# Equality Impact Assessment
# Brief Impact Assessment
# (Form 1)

**This is a legal document as set out in the Equality Act (2010) and the Equality Act 2010 (Specific Duties) (Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues.**

**Completing this form helps you to decide whether or not to complete to a full EQIA**
**Consideration of the impacts using evidence / public or patient feedback etc is necessary**

| **Title:** **High Risk Pain Medicines Patient Safety Programme** |
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**Question 1:** **Lead Assessor's contact details**

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|---|---|---|---|
| **Name** | Deborah Steven | **Tel. No** | 07787168947 |
| **Job Title:** | Lead Pharmacist | **Ext:** | |
| **Department** | Fife Pain Management Service | **Email** | deborah.steven@nhs.scot |

**Question 2:** **Which Service, Dept, Group or Committee is responsible for carrying out the Standard Impact Assessment?**

| **Name** | HRPM Programme Board |
|---|---|

**Question 3:** **What is the scope for this EQIA? (Please x)**

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|---|---|---|---|---|---|
| **NHS** | **x** | **NHS Fife Acute** | **x** | **NHS Fife Corporate** | **x** |
| **HSCP** | **x** | **Service specific** | **x** | **Discipline specific** | **x** |

**Question 4:**
**Describe the aim and purpose of the policy, policy review, existing or new service, redesign, new build, new project or program.**

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| **Aim** | To establish an NHS Fife Medicines Safety Programme with an initial focus on High Risk Pain Medicines (HRPM). The Executive Directors Group (EDG) agreed to establish a High Risk Pain Medicines (HRPM) Patient Safety Programme and an initial proposal was approved by EDG in August 2021 and further information in October 2021 (embedded below). The Programme is a corporate objective: *develop and implement a system wide medicines safety programme with an initial focus on high risk pain medicines*. The high level programme objectives include:<br>○ To plan, coordinate and deliver the HRPM Programme across Fife.<br>○ To reduce the prescribing culture and use of high risk pain medication across primary and secondary care.<br>○ To increase options and the use of supported self-management solutions for pain management across primary and secondary care.<br>○ To increase learning, educational opportunities and understanding with staff regarding the use of high risk pain medication across primary and secondary care to enable more effective pain management solutions.<br>  High Risk Pain Medicines EDG - 5th A<br>  SBAR - High Risk Pain Medicines - Patient Sa |
| **Purpose** | The HRPM Programme has been established to change prescribing behaviour, ensure effective use of high risk pain medicines whilst offering supported self-management solutions, as well as reducing associated drug related deaths. The programme will work across communities, primary and secondary care, as well as third sectors, staff and patient groups. The programme is akin to the previous antimicrobial work that has been undertaken and fundamentally requires a culture/behaviour change to implement successfully across a range of groups. It is crucial to ensure the voices of those who experience pain, their families and Carers are heard. |

## Question 5:

**Identifying the Impacts in brief**

Consider any potential Impacts whether positive and/or negative including **social and economic impacts** and human rights. Please note, in brief, what these may be, if any.

| Relevant Protected Characteristics | Impacts negative and positive Social / Economic Human Rights |
|---|---|
| **Age** - children and young people, adults, older age | All ages can be impacted – if patients/people experience chronic or acute pain and are users of pain medicines. Prevalence of chronic pain increases in old age and the prevalence of more severe disabling pain increases with age also. A systematic review (Fayaz, 2016) identified prevalence in people aged:<br>○ 18–25 years was 14.3%, although the prevalence in those aged 18–39 years may be as high as 30%.<br>○ Over 75 years was 62%.<br>Age profile of population will be taken into account in programme design and implementation to ensure acceptable and accessible for all age groups. Neutral to positive impact from an age perspective as the patient safety programme will enable effective prescribing and review including upskilling the workforce and public awareness raising etc. |
| **Disability** - mental health, neurological, physical, deaf, hard of hearing | All disabilities can be impacted as listed if experience chronic or acute pain and are users of pain medicines. Chronic pain is itself one of the leading causes of disease burden and disability. Multimorbidity, comorbid personality disorder and psychological distress are independent risk factors of chronic pain. Promoting awareness of this, and considering access needs, appropriateness and acceptability of non-pharmaceutical interventions (e.g. exercise) as well as support for mental health and psychological needs will be taken into account in programme design and implementation and the experiences of people with disabilities and chronic pain will inform programme design. Neutral to positive impact from a disability perspective as the patient safety programme will enable effective prescribing and review including upskilling the workforce and public awareness raising etc. |
| **Race** - black and ethnic people including Gypsy Travellers, racism by caste | All can be impacted as listed, if experience chronic or acute pain and are users of pain medicines. Health inequalities impact disproportionately upon socially and economically disadvantaged communities. There is evidence of ethnic differences in pain responses and pain management, putting ethnic minorities potentially at risk for inadequate pain control. Mechanisms for this are not well understood and could be due to other confounding variables e.g. e.g. age, gender, socioeconomic circumstances) or system and treatment factors. Promoting awareness of this, and the experiences of people with chronic pain from different races will inform programme design. Ethnicity can further define life expectancy and health outcomes. Mainly impacts from social and economic disadvantage compounded by racism found in attitudes and behaviours within large scale institutional bodies. These are addressed via the actions taken following an EQIA and processes to identify where there are any potential discriminatory practices, by explicit or hidden discrimination.<br>https://www.nursingtimes.net/clinical-archive/public-health-clinical-archive/sociology-in-nursing-4-the-impact-of-ethnicity-on-health-inequalities-26-10-2015/<br>  <br>poverty and race presentation bame fa<br><br>Neutral to positive impact from a race perspective as the patient safety programme will enable effective prescribing and review including upskilling the workforce and public awareness raising etc. |
| **Sex** - women and men | All sexes can be impacted as listed if experience chronic or acute pain and are users of pain medicines. Females are more likely to report or experience chronic pain with one UK survey finding the prevalence of chronic pain in women was 38% compared to 30% in men. Considering any differences in pain management needs |

