

# Equality, Human Rights and Fairer Scotland Duty Impact Assessment



## Stage 3 Analysis of Findings and Recommendations

### A Pharmacy Support Service: Health and Social Care Partnership (H&SCP) Pharmacy Team Equality, Human Rights and Fairer Scotland Duty Impact Assessment

Please detail a summary of the purpose of the proposal being developed or reviewed including the aims, objectives and intended outcomes

Direction **SBIJB-150622-3 Pharmacy Support** from the Scottish Borders Integration Joint Board (IJB) outlined a collaborative effort between NHS Borders and Scottish Borders Council to develop an integrated polypharmacy support service for adult social care users across all providers. This service aimed to improve medication management, reduce hospital admissions and improve health outcomes; this aligns with the strategic goals of the IJB. The programme started as a two-year non-recurrent test of change, funded at £150,000 *per annum*. Decisions about the recurrence of this initiative were to be made following review by the Integration Joint Board Audit Committee.

A progress report written by the H&SCP Pharmacy Team was submitted in September 2024. This report highlighted that the Pharmacy Support project had achieved all seven objectives set out. In addition, the original annual cost savings target of £252,000 was surpassed with projected savings of £379,700 based on data from the six-month period between October 2023 and March 2024. Continued (and expanded) funding was formally requested of the IJB in March 2025, this was granted and Direction **SBUB-190325-1 IJB Pharmacy Team** was issued.

The H&SCP Pharmacy Team support, advise, risk assess and review medication of people who receive care at home, live in housing with care/supported living facilities or are in-patient at an intermediate care facility. There are two main components to our work – medicines management assessment (MMA) and polypharmacy review – and by combining these, we aim to reduce harm caused by medication, promote independence and reablement (with technology, where appropriate) and make the best use of the care resource available in the Scottish Borders.



As of 01 April 2025, the H&SCP Pharmacy Team was renamed Realistic Medicine Pharmacy Referrals (RMPR) Team. This reflects that plan to develop an integrated polypharmacy support service for the following groups of people:

- Referrals (as per pilot) for people who have input from Social Work and/or receive Care at Home
- All patients residing in a Care Home
- Patients who
  - are aged 75 and over (progressing to 65-74 as resources allow) and/or
  - take 10 or more regular medicines (where at least one of which is a high-risk medication) and/or
  - have a SPARRA score in the range 40 - 60%

### Aims and Outcomes

Primary Aims	Outcomes (National Health and Wellbeing Outcome indicators)
Improved outcomes for individuals receiving Social Care input by undertaking risk assessment to avoid medication issues and increased safety by reducing the risk of harm to them from their medicines and the resultant admissions to hospital care.	<p>People are able to look after and improve their own health and wellbeing and live in good health for longer</p> <p>People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.</p> <p>People who use health and social care services are safe from harm</p>
Reduce the need for carer visits - With a proper assessment and review of patients the burden on health and social care can be reduced.	Resources are used effectively and efficiently in the provision of health and social care services
Work with other H&SCP staff to deliver integrated care. This team would support workstreams for example 'Home First', 'Reducing delayed discharges', maximising capacity of care at home staff and contribute to the management of what were once considered winter pressures however now seem to be all year round.	



Secondary Aims	Outcomes (National Health and Wellbeing Outcome indicators)
Reduce the use of compliance aids – to allow reablement, promote self-care, and reduce the burden on both health and social care services. As well as releasing community pharmacy time	People are able to look after and improve their own health and wellbeing and live in good health for longer
	People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
Actions around promoting independence and reablement through the use of assistive technology to enable patients to take their medicines and reduce the burden on both health and social care services.	People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
	Resources are used effectively and efficiently in the provision of health and social care services.
Work with other stakeholders to ensure consistency of training and education to staff across all Care at home and Care Home providers in relation to medicines related policies and procedures.	People who use health and social care services are safe from harm.
	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
Link with Realistic Medicines work within Borders H&SCP to deliver quality improvement approaches to patient care.	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services



## Section 1: Equality Act 2010

**Relevant protected characteristics** materially impacted, or potentially impacted, by the proposal (clients, customers, people using services, employees) as outlined in *Stage 1 - Proportionality and Relevance* are **age**, **disability** (defined here as to include learning disability, learning difficulty, mental ill-health, physical disability, neurodiversity and neurological condition/s), **race** and **religion or belief** (including non-belief).

