



# Rebalancing Medicines Legislation and Pharmacy Regulation

Consultation on draft Orders under section 60 of the  
Health Act 1999

Pharmacy (Preparation and Dispensing Errors –  
Hospitals and Other Pharmacy Services) Order  
2018

## Equality Analysis

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## Title

Rebalancing Medicines Legislation and Pharmacy Regulation – further draft Order under section 60 of the Health Act 1999, entitled the draft “Pharmacy (Preparation and Dispensing errors – Hospitals and Other Pharmacy Services) Order 2018”

## What are the intended outcomes of this work?

The primary aim of this Order is to support patient safety through increasing the reporting and subsequent learning from preparation and dispensing errors. This draft Order similarly seeks to extend the defences to strict liability offences of contravening section 63 or section 64 of the Medicines Act 1968 to include pharmacy professionals working in hospitals and other pharmacy services – so as to ensure parity across the pharmacy profession, with pharmacy professionals working at or from registered pharmacies already being able to benefit from defences.

The threat of criminal sanction is widely believed to hinder the reporting of preparation and dispensing errors, and is linked to a “fear factor” associated with the relative straightforwardness by which a pharmacy professional can be prosecuted for strict liability offences of contravening section 63 or section 64 of the Medicines Act 1968. This reluctance to report preparation and dispensing errors results in decreased opportunity to collate and share any relevant learning, which, if promoted, would contribute to improved patient safety. A key policy objective is to support safety for the users of pharmacy services, while recognising that healthcare will always involve risks. However, those risks can be reduced through reporting, analysing, increasing awareness and tackling the causes of patient safety incidents – such as preparation and dispensing errors.

## Who will be affected?

The proposals directly impact on registered pharmacists and registered pharmacy technicians who report dispensing errors made by them, or persons supervised by them, in the course of the provision of the pharmacy services of hospitals and other specified pharmacy services, including services provided in a care home, prison or similar institutions. These groups will benefit through decreased fear of potential prosecution.

Patients and the public generally, especially those who have their medicines prepared or dispensed by registered pharmacy professionals working in hospitals or other specified pharmacy services, will indirectly benefit from the proposals to improve reporting and learning from errors, which in turn contribute to improved patient and consumer safety.

## Evidence

### What evidence have you considered?

Internal NHS England analysis has been reviewed during the development of this Equality Analysis to consider the impact of the proposals on different age groups. We are requesting those being consulted to forward any evidence they may have of any differential impact on both different age groups, and the other equality groups.

### Disability

These proposals are designed to further improve safety for all users of pharmacy services. These proposals will benefit all those who receive medicines from registered pharmacy professionals working in hospitals or other specified pharmacy services regardless of ability.

People with disabilities are more likely to access healthcare services and have complex health and medicines needs. As a result, it is expected that this equality group may receive greater benefit from a reduction in dispensing errors and improved learning. We will monitor how the policy has differential impacts on people with disability, following implementation.

### Sex

The GPhC's *Registrant Survey 2013*<sup>i</sup> reports that, from those surveyed, approximately 74% of pharmacists working in a hospital pharmacy are female and 26% male. and approximately 85% of pharmacy technicians working in a hospital pharmacy are female and 15% male. These proposals will benefit all those who receive medicines from registered pharmacy professionals working in hospitals or other specified pharmacy services regardless of their sex. We are not aware of any impact these proposals will have specifically in relation to people of either sex. We will monitor whether the policy has differential impacts on people of either sex, following implementation.

### Race

People from certain races are more prone to certain conditions and diseases, therefore are more likely to take medicines, for example diabetes and cardiovascular disease. Beyond this we are not aware of any differential impact these proposals will have specifically in relation to race. The GPhC's *Registrant Survey 2013*<sup>i</sup> reports that, from those surveyed, the two largest racial groups that pharmacists working in hospital pharmacies identified as are "White British" (62%) and "Asian" (17%), and also that the two largest racial groups that pharmacy technicians working in hospital pharmacies identified as are "White British" (84%) and "Asian" (9%). We will monitor whether the policy has differential impacts on people of different ethnic minority backgrounds, following implementation.

### Age

Older people are more likely to access healthcare services and have complex health and medicines needs. Indeed, internal NHS England analysis suggests that polypharmacy, and within this, risk of problematic polypharmacy, increases in prevalence as patients get older – with approximately 11% of patients above the age of 75 being prescribed 10 or more unique medicines compared to an average of around 5% of the overall general population. As a result, it is expected that this equality group may receive greater benefit from a reduction in dispensing errors and

improved learning. The GPhC's *Registrant Survey 2013*<sup>1</sup> reports that, from those surveyed, approximately 84% of pharmacists and 78% of pharmacy technicians working in a hospital pharmacy are below the age of fifty years old. We will monitor how the policy has differential impacts on people of different ages, following implementation.

#### **Gender reassignment (including transgender)**

These proposals will benefit all those who receive medicines from registered pharmacy professionals working in hospitals or other specified pharmacy services regardless of their gender. We are not aware of any differential impact these proposals will have specifically in relation to gender reassignment. However, we will monitor whether the policy has differential impacts on people of different genders, following implementation.

