



# **Equality Analysis**



# Equality analysis

Prepared by the Equality and Inclusion Team, Department of Health

# Introduction

The general equality duty that is set out in the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The general equality duty does not specify how public authorities should analyse the effect of their existing and new policies and practices on equality, but doing so is an important part of complying with the general equality duty. It is up to each organisation to choose the most effective approach for them. This standard template is designed to help Department of Health staff members to comply with the general duty.

Please complete the template by following the instructions in each box. Should you have any queries or suggestions on this template, please contact the Equality and Inclusion Team on 020 7972 5936 or [aie@dh.gsi.gov.uk](mailto:aie@dh.gsi.gov.uk)

# Equality analysis

**Title: GOOD PRACTICE GUIDANCE FOR PCT DECISION MAKING PROCESSES ON DRUGS AND TREATMENTS**

**Relevant line in [DH Business Plan 2011-2015](#):**

Delivering projects on information that empowers patients and users and contributes to enabling the new right to information within the NHS Constitution.

**What are the intended outcomes of this work?** *Include outline of objectives and function aims*

This work will improve equity of access to drugs for patients. PCTs will have good practice guidance to support them in making consistent decisions about access to drugs and treatments. This is before NICE issues guidance or where there is no referral to NICE.

Three separate documents will be published on a dedicated section of the DH website. Principles and Draft Directions (see 'Evidence') will be published in mid-January 2009 and the good practice guide in March 2009.

**Who will be affected?** *e.g. staff, patients, service users etc*

The NHS will be better placed to account for its decisions. PCTs will have a good practice tool to help them to make decisions in a consistent, transparent way in line with the NHS Constitution.

Patients will have improved equity of access to drugs. They will be able to appreciate that decisions made about their access to drugs and treatments are the result of a clear and conscious commissioning process.

**Evidence** *The Government's commitment to transparency requires public bodies to be open about the information on which they base their decisions and the results. You must understand your responsibilities under the transparency agenda before completing this section of the assessment. For more information, see the current [DH Transparency Plan](#).*

**What evidence have you considered?** *List the main sources of data, research and other sources of evidence (including full references) reviewed to determine impact on each equality group (protected characteristic). This can include national research, surveys, reports, research interviews, focus groups, pilot activity evaluations etc. If there are gaps in evidence, state what you will do to close them in the Action Plan on the last page of this template.*

- 1. A baseline survey of current PCT activity.** The National Prescribing Centre (NPC) has undertaken a baseline survey of PCTs to record the present position, regarding PCT decision making. The findings of the survey are being used to inform the other stages of this work and it is likely to be published along with the good practice guidance(see below). However, the baseline survey has found that all PCTs have fair and equitable decision-making processes in place, but they vary in how they work.
- 2. Development of a set of public-facing "headline principles".** These principles were developed through a series of stakeholder meetings with relevant NHS and other

stakeholders, including patient groups – Rarer Cancers Forum, Alzheimer’s Society etc. The headline principles will be embedded in the good practice guidance. The principles will deliver key messages on equity – that PCTs should take into account the appropriate ethical frameworks in decision making. This is also reflected in the good practice guidance.

The Secretary of State will publish the principles on the DH website in January 2009 with the announcement of the NHS Constitution;

3. **Development of “good practice” guidance.** This is being developed in collaboration with a wide range of stakeholders, including patient representatives, with a view to publication in March 2009.

As part of the NHS Constitution pack, the Secretary of State expects to publish draft Directions to PCTs to ensure that there is clarity about PCT responsibilities. The Directions will require PCTs to:

- have in place arrangements for local decision-making on funding of drugs and treatments, including exceptional cases; and
- publish information on these arrangements.

**Disability** *Consider and detail (including the source of any evidence) on attitudinal, physical and social barriers.*

We do not expect the development of this policy to have a negative impact in terms of any equality strand.

The guidance and directions are intended to ensure equal access to drugs or treatments to all communities and groups. The policy will be applied consistently across all PCTs. As a result we do not expect any negative impact in terms of discrimination against any group or community.

**Sex** *Consider and detail (including the source of any evidence) on men and women (potential to link to carers below).*

**Race** *Consider and detail (including the source of any evidence) on difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers.*

**Age** *Consider and detail (including the source of any evidence) across age ranges on old and younger people. This can include safeguarding, consent and child welfare.*

**Gender reassignment (including transgender)** *Consider and detail (including the source of any evidence) on transgender and transsexual people. This can include issues such as privacy of data and harassment.*

**Sexual orientation** *Consider and detail (including the source of any evidence) on heterosexual people as well as lesbian, gay and bi-sexual people.*

**Religion or belief** *Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief.*

<b>Pregnancy and maternity</b> Consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities.
<b>Carers</b> Consider and detail (including the source of any evidence) on part-time working, shift-patterns, general caring responsibilities.
<b>Other identified groups</b> Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access.

