Equality Analysis

Legislation requires that our policy documents consider the potential to affect groups differently and eliminate or minimise this where possible. This process helps to address inequalities by identifying steps that can be taken to ensure equal access, experience, and outcomes for all groups of people.

Step One – Policy Definition

Function/policy name and number:	PATIENT GROUP DIRECTIONS (PGD) & PATIENT SPECIFIC DIRECTIONS (PSD) POLICY
Main aims and intended outcomes of the function/policy:	Trust-wide for all staff who use or are involved in developing, authorising, using and updating Patient Group Directions (PGDs) and Patient-specific Directions (PSDs. The purpose of this policy is to ensure there is a clear framework for the development, authorisation, use, and updating of PGDs & PSDs, in line with legal and good practice requirements.
How will the function/policy be put into practice?	The policy clearly outlines the individual roles, responsibilities and competency requirements of all health professionals involved with PGDs & PSDs, to ensure safe and effective care. Provides support on the correct legal framework to use when supplying or administering medications, alternative to prescribing. Patients who urgently require a supply or administration of medication by registered staff who have demonstrated competency. Staff have access to the PGD/PSD online and paper form and understand the inclusion and exclusion criteria. Assurance that the Trust has implemented NICE guidance recommendations
Who will be affected/benefit from the policy?	Trust wide
State type of document	Policy
Is an EA required? NB: Most policies/functions will require an EA with few exceptions such as routine procedures-see guidance attached	No
Accountable Director: (Job Title)	Chief Pharmacist
Assessment Carried out by:	Lead Pharmacist Medicine safety and Governance
Date Completed:	16.1.2025

To help you to determine the impact of the policy think about how it relates to the Public Sector Equality Duty, the key questions as listed below the and prompts for each protected characteristic included Step 3:
-Eliminate unlawful discrimination, victimisation, and harassment
-Advancing equality of opportunity
-Fostering good community relations

KEY QUESTIONS

- Are people with protected characteristics likely to be affected differently even though the policy is the same for everyone?
- Could there be issues around access, differences in how a policy is experienced and whether outcomes vary across groups?
- What information /data or experience can you draw on to indicate either positive or negative impact on different groups of people in relation to implementing this function policy?

Step Two – Evidence & Engagement

What evidence have you identified and considered? This can include research ((national, regional, local) surveys, reports, NICE guidelines, focus groups, pilot activity evaluations, clinical experts or working groups, information about Dudley's demographics, The Dudley Group equality and diversity reports, Joint Strategic Needs Assessment (JSNA) or other equality analyses, Workforce Race and Disability Equality data, anecdotal evidence.

Research/Publications	Working Groups	Clinical Experts
Overview | Patient group directions | Guidance | NICE	Drugs & Therapeutics Committee	Deputy Chief Pharmacist Principal Pharmacist and Medication Safety Officer
Patient Group Directions – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice		Deputy Chief Pharmacist
	PGD/PSD harmonisation working group	Principal Pharmacist and Medication Safety Officer

Engagement, Involvement and Consultation: If relevant, please state what engagement activity has been undertaken and the date and with which protected groups:		
Engagement Activity	**Protected Characteristic/ Group/ Community**	**Date**
N/A – see notes below		
For each engagement activity, please state the key feedback you have received and then use this in step 3. List a summary of the Feedback in the 'list of feedback received' column, then add your mitigation and then your action to address.		

Summary of the feedback:

- Renamed the policy PATIENT GROUP DIRECTIONS (PGD) POLICY to PATIENT GROUP DIRECTIONS (PGD) & PATIENT SPECIFIC DIRECTIONS (PSD) POLICY. This policy was harmonised to include procedures applicable to Place Division.

- DGFT staff with protected characteristics are NOT affected by this policy. All staff groups involved in medicines management are provided with training on the use of PGDs as part of their mandatory medicine management training.

- Medicines related Datix incidents are thematically reviewed to improve corrective and preventative measures / process. There have been zero incidents with reference to either staff or patients with protected characteristics affected.

- Patients with protected characteristics requiring the administration or supply of medicines under a PGD or PSD would not be negatively impacted by the policy, as it ensures equitable access to medicines for all patients, regardless of their protected characteristics.

- The policy enables quicker access to treatment with a consistent approach, reducing the likelihood of bias in decision-making. When patients are excluded, such as due to age or pregnancy/breastfeeding, this is based on clinical safety considerations, where it is deemed safer for a prescriber to assess and manage the patient.

- The policy also ensures that staff adhere to the local interpretation and translation policy for patients with language barriers. There are no additional materials requiring translation for patients receiving medicines under a PGD or PSD compared to those provided through prescribing.

