevant items are prescribed disproportionately to this group. Therefore no patient will be disadvantaged on account of their marital or partnership status.

2.5	Pregnancy and maternity Describe any impact and evidence in relation to marriage and civil partnership. This can include working arrangements, part time working and caring responsibilities
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At service line we do not have detailed background information on pregnancy and maternity to comment on impact. Such patients can apply for an exemption from prescription charges. However there is no routinely collected data on prescribing and pregnancy/maternity status in cases where an exemption is not applied for so we cannot definitively assess the impact fully.

2.6	Race Describe race-related impact and evidence. This can include information on different ethnic groups, Roma gypsies, Irish travellers, nationalities, cultures and language barriers
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At service line we do not have detailed background information on race to comment on impact. The proposals will not discriminate against patients from different racial backgrounds, as any changes will apply to all patients regardless of their race.

2.7	Religion or belief Describe any impact and evidence in relation to religion, belief or no belief on service delivery or patient experience. This can include dietary needs, consent and end of life issues
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At service line we do not have detailed background information on religion or belief to comment on impact. Proposals will not discriminate against patients with religions or beliefs, or with no religion. Any changes would apply to all patients regardless of their religion, or religious beliefs and there is no evidence to suggest that the relevant items are prescribed disproportionately to this group.

2.8	Sex Describe any impact and evidence in relation to men and women. This could include access to services and employment
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At service line we do not have detailed background information on sex to comment on impact. Proposals would apply to all patients regardless of their sex

2.9	Sexual orientation Describe any impact and evidence in relation to heterosexual people as well as lesbian, gay and bisexual people. This could include access to services and employment, attitudinal and social barriers
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At service line we do not have detailed background information on sexual orientation to comment on impact. Patients of differing sexual orientation will not be affected any differently to other patient groups as any changes would apply to all patients regardless of their sexual orientation. There is no evidence to suggest that the relevant items are prescribed disproportionately to this group.

2.10	Carers Describe any impact and evidence in relation to part-time working, shift-patterns, general caring responsibilities. (Not a legal requirement but a CCG priority and best practice)
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At service line we do not have detailed background information on carers to comment on impact. People who care for adults or children could be impacted by any changes as they are often

2.11	Other disadvantaged groups Describe any impact and evidence in relation to groups experiencing disadvantage and barriers to access and outcomes. This can include socio-economic status, resident status (migrants, asylum seekers), homeless people, looked after children, single parent households, victims of domestic abuse, victims of drug/alcohol abuse. This list is not finite. This supports the CCG in meeting its legal duties to identify and reduce health inequalities
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At service line we do not have detailed background information on record on the socioeconomic level of those accessing the scheme in Milton Keynes. In Milton Keynes about 15.1 per cent (8,680) children live in low income families however in places like Luton where the scheme is not available, the percentage of dependents in low income families is higher (19%). There is no data available on the prevalence of alcohol and/or drug misusers who are currently prescribed items that are also available over the counter. There is no evidence to suggest that the relevant items are prescribed disproportionately to this group. There is no data available on the prevalence of asylum seekers and/or refugees who are currently prescribed items that are also available over the counter. There is no evidence to suggest that the relevant items are prescribed disproportionately to this group. There is no routinely collected data on prescribing for ex-service personnel / veterans in cases where an exemption is not applied for so we cannot definitively assess the impact fully at a national level. However there is an exemption for those with a valid war pension exemption certificate (less than 1% of prescriptions for OTC items). There is no data available on the prevalence of trans people or other members of the non-binary community who are currently prescribed items that are also available over the counter. There is no evidence to suggest that the relevant items are prescribed disproportionately to this group. There is no data available on the prevalence of sex workers who are currently prescribed items that are also available over the counter. There is no evidence to suggest that the relevant items are prescribed disproportionately to this group. There is no data available on the prevalence of those living with mental health issues who are currently prescribed items that are also available over the counter. There is no evidence to suggest that the relevant items are prescribed disproportionately to this group. There is no data available on the prevalence of those who have experienced human trafficking or modern slavery who are currently prescribed items that are also available over the counter. There is no evidence to suggest that the relevant items are prescribed disproportionately to this group. There is no data available on the prevalence of homeless people and rough sleepers who are currently prescribed items that are also available over the counter. There is no evidence to suggest that the relevant items are prescribed disproportionately to this group. There is no data available on the prevalence of gypsies, Roma and travellers who are currently prescribed items that are also available over the counter. There is no evidence to suggest that the relevant items are prescribed disproportionately to this group. There is no data available on those who have experienced Female Genital Mutilation (FGM) who are currently prescribed items that are also available over the counter. There is no evidence to suggest that the relevant items are prescribed disproportionately to this group.