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| | and acceptability of interventions between sexes will inform programme design. Neutral to positive impact from this perspective as the patient safety programme will enable effective prescribing and review including upskilling the workforce and public awareness raising etc. |
| **Sexual Orientation** - lesbian, gay, transgender or bisexual | All can be impacted regardless of sexual orientation as listed, if experience chronic or acute pain, use pain medicines. Neutral to positive impact from this perspective as the patient safety programme will enable effective prescribing and review including upskilling the workforce and public awareness raising etc. |
| **Religion and Belief or Spiritual Care** | All can be impacted regardless of religion or belief systems as listed if experience chronic or acute pain and are users of pain medicines. Neutral to positive impact from this perspective as the patient safety programme will enable effective prescribing and review including upskilling the workforce and public awareness raising etc. |
| **Gender Reassignment –** transitioning pre and post transition regardless of Gender Recognition Certificate | All can be impacted regardless of gender reassignment as listed if experience chronic or acute pain and are users of pain medicines. Improved care for people transitioning being offered at a local level and in an integrated fashion. Improvements in digital first approaches have helped the patient to retain confidentiality and safety**.** Neutral to positive impact from this perspective as the patient safety programme will enable effective prescribing and review including upskilling the workforce and public awareness raising etc. |
| **Pregnancy and Maternity** – including breastfeeding | All can be impacted as listed, if experience chronic or acute pain and are users of pain medicines. Neutral to positive impact from this perspective as the patient safety programme will enable effective prescribing and review including upskilling the workforce and public awareness raising etc. |
| **Marriage and Civil Partnership** | All can be impacted as listed, if experience chronic or acute pain and are users of pain medicines. Neutral to positive impact from this perspective as the patient safety programme will enable effective prescribing and review including upskilling the workforce and public awareness raising etc. |
| **Socioeconomic status and relative deprivation** | Higher rates of chronic pain are experienced in people with lower socio-economic status and associated with more severe and disabling pain. A similar pattern is observed in prescribing rates, with significantly higher rates of prescribing in more deprived communities. Furthermore, health inequalities are observed in risk factors for chronic pain (including smoking, alcohol and sedentary lifestyle) between the most and least deprived areas. Considering acceptability (including costs) and accessibility of interventions for people living in the more deprived areas will inform programme design including considerations of digital exclusion, health literacy and transport costs and time. Neutral to positive impact from this perspective as the patient safety programme will enable effective prescribing and review including upskilling the workforce and public awareness raising etc. |

## Question 6:

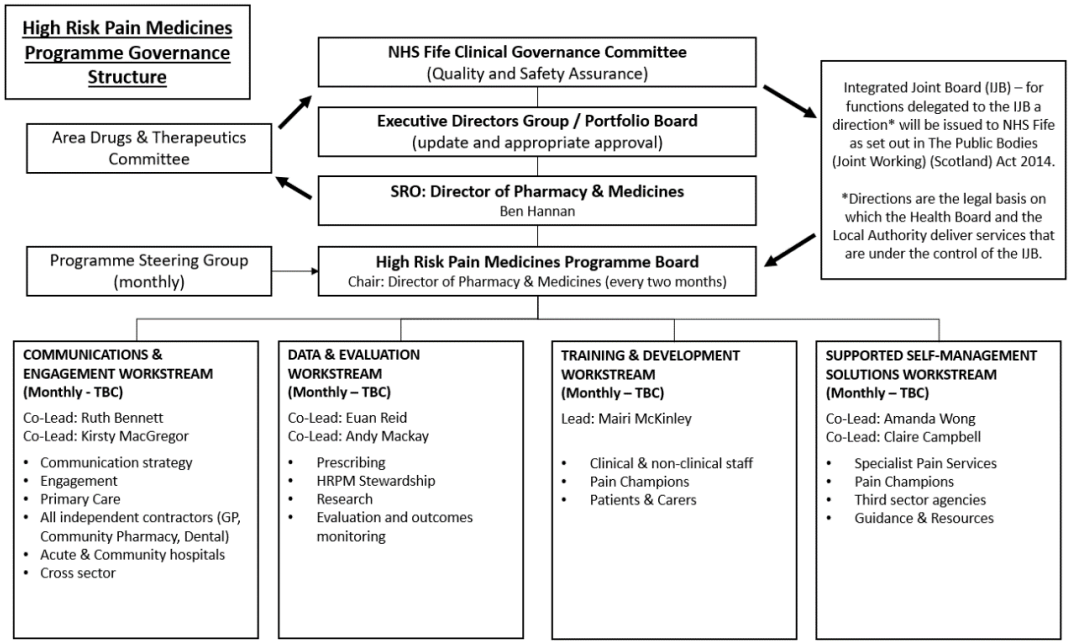
If necessary, please include in brief evidence or relevant information, local or national, that has influenced the decisions being made (this could include demographic profiles, audits, research, published evidence, and health needs assessment, work based on national guidance or legislative requirements, complaints etc). Any evidence/data that support's your assessment can be inserted into the box below.

**Please enter evidence/data links:**

Development of a strategy to address High Risk Pain Medicines (HRPM) prescribing has been identified as an NHS Fife corporate objective, as the first priority of a patient safety programme, which addresses the realistic prescribing of these medicines. Chronic or persistent pain affects at least 1 in 5 people, though recent evidence suggests this may be as high as one third of the adult population with 50% of those affected having their function and quality of life significantly impacted. In Fife this would equate to 74-123,000 people managing chronic pain. Prescribing of High Risk Pain Medicines (HRPM) - opioids, gabapentinoids and benzodiazepines within NHS Fife is consistently above Scottish average as per National Therapeutic Indicators (NTI's) and rate of increase in opioid prescribing was twice the Scottish average in 2019-20. Some of these medications are implicated in NRS Drug Related Deaths (DRDs) which may be fuelled, in part, by the fact that Fife has a

significantly higher rate and volume of prescribing – Fife has gabapentinoids implicated in 49% of DRDs compared to the Scottish average of 37%. There are recognised concerns with these medicines around tolerance, dependency and addiction with a Public Health England report and Scottish Government Consultation on a need to address and ensure prescribing is patient centred, high quality and safe. Mounting evidence suggests that for a patient's acute or chronic pain management, medications should play a smaller part in living comfortably with pain. Self-management approaches including non-pharmacological strategies focused on functional ability and quality of life are more effective and closer aligned to quality outcomes for patients.

There is a need to understand the drivers that cause this difference including **multi-stakeholder and multi-factorial approaches** to inform the development and deployment of a robust Patient Safety Programme which delivers quality care while at the same time reduces rates of prescribing and numbers of these prescribed items. NHS Fife agreed to establish a patient safety programme with a focus on high risk pain medicines by March 2022. An initial proposal was approved by EDG in August 2021 to establish the HRPM Programme.




The HRPM Programme will have Data & Evaluation, Communication & Engagement, Training & Development, Supported Self-Management Solutions Workstreams in place to develop, deliver, evaluate related activities at key stages and to ensure objectives are being met. The structure of the programme has been considered and the key phases are outlined below. These phases will enable the embedding of a sustainable framework coupled with a robust governance structure alongside a board-wide communication and engagement approach.

- Understanding the Problem (2021-22)
- Prevention (2022-23)
- Review (2023-24)
- Sustainability (2021-24)

**Please note** - further information, data, evidence etc will be developed/available as the programme progresses.

## Question 7:

**Have you consulted with staff, public, service users, children and young people and others to help assess for impacts? (Please tick)**

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| **Yes** | to plan | **No** | |

If yes, **who** was involved and **how** were they involved? If not, why not, was this necessary? Do you have feedback, comments/complaints etc that you are using to learn from? What are these and what do they tell you?

**Who did you ask? When and how? Did you refer to feedback, comments or complaints etc?**
The programme and individual workstreams are currently being established. Communication & Engagement Workstream is currently being established with senior leaders in co-chairing roles. An early iteration of the Stakeholder Management, Communication & Engagement Plan is embedded below - this has been developed and reviewed by the HRPM Programme Board. This will be further developed the C&E Workstream is established and the programme progresses.


Stakeholder Management Commu

The Communication & Engagement objectives include:

a. Establish a brand and identity for the programme
b. Promote the programme and its key objectives to both internal and external audiences as appropriate
c. Facilitate in sector and cross sector engagement and focus groups as part of year 1 understanding the problem
d. Enable key stakeholders across all related services to incorporate patient/staff experience and lessons learned from other similar work in order to shape and develop the programme going forward
e. Ensure all key stakeholders including those experiencing pain, their families, Carers and communities are appropriately involved, informed, consulted and engaged with feedback provided on a timely basis

**Please note**:
- link to EQIAs and developments for Cancer Framework, Mental Health Redesign and Strategy
- enabling access to key data in relation to Equality Groups and protected characteristics e.g. pain management, staff knowledge, access to services including barriers to access, care and treatment etc.

## Question 8:

**Meeting the Public Sector Duty as part of the Equality Impact Assessment**

Please provide a rationale to support the results of the Brief Impact Assessment, in that due consideration has been given to the following; you can add in the positive outcomes and the negative ones

- **Eliminate unlawful discrimination, harassment and victimisation**
- **Advance equality of opportunity between different groups; and**
- **Foster good relations between different groups**

| What we must do | Provide a description or summary of how this work does contribute to or achieve |
|---|---|
| **Eliminate discrimination** | Conduct stage 2 EQIA to address any potential access issues and action plan from stage 2 will aim to address these impacts.<br>Ensure that all services reflect the needs of the whole community. |
| **Advance equality of opportunity** | Improve engagement and direct community links including joint working with local community. This will continue to help services to listen to feedback and address further opportunities to advance equality. |
| **Foster good relations** | Using patient stories, staff experience and lessons learned to ensure good practice is captured, plus informs and shapes the programme going forward. |

## Question 9:

If you believe your service is doing something that 'stands out' as an example of good practice - for instance you are routinely collecting patient data on sexual orientation, race, religion and belief etc. - please use the box below to describe the activity and the benefits this has brought to the service. This information will help others consider opportunities for developments in their own services.

## Has your brief assessment been able to demonstrate the following and why?

**Option 1**: No major change (where no impact or potential for improvement is found, no action is required)

**Option 2**: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)

**Option 3**: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)

**Option 4**: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

| **Explain decision** |
|---|
| **Option 1 No action**<br>Option 1: No major change (where no impact or potential for improvement is found, no action is required) |

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| **Option 2 Adjust**<br>Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements) |
| |
| **Option 3**<br>Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes) |
| |
| **Option 4**<br>Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)<br>**All large scale developments, change, planning, policy, building, etc must have an EQIA** |
| **The HRPM Programme is required to conduct a Stage 2 EQIA as a result of the significant change and development in relation to pain management.** |

If you have identified that a full EQIA is required then you will need to ensure that you have in place, a working group/steering group/oversight group and a means to reasonably address the results of the Impact Assessment and any potential adverse outcomes at your meetings.

For example you can conduct Stage 2 and then embed actions into task logs, action plans of sub groups etc and identify lead people to take these as actions.

Stage 2 require public involvement and participation.

You should make contact with patient relations dept to request community and public representation, and then contact the Scottish Health Council to discuss further support for participation and engagement.

| **To be completed by Lead Assessor** | |
|---|---|
| **Name** | Deborah Steven |
| **Email** | deborah.steven@nhs.scot |
| **Telephone (ext.)** | 07787168947 |
| **Signature** |  |
| **Date** | 25/05/2022 |

| **To be completed by Equality & Human Rights Lead officer** – for quality control purposes | |
|---|---|
| **Name** | Mark Evans |
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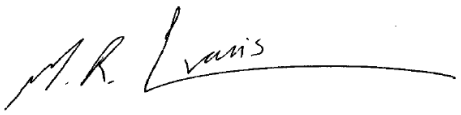
| **Telephone (ext.)** | EX 24136 |
| **Signature** |  |
| **Date** | **25/05/22** |

**Return to Equality and Human Rights Lead Officer at**
**Fife.EqualityandHumanRights@nhs.scot**