Step Three – Assessment of Impact

Complete **relevant** boxes below to help you record your assessment

Consider information and evidence from previous section covering:

- Engagement activities
- Equalities monitoring data
- Wider research

Also think about due regard under the general equality duty, NHS Constitution and Human Rights.

- DGFT staff with protected characteristics are NOT affected by this safety policy.
- Patients with protected characteristics are not affected by this policy

Positive Impact HIGH MEDIUM LOW / Negative Impact HIGH MEDIUM LOW **Positive OR Negative Impact** (not both)		Neutral Impact (Tick)	• List concerns raised for possible negative impact OR • List beneficial impact (utilise information gathered during assessment)	Mitigation List actions to redress concerns raised if a negative impact has been identified in previous column	Lead [title]	Timescale	How are actions going to be monitored/reviewed/reported? (incl. after implementation
1) Age Describe age related impact and evidence. This can include safeguarding, consent, and welfare issues:							
		X					
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:

		X					

3) Gender re-assignment
Describe any impact and evidence on transgender people. This can include issues such as privacy of data and harassment:

		X					

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:

		X					

5) Pregnancy & Maternity
Describe any impact and evidence on pregnancy and maternity. This can include working arrangements, part-time working, and caring responsibilities:

		X					

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:

		X					

7) Religion or Belief
Describe any religion, belief or no belief impact and evidence. This can include dietary needs, consent, and end of life issues:

		X					

8) Sex
Describe any impact and evidence on men and women. This could include access to services and employment:

		X					

9) Sexual Orientation
Describe any impact and evidence on heterosexual people as well as lesbian, gay and bisexual people. This could include access to services and employment, attitudinal and social barriers:

		X					

10)Other marginalised groups e.g., Homeless people
Describe any impact and evidence on groups experiencing disadvantage and barriers to access and outcomes. This can include lower socio-economic status, resident status (migrants, asylum seekers), homeless, looked after children, single parent households, victims of domestic abuse, victims of drugs / alcohol abuse: (This list is not exhaustive)

		X					

11)Privacy, dignity, respect, fairness etc.

		X					

EQUALITY ANALYSIS - GUIDANCE NOTES

Equality Analysis is a tool for ensuring that issues for equality, diversity and inclusion are considered when drawing up or revising policies or proposals which affect the delivery of services and the employment practice of the Trust.

Why do carry out Equality Analysis?

We are required to carry out equality impact assessments because:

- There is a legal requirement to do so in relation to the protected characteristics
- They are helpful in identifying gaps and make improvements to services
- They help avoid continuing or adopting harmful policies or procedures
- They help you to make better decisions
- They will help you to identify how you can make your services more accessible and appropriate
- They enable the Trust to become a better employer

Equality Impact Assessments help us to:

- Determine how Trust policies and practice, or new proposals, will impact or affect different communities groups, especially those groups or communities who experience inequality, discrimination, social exclusion, or disadvantage.
- Measure whether policies or proposals will have a negative, neutral, or positive effect on different communities.
- Make decisions about current and future services and practice in fuller knowledge and understanding of the possible outcomes for different communities or customer groups.

What do we need to assess?

Trust polices are subject to a 3-year review. Alongside the reviews new polices will emerge. Most policies, strategies, and business plan will need an EA.

However, EAs are not required in relation changes in routine procedures, administrative processes or initiative that will not have a material impact on staff, patients, carers, and the wider community. Examples include things such as checking the temperature of fridges, highly technical clinical procedures, office moves etc.

DGFT Process for EIAs

The revised EIA process is a single stage process carried out in three steps

Step One: Policy Definition

This involves a description of the policy details. This also decides whether the policy under consideration needs an assessment

Step Two: Evidence and Engagement

EAs should be underpinned by sound data and information. This should be sought from a variety of sources including information on Trust record systems, consultation and engagement activities, demographic information sources etc.

Step Three: Assessment of Impact

This is the main and the most important part of the EIA.

To help you to determine the impact of the policy think about how it relates to the Public Sector Equality Duty, the key questions as listed below and prompts for each protected characteristic.

-Eliminate unlawful discrimination, victimisation, and harassment
-Advancing equality of opportunity
-Fostering good community relations

KEY QUESTIONS

- What information /data or experience can you draw on to indicate either positive or negative impact on different groups of people in relation to implementing this function policy

- Are people with protected characteristics likely to be affected differently even though the policy is the same for everyone?

- Could there be issues around access, differences in how a service or policy is experienced and produces outcomes that vary across different groups
- Does the policy relate to the Trust's equality objectives?

NB It is important that, where adverse impact is known or is likely, mitigation measures must identified and acted upon to reduce or minimise the impact.

Step Four: Assurance

This section enables the EA to be signed off