Protected Characteristic	Equality Duty	What impact and or difference will the proposal have	Measures to evaluate/mitigating actions
<b>age</b>	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	Positive – people will be able to engage with the H&SCP Pharmacy Team if their needs require it without age as a barrier	Referrers to be made aware/reminded that there is no age limit for people who receive Care at Home or live in a Care Home/ Supported Living Accommodation.
	Advancing equality of opportunity	Positive – greater access to service for older people and promotion of independence	Inclusive service design Working with the person to find the best solution for person, regardless of geography, general practitioner and local community pharmacy contractor.
	Fostering good relations by reducing prejudice and promoting understanding	Positive – older people will be treated as individuals and have choices in how their medicines are managed	Patient and carer feedback Person-centred, person-led approach – use of BRAN framework and asking, ‘What Matters to You?’ during polypharmacy reviews and medicines management assessments.
<b>disability</b>	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	Positive - Incorporation of equality principles into service design and delivery can help to dismantle systemic discrimination.	Feedback from users of the service Review of relevant policy, involving disabled people in service planning and ensuring compliance with the Equality Act 2010.



	Advancing equality of opportunity	Positive – people with a disability will be offered opportunities for polypharmacy review (and - where appropriate - medicines management assessment) in multiple formats	Potential for digital exclusion Uptake of accessible formats and in-person appointments
	Fostering good relations by reducing prejudice and promoting understanding	Positive – people with disabilities can be empowered when the H&SCP Pharmacy Team support with self-management of medication. Enabling people to make informed choices reduces dependency and promotes autonomy.	Continued engagement with community groups (e.g. Ability Borders were keen to establish more formal links with H&SCP Pharmacy Team) Ensure groups that have not (yet) engaged are not forgotten
<b>race</b>	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	Neutral	
	Advancing equality of opportunity	Neutral	Completion of mandatory NHS Borders e-learning modules on equality and diversity
	Fostering good relations by reducing prejudice and promoting understanding	Positive – demonstration of improved cultural competence when conducting polypharmacy reviews and/or medicines management assessments	Language barriers – ensure H&SCP Pharmacy Team have access to translation services (such as Language Line, used in GP Practice settings) Completion of mandatory NHS Borders e-learning modules on equality and diversity
<b>religion or belief</b>	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	Neutral	
	Advancing equality of opportunity	Neutral	



	Fostering good relations by reducing prejudice and promoting understanding	Positive – demonstrating respect for religious and/or cultural beliefs around taking medication and/or medical intervention	Staff awareness and sensitivity
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## Section 2: Equality and Human Rights Measurement Framework Human– Reference those identified in Stage 1

**Equality and Human Rights Measurement Framework Indicators** as outlined in *Stage 1 - Proportionality and Relevance* were

Living Standards

Social Care

Health

Social Care

Health outcomes

Access to health care

Mental Health

Palliative and end of life care\*

Participation

Access to services

Social and community cohesion\*

Family life\*

*\*supplementary indicators*

Domain	Indicator	Enhancing or Infringing	Impact and or difference will the proposal have	Measures to evaluate/mitigating actions
Domain 3: Living Standards	Social Care	Enhancing	Providing adequate support with medicines and care could allow people to stay in their own homes (if this is what they wish) rather than a 'forced' move into residential care.	Experience of those in receipt of care services Availability of packages of care within Scottish Borders – recognition that there is limited



				access/availability to Care at Home in some areas. Understanding and managing expectations
Domain 4: Health	Social Care Health outcomes Access to health care Mental health Palliative and end of life care*	Enhancing	Continuation of a service that will treat the whole person, and not just the illness, which aligns with the principle of health as a human right.	Successful multidisciplinary working across pharmacy and social care
Domain 6: Participation	Access to services Social and community cohesion* Family Life*	Enhancing	Reduction of medication burden and any unnecessary care input may allow people to participate more fully in society. For example, if a medication prescribed at midday can be moved to another time of day or stopped, this could mean that an individual can attend a community event like lunch club.	Communication and engagement with local communities