#### **Sexual orientation**

These proposals will benefit all those who receive medicines from registered pharmacy professionals working in hospitals or other specified pharmacy services regardless of their sexual orientation. We are not aware of any differential impact these proposals will have specifically in relation to sexual orientation. We will monitor whether the policy has differential impacts on people of different sexual orientations, following implementation.

#### **Religion or belief**

These proposals will benefit all those who receive medicines from registered pharmacy professionals working in hospitals or other specified pharmacy services regardless of their religion or belief. We are not aware of any differential impact these proposals will have specifically in relation to religion or belief. We will monitor whether the policy has differential impacts on people of different religions or beliefs, following implementation.

#### **Pregnancy and maternity**

These proposals will benefit all those who receive medicines from registered pharmacy professionals working in hospitals or other specified pharmacy services during pregnancy or maternity. The taking of medicines during pregnancy and maternity require careful consideration. Otherwise, we are not aware of any issues or concerns arising in relation to pregnancy or maternity. We will monitor whether the policy has an impact on pregnant women and those on maternity leave, following implementation.

#### **Carers**

These proposals will benefit all those who receive medicines from registered pharmacy professionals working in hospitals or other specified pharmacy services, whether directly or on someone's behalf. Carers tend to care for people who take medicines and so are likely to benefit indirectly from a reduction in dispensing errors. We will monitor whether the policy differentially impacts carers and the people they care for, following implementation.

#### **Other identified groups**

No other groups have been identified.

## **Engagement and involvement**

Was this work subject to the requirements of the cross-government [Code of Practice on Consultation](#)? (**Y/N**)

### **How have you engaged stakeholders in gathering evidence or testing the evidence available?**

We are consulting on these proposals and asking for comments on this Equality Analysis.

### **How have you engaged stakeholders in testing the policy or programme proposals?**

The policy on dispensing errors in pharmacy has been developed over a long time, and has been subject to extensive review by the Rebalancing Programme Board and engagement with wider stakeholders via the associated Partners' Forum and public consultation. This resulted in an earlier legislative order - The Pharmacy (Preparation and Dispensing Errors – Registered Pharmacies) Order 2018 - which entered into force on 16 April 2018. The equality analysis for the above Order has been reviewed and the assumptions will be tested through the public consultation.

**For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:** Intended audience - Pharmacy professionals, pharmacy regulatory bodies, pharmacy professional and representative bodies, unions, patients and the public, and health organisations.

A wide range of engagement has taken place between 2013 and 2017, via the Rebalancing Programme Board and associated Partners' Forum. A formal [public consultation](#) was held February 2015 informing the development of proposals subject to the consultation published alongside this assessment.

## **Summary of Analysis**

Previous Departmental engagement with stakeholders on the proposals has not led to the identification of any significant impact on any of the groups listed above in this document.

Of the nine protected characteristics, older people, those of certain races, and those with a disability have been identified by the Department as groups that may potentially benefit more than other equality groups from these proposals, as they are more likely to access and require medicines - especially so in relation to the prevalence of polypharmacy in the elderly. Carers of those taking medicines are also expected to indirectly benefit. These proposals are expected to decrease the occurrence of future preparation and dispensing errors, through increasing the reporting of errors and associated learning, and therefore older people are expected to benefit proportionally more in comparison to other age groups.

However, these proposals seek to promote the safety of all patients who take medicines and use pharmacy services, regardless of their characteristics. It also seeks to provide defences for all pharmacy professionals, regardless of their characteristics.

The draft Order therefore contributes to advancing equal opportunity and promoting good relations between groups through providing the same impact on all affected, regardless of their characteristics/group.

### **Eliminate discrimination, harassment and victimisation**

Overall, in its assessment of the impact on equality of this measure, the Department of Health and Social Care has concluded that the policy would not lead to any unlawful discrimination, harassment or victimisation of any particular group by gender, race, religion, ethnicity, sexuality, sexual orientation or disability.

### **Advance equality of opportunity**

We believe this policy will have no impact on the advancement of equality of opportunity.

### **Promote good relations between groups**

We believe this policy will promote good relations between groups.

## **What is the overall impact?**

We have not identified any factors arising from these proposals, which impact on matters of equality, create barriers or introduce regional variation. We will monitor with key stakeholders the effects of this policy to ensure this remains the case.

## **Addressing the impact on equalities**

No negative impacts have been identified.

## **Action planning for improvement**

This equality analysis will be published alongside the planned consultation, which will be used to test the assumptions in this assessment. We will keep this under review and update the assessment in the light of consultation responses.

## **For the record**

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

Reece Laird – Medicines and Pharmacy Directorate

### **Date assessment completed:**

May 2018

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<sup>i</sup> GPhC Registrant Survey 2013

[https://www.pharmacyregulation.org/sites/default/files/gphc\\_registrant\\_survey\\_2013\\_main\\_report\\_by\\_natcen.pdf](https://www.pharmacyregulation.org/sites/default/files/gphc_registrant_survey_2013_main_report_by_natcen.pdf)