

Equality Screening, Disability Duties and Human Rights Assessment Template - Draft

Valuing Medicines: A Strategy for the Sustainable Use of Medicines in Northern Ireland

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[Guidance on completion of the template can be found on the Equality Commission website at S75 screening template 2010 \(web access checked 291124\) .docx](#)

Part 1. Policy scoping

1.1 Information about the policy

Name of the policy:

Valuing Medicines: A Strategy for the Sustainable Use of Medicines in Northern Ireland.

Is this an existing, revised or a new policy?

'Valuing Medicines - A Strategy for the Sustainable Use of Medicines in Northern Ireland' is a new strategy which aims to inform improvements in the use of medicines within the HSC to ensure they add value to health, are cost effective and sustainable.

The strategy proposes a number of recommendations which would revise existing policies and in some cases lead to new policy decisions.

What is it trying to achieve? (intended aims/outcomes)

Medicines have a vital role in helping to prevent, treat, and cure disease. They are Northern Ireland's (NI) most common medical intervention and are relied upon to support health and wellbeing throughout life. However, medicines costs in NI are increasing annually and have reached an all-time high of £875 million per year. Further action is needed to protect access to medicines for the future.

Despite efforts to improve the efficient use of medicines in NI, prescribing rates and costs per person remain consistently higher than in other countries within the United Kingdom (UK). Without change, the Health and Social Care (HSC) service will struggle to continue funding expensive new medicines and technologies and keep up with the demand of an increasing and ageing population.

Furthermore, the environmental impact of medications is significant, accounting for approximately 25% of carbon emissions within the National Health Service. Prescription medicines cannot be re-used by the HSC after supply to patients, levels of waste are too high, and there is a pressing need to reduce the carbon footprint of medicines and mitigate environmental risks.

The Valuing Medicines Strategy sets out what the Department intends to do to help ensure the sustainable use of medicines and embed a culture of valuing medicines within our population and the HSC.

The aim is to embed sustainable practice into all health and social care settings, promoting a culture that:

- *Allows equitable access to appropriate, safe and cost-effective medicines.*

- *Involves patients in decisions about their medicines, promotes preventive care, and offers options alongside prescribed medicines.*
- *Reduces waste and the environmental impact of medicines.*
- *Drives improvement through data, technology, research and innovation.*

The strategy includes 20 recommendations to help achieve these aims. A consultation process will now be undertaken to gather feedback and insights on these proposals. As the strategy transitions into the implementation phase, individual recommendations may undergo additional screening to ensure their suitability and effectiveness.

Gathering these views will put the Department in the best possible position to inform future Ministers about the options available to them to address the rising costs and challenging financial constraints.

Are there any Section 75 categories which might be expected to benefit from the intended policy?

If so, explain how.

The screening exercise has not identified any adverse impact for any of the Section 75 categories and does not identify any significant human rights impacts in relation to the overall strategy.

The strategy is expected to benefit the NI population, as it aims to:

- *Allow equitable access to appropriate, safe and cost-effective medicines.*
- *Involve patients in decisions about their medicines, promote preventive care, and offer options alongside prescribed medicines.*
- *Reduce waste and the environmental impact of medicines.*
- *Drive improvement through data, technology, research and innovation.*

Data indicates that in 2023/24 within primary care, 45.6% of items were dispensed to patients aged 65 or over, with a further 34.4% to patients in the 45-64 age group. Of the 45.4 million items dispensed in the community in NI in 2023/24, 56.6% were to females¹.

Therefore these categories, as higher users of medicines, might expect to benefit more from the strategy. Overall, the strategy recommendations are designed to benefit all patients and users regardless of their Section 75 categories.

Who initiated or wrote the policy?

¹ Health and Social Care Business Services Organisation, Family Practitioner Services (2024) *General Pharmaceutical Services Statistics for Northern Ireland 2023 – 2024*. Available at: <https://bso.hscni.net/wp-content/uploads/2024/06/General-Pharmaceutical-Service-Statistics-for-NI-2023-24-Report.pdf>

Who owns and who implements the policy?

Responsibility for implementing any accepted recommendations made within the strategy will fall to the Department of Health as primary owners of the strategy. In some cases, the Department's Strategic Planning and Performance Group (SPPG), Health Trusts, and Community Pharmacy Northern Ireland (CPNI) may also be owners.

1.2 Implementation factors

Are there any factors which could contribute to/detract from the intended aim/outcome of the policy/decision?

If yes, are they (please delete as appropriate)

financial

legislative

other, please specify _____

1.3 Main stakeholders affected

Who are the internal and external stakeholders (actual or potential) that the policy will impact upon? (please delete as appropriate)

staff

service users

other public sector organisations

voluntary/community/trade unions

other, please specify - *Patient representative groups, community pharmacy, general practice, Health Trusts, SPPG, community development representatives, HSC Staff.*

1.4 Other policies with a bearing on this policy

- **what are they?**

The Valuing Medicines Strategy will interface with a number of other policies currently under implementation by the Department of Health. These include Delivering Together, the Elective Care Framework, Making Life Better, the Cancer Strategy for NI, and the Mental Health Strategy.

There are also a range of dependencies including limited capacity within the HSC, lack of access to alternative services and the large numbers of patients waiting on (surgical and other) interventions who are reliant on medication. The impact of procurement challenges on community pharmacy will also be kept under review.

- **who owns them?**

The Department of Health

1.5 Available evidence

What evidence/information (both qualitative and quantitative²) have you gathered to inform this policy? Specify details for each of the Section 75 categories.

There are currently no barriers to individuals receiving HSC prescriptions. These are accessible to everyone should they need them. With this being the case, the Department is of the view that any recommendations relating to prescriptions has the potential to impact the total 1.9 million³ population of NI.

The latest data provided to the Department from the Business Services Organisation (BSO) through their Family Practitioner Services (FPS) Pharmacy Payment System and from their FPS General Pharmaceutical Services Annual Report 2023/24⁴ confirms that were 45.4

² * Qualitative data – refers to the experiences of individuals related in their own terms, and based on their own experiences and attitudes. Qualitative data is often used to complement quantitative data to determine why policies are successful or unsuccessful and the reasons for this.

Quantitative data - refers to numbers (that is, quantities), typically derived from either a population in general or samples of that population. This information is often analysed either using descriptive statistics (which summarise patterns), or inferential statistics (which are used to infer from a sample about the wider population).

³ Northern Ireland Statistics and Research Agency (2024) *2023 Mid-Year Population Estimates for Northern Ireland*. Available at: <https://www.nisra.gov.uk/publications/2023-mid-year-population-estimates-northern-ireland>

⁴ Health and Social Care Business Services Organisation, Family Practitioner Services (2024) *General Pharmaceutical Services Statistics for Northern Ireland 2023 – 2024*. Available at: <https://bsc.hscni.net/wp-content/uploads/2024/06/General-Pharmaceutical-Service-Statistics-for-NI-2023-24-Report.pdf>

million items dispensed in the community (this includes community pharmacy, appliance contractors and dispensing doctors) in NI in 2023/24 compared to 38.8 million items dispensed in 2013/14. In 2023/24, the total ingredient cost⁵ for prescription items dispensed in primary care in NI was £501.3 million compared to £412.0m in 2013/14. There was an increase of 3.0% in the total ingredient cost for prescription items dispensed in primary care from 2022/23 to 2023/24 and the latest total is the highest on record.

When looking at dispensing totals in NI, females account for 56.6% of all prescription items which could be attributed to a gender in 2023/24. When looking at the breakdown by age, 45.6% of items which could be attributed to an age were dispensed to patients aged 65 or over, with a further 34.4% to patients in the 45-64 age group. These age groups also accounted for the highest total ingredient costs of £191.0 million and £144.1 million respectively, representing nearly three quarters of the ingredient cost which could be assigned to patient age.⁶

Religious belief evidence / information:

There is no qualitative or quantitative evidence available in relation to the religious beliefs of those who are currently in receipt of HSC prescriptions.

However, the results of the 2021 census in NI⁷ indicate that on census day, the main current religions were: [Catholic/Roman Catholic \(42.3%\); Presbyterian \(16.6%\); Church of Ireland \(11.5%\); Methodist \(2.4%\); Other Christian denominations \(6.9%\); and Other religions \(1.3%\).](#) [In addition, 17.4% of the NI population had 'No religion'.](#)

The strategy recommendations are designed to benefit all patients, regardless of their religious belief.

The consultation document seeks views on this subject and asks stakeholders if any of the proposals contained in the consultation document would have an adverse impact on any of the nine equality groups identified under Section 75 of the NI Act 1998.

Political Opinion evidence / information:

⁵ Ingredient cost is based on the gross cost of items before discounts. It will not necessarily reflect the actual amount paid by FPS. This is the cost at list price excluding VAT i.e. the price listed in the national Drug Tariff or in standard price lists and is not necessarily the price that has been paid. It does not take into account any contract prices or discounts, dispensing costs or fees. It also excludes payments made to community pharmacists for providing dispensing services.