### Section 3: Fairer Scotland Duty

Identify changes to the <b>proposal</b> to be made to reduce negative impacts on equality of outcome and or improving health inequalities	None identified
Identify the opportunities the <b>proposal</b> provides to reduce or further reduce inequalities of outcome and or improving health inequalities	As per Direction <b>SBUB-190325-1 IJB Pharmacy Team</b> , the proposal provides the opportunity to develop closer working relationships with the following services: <ul style="list-style-type: none"> <li>• Care Homes</li> <li>• NHS Borders Care Home Team<sup>†</sup></li> <li>• Home First</li> <li>• Scottish Borders Council Adult Social Work &amp; Practice</li> <li>• Technology Enhanced Care (TEC) Team</li> <li>• Care Providers (including private carers)</li> </ul>



	<ul style="list-style-type: none"> <li>• General Practices</li> <li>• NHS Borders Pharmacotherapy Team(s)</li> <li>• Secondary Care (to support safe transition from hospital to community and <i>vice versa</i>)</li> </ul> <p><sup>†</sup><i>Now incorporated into Realistic Medicine Pharmacy Referrals (RMPPR) Team</i></p> <p>Health inequalities cannot be addressed without a unified strategy that spans services/departments /bodies so working across different sectors of Health and Social Care is vital to success.</p>
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#### Section 4: Are there any negative impacts with no identified mitigating actions? If yes, please detail these below:

N/A
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#### Section 5: Equality, Human Rights & Fairer Scotland Duty Impact Assessment Recommendations

The following recommendations were identified during the impact assessment process:

Recommendation	Recommendation owned by:	Date recommendation will be implemented by	Review Date
Create a template which will allow protected characteristics to be recorded as part of medicines management assessment and/or polypharmacy review.	<b>Fiona Fealy</b> <i>Responsible Officer</i> Interface Pharmacist – H&SCP Pharmacy Team, NHS Borders	October 2025	April 2026
Establish formal links with interested community groups	<b>Tricia Mieduniecki</b> <i>Main Stakeholder</i> Interface Pharmacist – H&SCP Pharmacy Team, NHS Borders	April 2026	April 2027

#### Section 6: Monitoring Impact – Internal Verification of Outcomes





How will you monitor the impact this proposal affects different groups, including people with protected characteristics, communities experiencing inequalities and people with lived experience?

Collect and analyse service usage and outcomes by:

- Protected characteristics
- Socioeconomic indicators (SIMD)
- Geographic location (urban\*/rural)

\* *relative to Scottish Borders*

Ensure datasets are complete, timely, and anonymised.

### Section 7: Procured, Tendered or Commissioned Services (SSPSED)

Is any part of this policy/service to be carried out wholly or partly by contractors and if so, how will equality, human rights including children's rights and the Fairer Scotland duties be addressed?

Not applicable

### Section 8: Communication Plan (SSPSED)

Please provide a summary of the communication plan which details how the information about this policy/service to young people, those with a visual or hearing sensory impairment, difficulty with reading or numbers, learning difficulties or English as a second language will be communicated.

Ensure services are physically, culturally, and linguistically accessible. Provide information in easy-read formats, British Sign Language (BSL), and multiple languages. Train staff in disability awareness and inclusive communication and offer non-digital alternatives to digital tools.

**Signed Off By:**

**Name Joint Executive Team:**



Date:

