

Section 4 Integrated Impact Assessment

Summary Report Template

Each of the numbered sections below must be completed

Interim report	<input type="checkbox"/>	Final report	<input checked="" type="checkbox"/>	(Tick as appropriate)
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1. Title of proposal

Primary Care Prescribing Plan 2021 - 2022

2. What will change as a result of this proposal?

A range of prescribing activities and projects are described, aimed at improving the quality of pharmaceutical care and cost effective use of medicines in Primary Care.

3. Briefly describe public involvement in this proposal to date and planned

No public involvement planned.

4. Is the proposal considered strategic under the [Fairer Scotland Duty](#)?

No

5. Date of IIA

20/05/2021

6. Who was present at the IIA? Identify facilitator, lead officer, report writer and any employee representative present and main stakeholder (e.g. NHS, Council)

Name	Job Title	Date of IIA training
Chris Miller (Facilitator, Report Writer)	Primary Care and Community Pharmacy Coordinator, NHS Lothian	Aug 2016
Mike Massaro-Mallinson	EHSCP Locality Manager	
Gillian Brunton	Advanced Clinical Pharmacist, EHSCP	

Karen Reid	Advanced Clinical Pharmacist, EHSCP	
Mark Hunter	Head of PCCO Finance, NHS Lothian	
Douglas McGown	General Practitioner, WLHSCP	
Dervilla Bray	Prescribing Advisor, ELHSCP	
June Edwards	Advanced Clinical Pharmacist, EHSCP	
Wendy Carswell	Advanced Clinical Pharmacist, EHSCP	
Ross McLeod	Assistant Management Accountant, NHS Lothian	
Neil Ferguson	General Manager, WLHSCP	
Katie Johnston	Advanced Clinical Pharmacist, EHSCP	
Alan Millarvie	Advanced Clinical Pharmacist, ELHSCP	
Carol Holmes	Lead Pharmacist, WLHSCP	

7. Evidence available at the time of the IIA

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected / and to the environmental impacts of your proposal
Data on populations in need	Our Health, Our Care, Our Future. 2014.	Outline of NHS Lothian demographics, inequalities and ill health data. No adverse impact on population identified from plan.
Data on service uptake/access	Our Health, Our Care, Our Future. 2014. Prescribing Data	Outline of NHS Lothian demographics, inequalities and ill health data. Primary Care prescribing: drug names, volume, cost prescribed each month. No adverse impact on population identified from plan.
Data on socio-economic disadvantage e.g. low income, low wealth, material deprivation, area deprivation.	Our Health, Our Care, Our Future. 2014.	Outline of NHS Lothian demographics, inequalities and ill health data. No adverse impact on population identified from plan.
Data on equality outcomes	None	Data on equality outcomes in relation to prescribing not identified, however no adverse impact on population identified from plan.
Research/literature evidence	Clinical Guidance Lothian Joint Formulary Prescribing Data	All interventions and projects follow clinical guidance and aim to improve quality of prescribing as well as cost effectiveness.
Public/patient/client experience information	None	Any changes made to treatment will be done in partnership with the patient and followed up post change. No adverse impact on population identified from plan.
Evidence of inclusive engagement of people who use the service and involvement findings	None	Service users were not consulted during IIS, however no adverse impact on population identified from plan.
Evidence of unmet need	None	Evidence of unmet need in relation to prescribing not identified, however no adverse impact on population identified from plan.
Good practice	National	Clinical guidance exists to cover all

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected / and to the environmental impacts of your proposal
guidelines	Guidance (NICE/SIGN etc) Lothian Joint Formulary	aspects of the Prescribing Efficiency plan within each individual process. No adverse impact identified from plan.
Carbon emissions generated/reduced data	None	No evidence of data on carbon emissions in relation to prescribing identified, however no adverse impact identified from plan and potential positive benefits.
Environmental data	None	No evidence of data on environmental impact in relation to prescribing identified, however no adverse impact identified from plan and potential positive benefits.
Risk from cumulative impacts	None	No evidence identified of risk of cumulative impacts from prescribing, however no adverse impact on population identified from plan.
Other (please specify)		
Additional evidence required		

8. In summary, what impacts were identified and which groups will they affect?

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>Positive Positive impacts identified through quality improvement projects, such as medication review, polypharmacy review and a range of projects based on national clinical guidance. Projects have been developed through existing clinical governance structures, involving specialist input when required.</p> <p>Negative No negative impacts identified on patients with protected characteristics. All projects rely on patient consent and treatment changes can be reversed if required.</p> <p>Potential difficulties in communicating with patients were identified. Training and support exists in NHS Lothian to help patients with communication difficulties and steps will be taken to ensure these resources are available to teams.</p>	<p>Potentially all population groups may be affected by the plan as Primary Care prescribing covers the full population of NHS Lothian.</p> <p>Staff working with the plan.</p>

Potential impact identified on staff implementing the plan through balancing with current workload. Steps will be taken to balance workload and ensure the plan is built into job descriptions and work plans.	
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<p>Environment and Sustainability including climate change emissions and impacts</p> <p>Positive Several projects aim to reduce medicines waste which will have a positive environmental impact. Projects involving inhaler use expected to support reduction in greenhouse gas emissions.</p> <p>Negative No adverse impact identified.</p>	<p>Affected populations / areas</p> <p>Potentially all population groups and areas may be affected by the plan.</p>
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<p>Economic including socio-economic disadvantage</p> <p>Positive Positive impacts identified though cost effective use of medicines. Projects aim to improve quality of prescribing outcomes to support service quality and access.</p> <p>Negative No adverse impact identified.</p>	<p>Affected populations / areas</p> <p>Potentially all population groups and areas may be affected by the plan.</p>
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9. 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, environmental and sustainability issues be addressed?

GP independents contractors, working in line with NHS Lothian guidance on prescribing, and NHS Lothian values including the rights of all protected populations.

10. Consider how you will communicate information about this policy/ service change to children and young people and those affected by sensory impairment, speech impairment, low level literacy or numeracy, learning difficulties or English as a second language? Please provide a summary of the communications plan.

Any changes to treatment will be communicated by the prescriber or member of the practice team, taking into account all individual needs. Changes to treatment will be reviewed and can be altered is necessary.

11. Is the policy likely to result in significant environmental effects, either positive or negative? If yes, it is likely that a [Strategic Environmental Assessment](#) (SEA) will be required and the impacts identified in the IIA should be included in this.

Positive impact expected from reduced medicines waste, potential reduced gases from MDI inhalers – not possible to quantify.

12. Additional Information and Evidence Required

If further evidence is required, please note how it will be gathered. If appropriate, mark this report as interim and submit updated final report once further evidence has been gathered.

13. Specific to this IIA only, what recommended actions have been, or will be, undertaken and by when? (these should be drawn from 7 – 11 above) Please complete:

Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)	Who will take them forward (name and job title)	Deadline for progressing	Review date
Research additional communication support tools and circulate	Chris Miller	August 2021	
Balance staff workplans and workload expectations to include actions from this plan	Pharmacotherapy Implementation Group	August 2021	

14. Are there any negative impacts in section 8 for which there are no identified mitigating actions?

No

15. How will you monitor how this proposal affects different groups, including people with protected characteristics?

Any changes to prescribing will be monitored locally by the prescribing team and any impacts will be assessed as they arise.

16. Sign off by Head of Service/ NHS Project Lead

Name

Chris Miller

Date

25/05/2021

17. Publication

Completed and signed IIAs should be sent to: impactassessments@nhslothian.scot.nhs.uk to be published on the NHS website <https://www.nhslothian.scot.nhs.uk/YourRights/EqualityDiversity/Pages/ImpactAssessment.aspx> and available for auditing purposes. Copies of previous impact assessments are available on the NHS Lothian website under Equality and Diversity.