3	Human rights The principles are Fairness, Respect, Equality, Dignity and Autonomy	
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Will the proposal impact on human rights? <i>Please colour "Yes" or "No" accordingly</i>	Yes	No
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Are any actions required to ensure patients' or staff human rights are protected? <i>Please colour "Yes" or "No" accordingly</i>	Yes	No
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If so what actions are needed? Please explain below.

4	Health Inequalities. e.g. patients with a learning disability were accessing cancer screening in substantially smaller numbers than other patients. By revising the pathway the CCG is able to show increased take up from this group, this a positive impact on this health inequality
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It is recognised that the patients in Milton Keynes would be impacted in that they may need to purchase OTC products. It should be emphasised that all patients of BLMK CCG have access to the nationally commissioned "Community Pharmacy Consultation Scheme" (CPCS), which allows referral direct from practice (typically the prescription clerk) for patients who require a consultation for minor illness, without having to go through the GP first. Through this scheme, community pharmacists provide advice and guidance to enable the patient to self-care and/or purchase OTC medication. Likewise, patients can attend community pharmacy for advice without an appointment and purchase OTC medication in line with NHS guidance.

5 Engagement/consultation
What engagement is planned or has already been done to support this project?

Engagement activity	With whom? e.g. protected characteristic/group/community	Date
Consultation	Healthwatch (lead by BLMK CCG communications team)	
Consultation	LPC (TBC) (lead by BLMK CCG communications team)	
Consultation	Engagement with wider communities and potential service users	
Notice to Provider for Termination		

Please summarise below the key finding / feedback from your engagement activity and how this will shape the policy/service decisions e.g. patient told us, so we will... (If a supporting document is available, please provide it or a link to the document)

To be confirmed following public consultation

6 Mitigations and changes
If you have identified mitigations or changes, summarise them below. E.g. restricting prescribing over the counter medication. It was identified that some patient groups require high volumes of regular prescribing of paracetamol, this needs to remain under medical supervision for patient safety, therefore an exception is provided for this group which has resolved the issue

To be confirmed following public consultation

7 Is further work required to complete this EA?
Please state below what work is required and to what section e.g. additional consultation or engagement is required to fully understand the impact on a particular protected group (e.g. disability)

Work Needed	Section	When	Date Completed
Public consultation and analyse of outcomes			
Ensure communication to pharmacies within Milton Keynes and engagement with LPC - to ensure all stakeholders are aware of the change			

8 Development of the Equality Analysis
If the EA has been updated from a previous version please summarise the changes made and the rationale for the change, e.g. Additional information may have been received – examples can include consultation feedback, service Activity data

Version	Change and Rationale	Version Date
version 1.0	BLMK CCG ICS policy alignment : NHSE self-care policy and MK minor ailments scheme	30-Aug-21

9 Final Sign off
Completed EA forms must be signed off by the completing manager. They will be reviewed as part of the decision making process. Service lines should maintain an up to date log of all Eas

Version Approved:		
	Name	Date
Signature of Senior Responsible Owner (SRO)		
Signature of HR Team Member		