

Equality Analysis Template



Step 1 Evidence

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|---|--|----|--------|
| <p>This equality analysis is being undertaken to prevent my policy, plan or project from adversely affecting people with different protected characteristics or at known disadvantage.</p> <p>I am using this template to identify potential discrimination or disadvantage, propose steps to strengthen against those and record and monitor the success of those strengthening actions.</p> | | | |
| Name of your strategy/policy/plan/project | Patient-led ordering (PLO) of medicines | | |
| Contact details for the person completing the assessment | Alison Scowcroft Alison.scowcroft@nhs.net | | |
| Design date for the strategy/policy/plan/project | 05/07/2024 | | |
| Date your equality analysis is completed | 14/08/2024 | | |
| Does this template form part of a business case or investment proposal submission? | Yes | No | Unsure |
| Are you completing this as a result of organisation change? | Yes | No | Unsure |
| Is there another reason for you completing this template – e.g. renewal of a current service/change to current service – please specify: | <ul style="list-style-type: none"> Change to service - empowering patients to order their own medication using online access such as NHS app. | | |

If you are unsure about any part of this template, please read the accompanying guidance paper before you complete. ALL sections must be completed – N/A is not applicable in this template as it is used to inform legal compliance. If you need to explain your bespoke approach further, please do so in the text boxes.

1. Initial screening assessment

What are the main aims, purpose of your policy, plan or project?

A Greater Manchester (GM) system working group has been meeting to support a consistent approach to Patient-Led Ordering (PLO) implementation in areas where it has not been adopted yet.

The [GM Primary Care Blueprint](#) outlines the importance of the adoption and embedding of the use of the NHS app across GM to empower patients to order repeat prescriptions, access their prospective medical records and where available, make routine appointments.

Critical to increasing the use of the NHS App and PLO, is the relationship between general practice (GP) and community pharmacy (CP). A set of GP/CP interface principles are also in development to bolster joint working (further information will be shared in due course) and PLO is one of the first priority actions in strengthening GP/CP relationships.

From a national perspective, the [Delivery plan for recovering access to primary care \(england.nhs.uk\)](#) commits nationally to 3.5 million repeat prescription orders via the NHS App by March 2025. For GM, this is a target of approximately 179,550 NHS app repeat prescription orders (calculated based on GM being 5.13% of the England population).

The project will ensure that patients are informed and supported to adopt the use of the NHS app where appropriate to do so.

The benefits of PLO are:

- Support self-care and empower patients to take control of ordering their medication within their capacity and capability.
- Improve patient safety by avoiding stockpiling of medication and prevent medication that has been stopped from being re-ordered by mistake.
- Ensure patient led ordering within the GP Practice is safe and efficient for all stakeholders.
- Reduce medicines waste and help climate change.
- Reduce general practice and community pharmacy time spent chasing and processing prescriptions, and answering the phone to queries and complaints.
- Increase uptake of online ordering using the NHS App / Patient Access.
- Facilitate more accurate estimation of compliance from prescription issue data.
- Save general practice time (especially if prescriptions are ordered online) with less time spent chasing and processing prescriptions and answering the phone to queries and complaints.
- Supports the improvement the GP/Community Pharmacy interface across GM.
- This project started March 2023 ago with Stockport Cheadle PCN working within their locality and with CPGM/CPPB to develop the approach and supporting documentation. This was subsequently presented in GM PC BIG via CPPB to inform the future development of a

GM approach standardised approach to support implementation via the setup of a GM task and finish group.

What is your expected outcome?

PCNs and practices establishing a patient-led ordering process for their local population, which is implemented in consistent manner across GM, including all key stakeholders throughout the process.

For GM, there is a national target of approximately 179,550 NHS app repeat prescription orders (calculated based on GM being 5.13% of the England population).