<p><b>Engagement and involvement</b></p> <p>Was this work subject to the requirements of the cross-government <a href="#">Code of Practice on Consultation</a>? (Y/N)</p> <p>Y</p>
<p>How have you engaged stakeholders in gathering evidence or testing the evidence available?</p> <p>Please see the section on 'Evidence' which explains the engagement that NPC has had with PCTs, focus groups and other stakeholders.</p>
<p>How have you engaged stakeholders in testing the policy or programme proposals?</p> <p>All NPC guidance has been drawn up with full engagement from stakeholders.</p>
<p>For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:</p> <p>Please see the section on 'Evidence.'</p>

<p><b>Summary of Analysis</b> Considering the evidence and engagement activity you listed above, please summarise the impact of your work. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups. How you will mitigate any negative impacts. How you will include certain protected groups in services or expand their participation in public life.</p> <p>The PCT survey highlighted differences, including:</p> <ul style="list-style-type: none"> <li>the length of time it takes for PCTs to make decision on new medicines – with some taking up to 2 months and others as much as 6 months;</li> <li>how many exceptional cases were considered each year – between 1 and 1000;</li> <li>how the decisions were related to patients – by e-mail/letter or through the patient's clinician;</li> <li>the numbers of appeals against decisions – 17% dealt with no appeals and another</li> </ul>
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17% dealt with more than 10; and

- information sources – whilst most respondent said they used the same national sources of information (NICE, SMC and NPC), there was evidence that some did not share information locally.

The guidance aims to address these differences and as such improve PCTs decision-making processes. For example, in the PCTs where large numbers of cases are considered on an exceptional basis, the PCTs are clearly failing to develop proper commissioning policies. The guidance aims to address this and therefore address issues of equity and access.

In drawing up the good practice guidance, a number of examples of good practice have been highlighted. For example, the North of England Cancer Drug Approval Group works to give advice across PCTs on whether to approve or reject requests for new cancer drugs. It aims to ensure patients with cancer in the North East receive equitable access to a clinically defined appropriate range of cancer medicines. The good practice guidance gives advice on the merits of working collaboratively across PCTs – to ensure equitable access for patients.

We do not envisage that the policy will result in any material changes to outcomes. However, it should make the decision making processes more transparent and publicising details of local arrangements it should increase general awareness of patients' rights. The NPC will repeat the survey in the spring of 2010, which should identify whether PCTs have improved their processes.

All of the NPC guidance has been drawn up with full engagement from stakeholders. It is currently being validated by SHAs and other relevant stakeholders, before publication.

*Now consider and detail below how the proposals impact on elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups.*

**Eliminate discrimination, harassment and victimisation** *Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).*

We do not expect the development of this policy to have a negative impact in terms of any equality strand.

The guidance and directions are intended to ensure equal access to drugs or treatments to all communities and groups. The policy will be applied consistently across all PCTs. As a result we do not expect any negative impact in terms of discrimination against any group or community.

**Advance equality of opportunity** *Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).*

**Promote good relations between groups** *Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).*

**What is the overall impact?** *Consider whether there are different levels of access experienced, needs or experiences, whether there are barriers to engagement, are there regional variations and what is the combined impact?*

**Addressing the impact on equalities** Please give an outline of what broad action you or any other bodies are taking to address any inequalities identified through the evidence.

**Action planning for improvement** Please give an outline of the key actions based on any gaps, challenges and opportunities you have identified. Actions to improve the policy/programmes need to be summarised (An action plan template is appended for specific action planning). Include here any general action to address specific equality issues and data gaps that need to be addressed through consultation or further research.

Please give an outline of your next steps based on the challenges and opportunities you have identified. Include here any or all of the following, based on your assessment

- Plans already under way or in development to address the **challenges** and **priorities** identified.
- Arrangements for continued engagement of stakeholders.
- Arrangements for continued monitoring and evaluating the policy for its impact on different groups as the policy is implemented (or pilot activity progresses)
- Arrangements for embedding findings of the assessment within the wider system, OGDs, other agencies, local service providers and regulatory bodies
- Arrangements for publishing the assessment and ensuring relevant colleagues are informed of the results
- Arrangements for making information accessible to staff, patients, service users and the public
- Arrangements to make sure the assessment contributes to reviews of DH strategic equality objectives.

Further to the baseline survey, the NPC will undertake a follow-up survey in 2011 and subsequent years to examine how effective the guidance is in improving equity across PCTs.

In addition, the NHS Constitution has a monitoring plan to monitor the impact of the Constitution on equity.

If the NPC follow-up survey or NHS Constitution monitoring plan highlight any areas of inequity as a result of this guidance, the policy will be adjusted to address the identified issues.

## For the record

**Name of person who carried out this assessment:**

**Date assessment completed:**

**Name of responsible Director/Director General:**

**Date assessment was signed:**

# Action plan template

This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your policy.

Category	Actions	Target date	Person responsible and their Directorate
<b>Monitoring, evaluating and reviewing</b>	<p>Further to the baseline survey, the NPC will undertake a follow-up survey in 2011 and subsequent years to examine how effective the guidance is in improving equity across PCTs.</p> <p>In addition, the NHS Constitution has a monitoring plan to monitor the impact of the Constitution on equity.</p> <p>If the NPC follow-up survey or NHS Constitution monitoring plan highlight any areas of inequity as a result of this guidance, the policy will be adjusted to address the identified issues.</p>	2011	MPI-CCE Strategy, Finance & NHS