⁶ Health and Social Care Business Services Organisation, Family Practitioner Services (2024) *General Pharmaceutical Services Statistics for Northern Ireland 2023 – 2024*. Available at: <https://bso.hscni.net/wp-content/uploads/2024/06/General-Pharmaceutical-Service-Statistics-for-NI-2023-24-Report.pdf>

⁷ Northern Ireland Statistics and Research Agency (2022) *Census 2021: Main statistics for Northern Ireland Statistical Bulletin: Religion*. Available at: <https://www.nisra.gov.uk/system/files/statistics/census-2021-main-statistics-for-northern-ireland-phase-1-statistical-bulletin-religion.pdf>

There is no qualitative or quantitative evidence available in relation to the political opinions of those individuals who are currently in receipt of HSC prescriptions.

Results from first party preference votes in the 2022 NI Assembly election⁸ saw [Sinn Féin \(27 seats\) and the Democratic Unionist Party \(DUP\) \(25 seats\) make up the top two political parties in NI](#), with a combined vote share of 50%⁹.

The strategy recommendations are designed to benefit all patients, regardless of their political opinion.

The consultation document seeks views on this subject and asks stakeholders if any of the proposals contained in the consultation document would have an adverse impact on any of the nine equality groups identified under Section 75 of the NI Act 1998.

Racial Group evidence / information:

There is no qualitative or quantitative evidence available in relation to the racial groupings of those individuals who are currently in receipt of HSC prescriptions.

The results of the 2021 census in NI¹⁰ indicate that on census day, [96.55% of the usually resident population in NI were White, 0.14% were Irish Traveller, 0.08% were Roma, 0.52% were Indian, 0.50% were Chinese, 0.23% were Filipino, 0.08% were Pakistani, 0.10% were Arab, 0.28% were Other Asian, 0.76% were Mixed, 0.58% were Black and 0.19% belonged to other ethnic groups](#).

The strategy recommendations are designed to benefit all patients, regardless of their racial group.

The consultation document seeks views on this subject and asks stakeholders if any of the proposals contained in the consultation document would have an adverse impact on any of the nine equality groups identified under Section 75 of the NI Act 1998.

Age evidence / information:

The proposals would impact on all patients.

Recent data indicates that in 2023/24 within Primary care, [45.6% of items which could be attributed to an age were dispensed to patients aged 65 or over, with a further 34.4% to patients in the 45-64 age group. These age groups also accounted for the highest total](#)

⁸ The Electoral Commission (2022) *Report on the May 2022 Northern Ireland Assembly election*. Available at: <https://www.electoralcommission.org.uk/research-reports-and-data/our-reports-and-data-past-elections-and-referendums/report-may-2022-northern-ireland-assembly-election>

⁹ BBC News (2022) *Northern Ireland Assembly Election Results 2022*. Available at: <https://www.bbc.co.uk/news/election/2022/northern-ireland/results>

¹⁰ Northern Ireland Statistics and Research Agency (2022) *Census 2021: Main statistics ethnicity tables*. Available at: <https://www.nisra.gov.uk/publications/census-2021-main-statistics-ethnicity-tables>

[ingredient costs of £191.0 million and £144.1 million respectively](#), representing nearly three quarters of the ingredient cost which could be assigned to patient age.¹¹

The strategy recommendations are designed to benefit all patients, regardless of their age.

The consultation document seeks views on this subject and asks stakeholders if any of the proposals contained in the consultation document would have an adverse impact on any of the nine equality groups identified under Section 75 of the NI Act 1998.

Marital Status evidence / information:

There is no qualitative or quantitative evidence available in relation to the marital status of those individuals who are currently in receipt of HSC prescriptions.

The results of the 2021 census in NI¹² indicate that on census day, [45.6% of people aged 16 years and over were married, 0.2% were in a civil partnership, 38.1% were single, 3.8% were separated, 6.0% were divorced, and 6.4% were widowed.](#)

The strategy recommendations are designed to benefit all patients, regardless of their marital status.

The consultation document seeks views on this subject and asks stakeholders if any of the proposals contained in the consultation document would have an adverse impact on any of the nine equality groups identified under Section 75 of the NI Act 1998.

Sexual Orientation evidence / information:

There is no qualitative or quantitative evidence available in relation to the sexual orientation of those individuals in receipt of HSC prescriptions.

The results of the 2021 census in NI¹³ indicate that on census day, [90.0% \(1,363,900\) of people aged 16 years and over identified as straight or heterosexual, 1.2% \(17,700\) identified as gay or lesbian, 0.7% \(11,300\) identified as bisexual, 0.2% \(2,600\) identified as other sexual orientation, 4.6% \(69,300\) preferred not to say and 3.3% \(50,000\) did not state their sexual orientation.](#)

The strategy recommendations are designed to benefit all patients, regardless of their sexual orientation.

¹¹ Health and Social Care Business Services Organisation, Family Practitioner Services (2024) *General Pharmaceutical Services Statistics for Northern Ireland 2023 – 2024*. Available at: <https://bso.hscni.net/wp-content/uploads/2024/06/General-Pharmaceutical-Service-Statistics-for-NI-2023-24-Report.pdf>

¹² Northern Ireland Statistics and Research Agency (2023) *Census 2021: Main statistics for Northern Ireland: Statistical bulletin: Marital or civil partnership status & Household relationships (couples)*. Available at: <https://www.nisra.gov.uk/system/files/statistics/census-2021-main-statistics-for-northern-ireland-phase-3-statistical-bulletin-household-relationships-version-2.pdf>

¹³ Northern Ireland Statistics and Research Agency (2023) *Census 2021: Main statistics for Northern Ireland: Statistical bulletin: Sexual Orientation*. Available at: <https://www.nisra.gov.uk/system/files/statistics/census-2021-main-statistics-for-northern-ireland-phase-3-statistical-bulletin-sexual-orientation.pdf>

The consultation document seeks views on this subject and asks stakeholders if any of the proposals contained in the consultation document would have an adverse impact on any of the nine equality groups identified under Section 75 of the NI Act 1998.

Men & Women generally evidence / information:

Recent statistics indicate that a greater number of the 45.4 million items dispensed in the community (this includes community pharmacy, appliance contractors and dispensing doctors) in NI in 2023/24 were to females¹⁴. [Females account for 56.6% of all prescription items which could be attributed to a gender in 2023/24](#). This suggests that any proposals and recommendations relating to prescriptions are more likely to affect females than males.

This difference is not statistically significant or indeed surprising given that there are [slightly more females \(51%\) than males \(49%\)](#) in the total NI population as identified in the 2021 census¹⁵.

It is also important to note that females have a longer life expectancy than males¹⁶. The latest available estimates indicate that in 2020-22, [life expectancy in NI was 78.4 years for males and 82.3 years for females](#).

Data indicates that the Expectation of life at birth (EOLB) and median age are projected to increase over the next 25 years¹⁷. [Life expectancy for females is projected to increase from 82.4 years in 2020 to 84.9 years in 2045. Males are projected to experience a greater increase in life expectancy, from 78.7 years in 2020 to 81.6 years in 2045](#).

The strategy recommendations are designed to benefit all patients, regardless of their gender.

The consultation document seeks views on this subject and asks stakeholders if any of the proposals contained in the consultation document would have an adverse impact on any of the nine equality groups identified under Section 75 of the NI Act 1998.

Disability evidence / information:

¹⁴ Health and Social Care Business Services Organisation, Family Practitioner Services (2024) *General Pharmaceutical Services Statistics for Northern Ireland 2023 – 2024*. Available at: <https://bso.hscni.net/wp-content/uploads/2024/06/General-Pharmaceutical-Service-Statistics-for-NI-2023-24-Report.pdf>

¹⁵ Northern Ireland Statistics and Research Agency (2022) *Census 2021: Main statistics for Northern Ireland: Statistical bulletin: Population and household estimates for Northern Ireland*. Available at: <https://www.nisra.gov.uk/system/files/statistics/census-2021-population-and-household-estimates-for-northern-ireland-statistical-bulletin-24-may-2022.pdf>

¹⁶ Department of Health (NI) (2023) *Life Expectancy in Northern Ireland 2020-22*. Available at: https://www.health-ni.gov.uk/sites/default/files/publications/health/hscims-life-expectancy-ni-2020-22_0.pdf

¹⁷ Northern Ireland Statistics and Research Agency (2022) *2020-based Interim Population Projections for Northern Ireland*. Available at: <https://www.nisra.gov.uk/system/files/statistics/NPP20-Bulletin.pdf>

The Department recognises that those with a disability are more likely to have a greater need for HSC prescriptions over those without disability.

The results of the 2021 census in NI¹⁸ indicate that on census day, one person in four (24.3% or 463,000 people) had a limiting long-term health problem or disability, 40% of which were aged 65 or more (185,300 people).

Census 2021 results also reveal that 34.7% of people had one or more long-term health conditions (659,800 people). The most prevalent long-term conditions (whether solely or in combination with others) were long-term pain or discomfort (11.58%), mobility or dexterity difficulty that limits basic physical activities (10.91%); shortness of breath or difficulty breathing (10.29%); an emotional, psychological or mental health condition (8.68%) and other condition (8.81%).

The strategy recommendations are designed to benefit all patients, regardless of their disability status.

The consultation document seeks views on this subject and asks stakeholders if any of the proposals contained in the consultation document would have an adverse impact on any of the nine equality groups identified under Section 75 of the NI Act 1998.

Dependants evidence / information:

There is no qualitative or quantitative evidence available in relation to whether those individuals who are currently in receipt of HSC prescriptions are with or without dependants.

According to the 2021 NI Census¹⁹, 30.7% of NI's 768,802 households include dependent children aged 0 – 18.

The strategy recommendations are designed to benefit all patients, regardless of whether they have dependants.

The consultation document seeks views on this subject and asks stakeholders if any of the proposals contained in the consultation document would have an adverse impact on any of the nine equality groups identified under Section 75 of the NI Act 1998.

1.6 Needs, experiences and priorities

¹⁸ Northern Ireland Statistics and Research Agency (2022) *Census 2021: Main statistics for Northern Ireland: Statistical bulletin: Health, disability and unpaid care*. Available at: <https://www.nisra.gov.uk/system/files/statistics/census-2021-main-statistics-for-northern-ireland-phase-2-statistical-bulletin-health-disability-and-unpaid-care.pdf>

¹⁹ Northern Ireland Statistics and Research Agency (2023) *Census 2021: Main statistics demography tables – household relationships*. Available at: <https://www.nisra.gov.uk/publications/census-2021-main-statistics-demography-tables-household-relationships>

Taking into account the information referred to above, what are the different needs, experiences and priorities of each of the following categories, in relation to the particular policy/decision?

Specify details of the needs, experiences and priorities for each of the Section 75 categories below:

Religious belief

No evidence of specific need has been identified.

Political Opinion

No evidence of specific need has been identified.

Racial Group

No evidence of specific need has been identified.

Age

While the strategy recommendations are designed to benefit all patients, regardless of their age, the Department recognises that the population in NI are living longer and becoming more reliant on greater numbers of HSC prescription items. In 2023/24, 45.6% of prescription items in primary care were dispensed to patients aged 65 or over, with a further 34.4% to patients in the 45-64 age group This suggests that those in these categories will generally have a higher reliance on HSC prescriptions to, for example, someone in their 20s.

At this stage of strategy development, the screening exercise did not identify any specific need for this category, however this draft screening document will be kept under review and updated to reflect any views or evidence sharing during the consultation and implementation phases.

Marital status

No evidence of specific need has been identified.

Sexual orientation

No evidence of specific need has been identified.

Men and Women Generally

While the strategy recommendations are designed to benefit all patients, regardless of their gender, the Department recognises that a greater number of prescription items are dispensed to females than males within the NI population.

At this stage of strategy development, the screening exercise did not identify any specific need for this category, however this draft screening document will be kept under review and updated to reflect any views or evidence sharing during the consultation and implementation phases.

Disability

While the strategy recommendations are designed to benefit all patients, regardless of their disability status, the Department recognises that those with a disability are more likely to have a greater need for HSC prescriptions over those without disability.

At this stage of strategy development, the screening exercise did not identify any specific need for this category, however this draft screening document will be kept under review and updated to reflect any views or evidence sharing during the consultation and implementation phases.

Dependants

No evidence of specific need has been identified.

Part 2. Screening questions

**2.1 What is the likely impact on equality of opportunity for those affected by this policy, for each of the Section 75 equality categories?
minor/major/none**

Details of the likely policy impacts on Religious belief:

What is the level of impact? *None*

Details of the likely policy impacts on Political Opinion:

What is the level of impact? *None*

Details of the likely policy impacts on Racial Group:

What is the level of impact? *None*

Details of the likely policy impacts on Age:

What is the level of impact? *Minor*

Details of the likely policy impacts on Marital Status:

What is the level of impact? *None*

Details of the likely policy impacts on Sexual Orientation:

What is the level of impact? *None*

Details of the likely policy impacts on Men and Women:

What is the level of impact? *Minor*

Details of the likely policy impacts on Disability:

What is the level of impact? *Minor*

Details of the likely policy impacts on Dependants:

What is the level of impact? *None*

2.2 Are there opportunities to better promote equality of opportunity for people within the Section 75 equalities categories? Yes/ No

Detail opportunities of how this policy could promote equality of opportunity for people within each of the Section 75 Categories below:

Religious Belief:

No. The policy proposal would apply to all irrespective of religious belief.

Political Opinion:

No. The policy proposal would apply to all irrespective of political opinion.

Racial Group:

No. The policy proposal would apply to all irrespective of racial grouping.

Age:

Yes. While the strategy recommendations are designed to benefit all patients, regardless of their age, the Department recognises that the population in NI are living longer and becoming more reliant on greater numbers of HSC prescription items. In 2023/24, 45.6% of prescription items in primary care were dispensed to patients aged 65 or over, with a further 34.4% to patients in the 45-64 age group This suggests that those in these categories will generally have a higher reliance on HSC prescriptions to, for example, someone in their 20s. As the strategy recommendations progress to the implementation phase, there may be opportunities to better promote equality of opportunity for these groups.

Marital Status:

No. The policy proposal would apply to all those irrespective of marital status.

Sexual Orientation:

No. The policy proposal would apply to all irrespective of sexual orientation.

Men and Women generally:

Yes. While the strategy recommendations are designed to benefit all patients, regardless of their gender, the Department recognises that a greater number of prescription items are dispensed to females than males within the NI population. As the strategy recommendations progress to the implementation phase, there may be opportunities to better promote equality of opportunity for these groups.

Disability:

Yes. While the strategy recommendations are designed to benefit all patients, regardless of their disability status, the Department recognises that those with a disability are more likely to have a greater need for HSC prescriptions over those without disability. As the strategy recommendations progress to the implementation phase, there may be opportunities to better promote equality of opportunity for this group.

Dependants:

No. The policy proposal would apply to all irrespective of whether they are with or without dependents.

2.3 To what extent is the policy likely to impact on good relations between people of different religious belief, political opinion or racial group?

Please provide details of the likely policy impact and determine the level of impact for each of the categories below i.e. either minor, major or none.

Details of the likely policy impacts on Religious belief: (insert text here)

What is the level of impact? *None*

Details of the likely policy impacts on Political Opinion: (insert text here)

What is the level of impact? *None*

Details of the likely policy impacts on Racial Group: (insert text here)

What is the level of impact? *None*

2.4 Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group?

Detail opportunities of how this policy could better promote good relations for people within each of the Section 75 Categories below:

Religious Belief:

No particular opportunities to better promote good relations have been identified as a result of the specific proposals and recommendations.

Political Opinion:

No particular opportunities to better promote good relations have been identified as a result of the specific proposals and recommendations.

Racial Group:

No particular opportunities to better promote good relations have been identified as a result of the specific proposals and recommendations.

2.5 Additional considerations

Multiple identity

Generally speaking, people can fall into more than one Section 75 category. Taking this into consideration, are there any potential impacts of the policy/decision on people with multiple identities? (For example; disabled minority ethnic people; disabled women; young Protestant men; and young lesbians, gay and bisexual people).

There is limited data available to the Department to identify those within the group of individuals receiving HSC prescriptions and who will have multiple identities although we are aware that they exist.

Recent data for 2023/24 provides a breakdown of prescribed items in primary care by gender and age. It shows that a higher proportion of prescription items for females were prescribed to those aged 85+ compared to males. Overall, 9.34% of all items prescribed to females were to those aged 85+, compared to 6.35% for males in the same age group. However, when

looking at those aged 65 and over, prescriptions for this age group accounted for 46.5% of the total items prescribed to males, and 44.9% of the total items prescribed to females²⁰.

Therefore while there is limited evidence to suggest that the policy may have a greater impact on females aged 85+, this difference diminishes when considering the broader 65+ age group.

At this stage of strategy development, the screening exercise did not identify any specific need for this category, however this draft screening document will be kept under review and updated to reflect any views or evidence sharing during the consultation and implementation phases.

Provide details of data on the impact of the policy on people with multiple identities. Specify relevant Section 75 categories concerned.

There is no specific data available to the Department to identify those within the group of individuals receiving HSC prescriptions and who will have multiple identities although we are aware that they exist.

2.6 Was the original policy / decision changed in any way to address any adverse impacts identified either through the screening process or from consultation feedback. If so please provide details.

A pre-consultation process has taken place with key stakeholders to ensure the strategy is comprehensive and meets the needs of all involved. No adverse impacts were identified.

It is important to note that this is the initial screening analysis. This draft screening document will be kept under review and updated to reflect any views or evidence sharing during the consultation and implementation phases.

²⁰ Health and Social Care Business Services Organisation, Family Practitioner Services (2024) *General Pharmaceutical Services Statistics for Northern Ireland 2023 – 2024*. Available at: <https://bso.hscni.net/wp-content/uploads/2024/06/General-Pharmaceutical-Service-Statistics-for-NI-2023-24-Report.pdf>

Part 3. Screening decision

3.1 Would you summarise the impact of the policy as; No Impact/ Minor Impact/ Major Impact?

Minor Impact

3.2 Do you consider that this policy/ decision needs to be subjected to a full equality impact assessment (EQIA)?

No

3.3 Please explain your reason.

The intention of this strategy is to help ensure the sustainable use of medicines and embed a culture of valuing medicines within our population and the HSC. This objective of this strategy is to deliver benefits at population level in NI. The screening exercise did not identify any adverse impact for any of the Section 75 categories and did not identify any major human rights impacts in the strategy.

This draft screening document will be kept under review and updated to reflect any views or evidence shared during the consultation and implementation phases.

3.4 Mitigation

When the public authority concludes that the likely impact is ‘minor’ and an equality impact assessment is not to be conducted, the public authority may consider mitigation to lessen the severity of any equality impact, or the introduction of an alternative policy to better promote equality of opportunity or good relations.

Can the policy/decision be amended or changed or an alternative policy introduced to better promote equality of opportunity and/or good relations?

If so, give the reasons to support your decision, together with the proposed changes/amendments or alternative policy.

Yes. However, on the basis that no negative impacts have been identified, mitigations are considered unnecessary. This draft screening document will be kept under review and updated to reflect any views or evidence shared during the consultation and implementation phases.

3.5 Timetabling and prioritising

Factors to be considered in timetabling and prioritising policies for equality impact assessment.

If the policy has been ‘**screened in**’ for equality impact assessment, then please answer the following questions to determine its priority for timetabling the equality impact assessment.

Not applicable – a decision has been made to screen out at this stage.

On a scale of 1-3, with 1 being the lowest priority and 3 being the highest, assess the policy in terms of its priority for equality impact assessment.

Effect on equality of opportunity and good relations – **Rating** ____ (1-3)

Social need – **Rating** ____ (1-3)

Effect on people’s daily lives – **Rating** ____ (1-3)

Relevance to a public authority’s functions – **Rating** ____ (1-3)

Note: The Total Rating Score should be used to prioritise the policy in rank order with other policies screened in for equality impact assessment. This list of priorities will assist the public authority in timetabling. Details of the Public Authority’s Equality Impact Assessment Timetable should be included in the quarterly Screening Report.

Is the policy affected by timetables established by other relevant public authorities?

Not applicable.

If yes, please provide details.

Part 4. Monitoring

Monitoring is an important part of policy development and implementation. Through monitoring it is possible to assess the impacts of the policy / decision both beneficial and adverse.

4.1 Please detail how you will monitor the effect of the policy / decision?

Information gathered in the development of the consultation document and through the responses received through public consultation will be used to initially assess the impacts that the proposal may have.

Strategy recommendations will primarily be implemented through the Department's Medicines Optimisation Regional Efficiency (MORE) Programme which will also be used as a forum for monitoring the effects of the strategy.

4.2 What data will you collect in the future in order to monitor the effect of the policy / decision?

Data on the progress of the recommendations included in the Valuing Medicines Strategy will be collected through the Department's MORE programme.

Some statistics and data systems are already in place through collection of prescription data in both primary and secondary care settings:

- Health and Social Care Business Services Organisation: General Pharmaceutical Services Statistics for Northern Ireland*
- Strategic Planning and Performance Group of the Department of Health (NI): Secondary Care Pharmacy Spend*
- Strategic Planning and Performance Group of the Department of Health (NI): Data on medicines waste, inhaler use and carbon footprint of medicines*
- Health and Social Care Business Services Organisation: Prescription Cost Analysis*
- NHS Business Services Authority: Prescription Cost Analysis – England*
- NHS Business Services Authority: Prescribing Costs in Hospitals and the Community – England*
- Public Health Scotland: Dispenser payments and prescription cost analysis*
- Public Health Scotland: Scottish health service costs – summary for financial year*
- Welsh Government: Primary care prescriptions*

Please note: - *For the purposes of the annual progress report to the Equality Commission you may later be asked about the monitoring you have done in relation to this policy and whether that has identified any Equality issues.*

Part 5. Disability Duties

5.1 Does the policy/decision in any way promote positive attitudes towards disabled people and/or encourage their participation in public life?

No. The strategy does not directly promote positive attitudes towards disabled people, nor does it discourage people with a disability from participating in public life.

5.2 Is there an opportunity to better promote positive attitudes towards disabled people or encourage their participation in public life by making changes to the policy/decision or introducing additional measures?

No opportunity has been identified to promote positive attitudes towards disabled people or encourage their participation in public life by changing or introducing additional measures to the strategy.

Part 6. Human Rights

6.1 Does the policy / decision affects anyone's Human Rights?

Details of the likely policy impacts on Article 2 – Right to life: (insert text here)

What is the impact? *Neutral*

Details of the likely policy impacts on Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment: (insert text here)

What is the impact? *Neutral*

Details of the likely policy impacts on Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour: (insert text here)

What is the impact? *Neutral*

Details of the likely policy impacts on Article 5 – Right to liberty & security of person: (insert text here)

What is the impact? *Neutral*

Details of the likely policy impacts on Article 6 – Right to a fair & public trial within a reasonable time: (insert text here)

What is the impact? *Neutral*

Details of the likely policy impacts on Article 7 – Right to freedom from retrospective criminal law & no punishment without law: (insert text here)

What is the impact? *Neutral*

Details of the likely policy impacts on Article 8 – Right to respect for private & family life, home and correspondence: (insert text here)

What is the impact? *Neutral*

Details of the likely policy impacts on Article 9 – Right to freedom of thought, conscience & religion: (insert text here)

What is the impact? *Neutral*

Details of the likely policy impacts on Article 10 – Right to freedom of expression: (insert text here)

What is the impact? *Neutral*

Details of the likely policy impacts on Article 11 – Right to freedom of assembly & association: (insert text here)

What is the impact? *Neutral*

Details of the likely policy impacts on Article 12 – Right to marry & found a family: (insert text here)

What is the impact? *Neutral*

Details of the likely policy impacts on Article 14 – Prohibition of discrimination in the enjoyment of the convention rights: (insert text here)

What is the impact? *Neutral*

Details of the likely policy impacts on 1st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property: (insert text here)

What is the impact? *Neutral*

Details of the likely policy impacts on 1st protocol Article 2 – Right of access to education: (insert text here)

What is the impact? *Neutral*

6.2 If you have identified a likely negative impact who is affected and how?

At this stage we would recommend that you consult with your line manager to determine whether to seek legal advice and to refer to Human Rights Guidance to consider:

- *whether there is a law which allows you to interfere with or restrict rights*
- *whether this interference or restriction is necessary and proportionate*
- *what action would be required to reduce the level of interference or restriction in order to comply with the Human Rights Act (1998).*

Not applicable.

6.3 Outline any actions which could be taken to promote or raise awareness of human rights or to ensure compliance with the legislation in relation to the policy/decision.

Not applicable.

Part 7 - Approval and authorisation

	Position/Job Title	Date
Screened by:		
James Gordon	DP Economist	14/11/2024
Approved by:		
Catherine Lynn	Principal Officer	20/11/2024
Copied to EHRU:		

The Screening Template is 'signed off' and approved by a senior manager responsible for the policy (at least Grade 7), made easily accessible on the public authority's website as soon as possible following completion and made available on request.

ADDITIONAL INFORMATION TO INFORM THE ANNUAL PROGRESS REPORT TO THE EQUALITY COMMISSION

(PLEASE NOTE : THIS IS NOT PART OF THE SCREENING TEMPLATE BUT MUST BE COMPLETED AND RETURNED WITH THE SCREENING)

1. Please provide details of any measures taken to enhance the level of engagement with individuals and representative groups. Please include any use of the Equality Commissions guidance on consulting with and involving children and young people.

The Department of Health (NI) is planning to undertake a full public consultation to seek the views of the public on the proposed recommendations within the new strategy titled 'Valuing Medicines - A Strategy for the Sustainable Use of Medicines in NI'.

The consultation will be made available on the 4th of December 2024 for members of the public and representative groups to consider and respond to.

In formulating its proposals, the Department convened a steering group consisting of key stakeholders from various sectors including the Department's Strategic Planning and Performance Group (SPPG), Primary care, Secondary care, General Practice, Community Pharmacy, Environmental Sustainability, Voluntary, Public Health and Digital Technology. A pre consultation process with individual stakeholder groups helped to refine the recommendations and ensure they are comprehensive and aligned with the needs of all involved.

To ensure all perspectives are adequately captured, we will be offering to undertake targeted engagement with patient and social care groups and representatives during the consultation phase. This engagement will provide a platform for these stakeholders to offer their input on the policy development, ensuring their views are considered in the final recommendations.

The Department is also planning on running a Project ECHO and other events during the consultation phase to enhance the level of engagement with individuals and representative groups.

2. In developing this policy / decision were any changes made as a result of equality issues raised during :
 - (a) pre-consultation / engagement;
 - (b) formal consultation;
 - (c) the screening process; and/or
 - (d) monitoring / research findings.

If so, please provide a brief summary including how the issue was identified, what changes were made, and what will be the expected outcomes / impacts for those effected.

Not applicable at this stage. The policy will be rescreened once a consultation has been undertaken and any subsequent responses have been received and analysed.

3. Does this policy / decision include any measure(s) to improve access to services including the provision of information in accessible formats? If so please provide a short summary.

Not applicable at this stage.

Thank you for your co-operation.