In addition, the following outcomes are expected to be delivered once patient-led ordering has been consistently implemented:

- To empower patients to take control of ordering their medication within their capacity
- To ensure patient-led ordering within GP practice and Community Pharmacy is safe and efficient for the benefit of patients
- To reduce stockpiling in patient's homes as it is a safety risk
- To reduce waste and help climate change (supported by data measures TBC)
- To reduce Practice and community pharmacy time spent chasing and processing prescriptions, and answering the phone to queries and complaints regarding repeat prescriptions
- To increase uptake of the Electronic Repeat Dispensing (eRD)
- To increase uptake of online ordering using the NHS App
- To support the implementation of NHS GM's GP/Community pharmacy interface principles
- To facilitate a more accurate estimation of compliance from prescription issue dates
- The following measures have been agreed by the task and finish group to monitor the impact of the implementation before and after:
 - Total number of items dispensed per month before and after implementation of PLO
 - Average cost per patient per month before and after implementation of PLO
 - NHS app usage for prescriptions before and after implementation of PLO
 - Patient feedback survey which includes questions around items ordered before and items ordered after implementation of PLO

Who will benefit?

- Patients and carers of patients who order repeat medication – improved overall experience with ordering repeat medication, reduce stockpiling and the potential associated safety risks. This is also one of the tools that the PCARP is rolling out to empower patients to support self-care manage their own health.
- Vulnerable patients – joint working between community pharmacy and general practice to identify patients not suitable for PLO will ensure greater visibility and continued end to end

support for these patient groups across the G/CP interface

- General Practice - particularly reception staff and administration support staff who support prescription ordering processes could we outline the benefit more clearly?
- Community Pharmacy – particularly support staff who currently support patients with ordering repeat prescriptions
- By creating capacity in general practice and community pharmacy, the system will benefit from other services etc. being delivered at higher volume (as per the PCARP) or in a more timely manner e.g. Pharmacy First making it easier and quicker for patients to get the help they need from primary care as per the PCARP.

Is your project part of a wider programme or strategy (for example, the locality plan)?

Yes – implementation of PLO is part of

- [GM Primary Care Blueprint](#) outlines the importance of the adoption and embedding of the use of the NHS app across GM to empower patients to order repeat prescriptions, access their prospective medical records and where available, make routine appointments.
- GP/CP interface principles - critical to increasing the use of the NHS App and PLO, is the relationship between general practice (GP) and community pharmacy (CP). These principles are in development to bolster joint working (further information will be shared in due course) and PLO is one of the first priority actions in strengthening GP/CP relationships.
- From a national perspective, the [Delivery plan for recovering access to primary care \(england.nhs.uk\)](#) commits nationally to 3.5 million repeat prescription orders via the NHS App by March 2025. For GM, this is a target of approximately 179,550 NHS app repeat prescription orders (calculated based on GM being 5.13% of the England population).

2. Are there any aspects/activities of the policy, plan or project that are particularly relevant to equality, socio-economic disadvantage, or human rights?

At this stage, you do not have to list possible impacts, just identify the areas. (E.g. we are commencing a new programme of health care aimed at Caribbean men with diabetes)

- Age
- Disability
- Sex
- Race
- Religion
- Cultural beliefs
- Sexual Orientation
- Transgender
- Carer status
- Digital literacy
- Education

- Migrant status
- Deprivation
- Language
- Pregnancy or maternity
- Marriage/ civil partnership
- Coercive behaviour
- People with erratic lifestyle
- Other impairment
- Neurodivergence
- Others

3. What existing sources of information will you use to help you identify the likely impact on different groups of people? (For example, statistics, JSNA's, stakeholder evidence, survey results, complaints analysis, consultation documents, customer feedback, existing briefings, comparative data from local or national external sources).

- Community pharmacy engagement within the PCN, supported by the Community Pharmacy Greater Manchester (CPGM) otherwise known as the LPC
- Patient Group engagement meetings
- Digital facilitator network
- Support from local libraries through local authority contacts to help patients
- HealthWatch engagement (representing the patient voice)
- JSNA and PNA for each locality
- Feedback from areas outside of GM who have already implemented PLO
- GP practice complaints information

4. Evidence gaps

Are there gaps in information that make it difficult or impossible to form an opinion on how your proposals might affect different groups of people? If so, what are the gaps

in the information and how and when do you plan to collect additional information? Note this information will help you to identify potential equality stakeholders and specific issues that affect them - essential information if you are planning to consult as you can raise specific issues with particular groups as part of the consultation process. EIAs often pause at this stage while additional information is obtained.

No: Please go on to question 5. (Be sure to have fully considered all communities and parts of communities – e.g. have you considered the needs of gypsies, travellers and Roma communities, other transient communities, do you need to better understand take up of your service by Muslim women or Orthodox Jewish men, for example.)

Yes: Please explain briefly how you will fill any evidence gaps. You might want to start with contacting research or policy colleagues to see whether they can point you in the right direction. Our third sector colleagues will also be pleased to offer support and direction.

| Evidence gap | How will the evidence be collated | Individual or team responsible and timeframe |
|---|--|---|
| Measure of digital literacy | Soft intelligence and feedback from practices and PCNs when implementing PLO | Practices and PCNs who implement PLO |
| Impact of PLO on specific demographics and marginalised populations e.g. gypsies, travellers and Roma communities, other transient communities e.g. homeless. | Healthwatch input Review JSNA and PNA | T&F group |
| Practice staff NHS App training. | Collate number of practices/staffs trained | Digital Facilitators |
| Improve uptake of recorded reasonable adjustments within General Practice and community pharmacy to identify vulnerable patients | EMIS clinical system searches for digital flags within patient medical records Community pharmacy review of PMR to identify patients requiring additional support | Practices and PCNs, and relevant community pharmacies who implement PLO |

5. Involvement and consultation

Note: You are required to involve and consult stakeholders during your assessment. The extent of the consultation will depend on the nature of the policy, plan or project.

(Don't forget to involve trade unions and inclusion staff groups if staff are affected and consider socio-economic impact as well as community and third sector groups for different protected characteristics. If there is potential for different impact across different neighbourhoods, consult your neighbourhood leads)

| Consultation and involvement that has taken place, who with, when and how? |
|---|
| At GM level, consultation and involvement for the programme: Task and finish group has broad representation: <ul style="list-style-type: none"> • General Practice / PCNs • Community Pharmacy • Medicines Optimisation Leads |

- Medicines Optimisation Technicians
- Digital IPMO representatives
- NHS GM Commissioning
- NHS GM Communications and Engagement
- NHS GM Finance
- NHS GM BI
- NHS GM Strategic Medicines Optimisation Team
- GM Clinical Digital Lead
- GM Programme Director – Digital First
- Digital facilitators
- Healthwatch

Wider consultation of PLO:

- Blueprint Implementation Group (BIG)
- Locality PCCC / GPPB
- PCARP Access Group

For a practice / PCN implementing PLO:

- Task and finish group to discuss and agree which stakeholders should be engaged by practice/PCB where PLO is implemented
- PCNs and practices need to ensure they are communicating and coordinating with Medicines Optimisation leads and Primary Care leads for oversight and reporting to locality boards and GM. The coordination of deployment would also include CPGM.
- Patient Participation Groups will be engaged in advance of the implementation of PLO to raise awareness and support engagement and uptake
- Practices to engage with local Pharmacies to inform them of changes planned 6 weeks in advance.
- Patient engagement and supporting information to be sent 12 weeks in advance of changes.

Key feedback from consultation:

All in agreement to carry out the PLO as long as vulnerable patients are offered alternative ways of ordering medication

For significant or large strategies and programmes, please provide a link to any written record of the consultation to be published alongside this assessment here:

There is not any written record of the consultation for this project

How engagement with stakeholders will continue

Here you need to explain how you continue to engage throughout the course of the delivery to ensure the measures you take to address any disparity are working.

| Involvement group | Consultation dates | Strengthening actions |
|--|---|-----------------------|
| GM level - Patient representation via Healthwatch | Healthwatch rep attends t&f group fortnightly | |
| Practice level – inclusion of practice patient groups in the implementation process | TBC at practice level once implementation commences | |
| GM Governance (BIG and PC pressures group) PLO task and Finish Group PCB CPGM LMC Locality MO leads Patient Groups GMMM IPMO | | |

Step 2

Assessing impact and opportunities to promote equality and human rights

6. If you have piloted a project you want to roll out, add here what you learnt about communities not taking up, accessing or having poorer outcomes from it and what you have done to address those disparities.

Use of the NHS App to implement patient led ordering of medicines was piloted by NHSE in 2023 [Digital prescriptions in the NHS App - NHS England Digital](#)
In GM, Cheadle PCN in Stockport locality is an early adopter of the NHS App, and the process prepared at GM level to support other PCNs and practices is based on feedback from the team in Cheadle.

7. What barriers have you identified for the different groups listed by your proposals?

Add the impacts in the box next to the group. (e.g. we have found that working age people are not taking up our services because of our opening hour restrictions)

Complete the identified barriers for each group and identify which group you have identified
You should complete each category. If you believe there is no adverse impact, you should put an explanation as to why.

| | |
|---|---|
| <p>Age</p> <ul style="list-style-type: none"> • Young • Middle age • Older age | <p>Older people could be more likely to have mobility issues which may impact dexterity and the ability to use apps on mobile phones, as well as potentially being less digitally enabled than younger people.</p> <p>There may be a negative impact on patients of an older age who may not have experience/digital literacy to use the NHS App.</p> <p>Therefore, non-digital ordering process will remain in place for any patient unable to access alternative repeat prescription ordering systems offered by the practice.</p> <p>Some patients may experience a positive impact from the withdrawal they will have more control over which of their repeat medicines they require.</p> |
| <p>Disability</p> <p>Types of impairment can be categorised as physical, sensory, psychosocial, and intellectual. There are several types of barriers that cause exclusion including</p> <ul style="list-style-type: none"> • Physical • Social/attitudinal • Institutional • Communication <p>Complete which <i>barriers</i> you will need to consider in your programme.</p> | <p>People with various disabilities may be impacted by this change including those with reduced dexterity, learning disabilities and other disabilities</p> <p>Some patients may have physical dexterity issues that prevents from using a smart phone (e.g., Rheumatoid arthritis)</p> <p>Certain patient groups may need carer support, including care home residents or patients with a mental health condition, in order to understand and use the NHS App. There is currently no proxy access in place.</p> <p>Therefore, non-digital ordering process will remain in place for any patient unable to access alternative repeat prescription ordering systems offered by the practice.</p> <p>Other impairment</p> <p>People with visual impairment, severe cognitive impairment e.g. advanced dementia, severe mental health impairment, severe intellectual impairment.</p> <p>Neurodivergence</p> <p>There is a possibility that people who are described as neurodivergent might have barriers in using digital technologies.</p> <p>Some patients may experience a positive impact from the withdrawal of non-digital ordering process, as they will have more control over which of their repeat medicines they require.</p> |

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| <p>Sex Identify any potential adverse impact to men or women.</p> | <p>No negative impact. Non-digital ordering process will remain in place for any patient unable to access alternative repeat prescription ordering systems offered by the practice.</p> <p>Some patients may experience a positive impact from the withdrawal of non-digital ordering process, as they will have more control over which of their repeat medicines they require.</p> |
| <p>Race Identify any adverse potential impact on different ethnic groups and identify which ethnic groups you may need to specifically consider.</p> | <p>People may have trust issues around the use of the internet, mobile phones, apps etc. Language issues may also preclude access to the app.</p> <p>Some patients may experience a positive impact from the withdrawal of non-digital ordering process, as they will have more control over which of their repeat medicines they require.</p> |
| <p>Religion/ Cultural belief Identify any adverse potential impact on different religious groups and identify which you may need to specifically consider.</p> | <p>People may have different beliefs around the use of the internet, mobile phones, apps etc.</p> <p>People may have different beliefs around the use of the internet, mobile phones, apps etc. based on their cultural beliefs.</p> <p>Potential negative impact on the Jewish community regarding use of electronic devices.</p> <p>Certain patient groups may have certain cultural beliefs around the use of an App to collate health information. For example, university students may be more suspicious in using an App in fear of IG breaches/internet conspiracy theories etc. These inherent cultural beliefs may make certain individuals resistant to change.</p> <p>Some patients may experience a positive impact from the withdrawal of non-digital ordering process, as they will have more control over which of their repeat medicines they require.</p> |
| <p>Sexual Orientation Identify any adverse potential impact on different sexual orientations and identify which sexual orientations you may need to specifically consider.</p> | <p>No negative impact. Non-digital ordering process will remain in place for any patient unable to access alternative repeat prescription ordering systems offered by the practice.</p> <p>Some patients may experience a positive impact from the withdrawal of non-digital ordering, as they will have more control over which of their repeat medicines they require.</p> |

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| <p>Transgender Identify any adverse potential impact on transgender or non-binary people.</p> | <p>There will be no negative impact on gender reassignment/transgender people. Non-digital ordering process will remain in place for any patient unable to access alternative repeat prescription ordering systems offered by the practice.</p> <p>Some patients may experience a positive impact from the withdrawal of non-digital ordering process, as they will have more control over which of their repeat medicines they require.</p> |
| <p>Carer status</p> | <p>If a patient's carer is digitally excluded, it impacts the patient. People who live in care homes may also be impacted and will come under this category.</p> <p>NHS App Proxy Access is not currently available for all carers.</p> <p>Therefore, non-digital ordering process will remain in place for any carer unable to access alternative repeat prescription ordering systems offered by the practice.</p> <p>Some patients may experience a positive impact from the withdrawal of non-digital ordering process, as they will have more control over which of their repeat medicines they require.</p> |
| <p>Socio-economic status Identify any adverse potential impact because of deprived communities and identify which communities you may need to specifically consider.</p> | <p>Digital literacy Any patients who have limited or no digital literacy including no access to technology e.g. mobile phone with data, Wi-Fi etc. may experience barriers in using the app.</p> <p>Education Lack of education in using technology, poor literacy and lacking technical capabilities.</p> <p>Migrant status People may encounter different barriers such as language, accessibility or understanding how the system works, no access to mobile phones, data, internet etc.</p> <p>Deprivation Digitally literate patients who do not have access to technology, hardware, internet/Wi-Fi/data to enable access to the NHS App etc.</p> <p>Language</p> |

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|---|---|
| | <p>The ability to read English since the NHS app is in English and understanding the terminologies associated with the technology.</p> <p>Language barriers pose a significant potential negative impact to certain patient populations as the NHS App is only available in English. This will include individuals with a migrant status who are new to the country.</p> <p>Others</p> <p>Potential negative impact as patients in more deprived areas may not have an electronic device such as smart phone which is required in order to download the NHS App.</p> <p>Potential positive impact in that certain patients may have to travel their local pharmacy or GP to order their prescriptions. By being able to order online this removes the need to travel for this sole purpose which can incur travelling costs (e.g., bus fares).</p> <p>Differences in the NHS App registration rates across the different sociodemographic groups, highlighting unequal trends of adoption, with higher usage in less deprived and less ethnically diverse practices, with a generally younger population (BMJ 2023). This needs to be accounted for at locality level and PCNs.</p> <p>Some patients may experience a positive impact from the withdrawal of non-digital ordering process, as they will have more control over which of their repeat medicines they require.</p> |
| <p>Pregnancy or maternity Identify any adverse potential impact because of pregnancy or maternity.</p> | <p>No negative impact. Non-digital ordering process will remain in place for any patient unable to access alternative repeat prescription ordering systems offered by the practice.</p> <p>Positive impact that signing up to the app gives you greater control/access to your health record.</p> <p>Using the app may make it easier to manage ordering medicines whilst on maternity from a capacity perspective.</p> <p>Some patients may experience a positive impact from the withdrawal of non-digital ordering process, as they will have more control over which of their repeat medicines they require.</p> |

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| <p>Marriage /civil partnership This category is only required for employment discrimination matters.</p> | <p>There will be no negative impact in relation to marriage and civil partnership, non-digital ordering process will remain in place for any patient unable to access alternative repeat prescription ordering systems offered by the practice.</p> <p>Some patients may experience a positive impact from the withdrawal of non-digital ordering process, as they will have more control over which of their repeat medicines they require.</p> |
| <p>Other Are there other discriminations or disadvantages that you think you need to address?</p> | <p>Coercive behaviour Patients who are in a domestic abuse setting, who are restricted in their use and ability to access digital platforms.</p> <p>People with erratic lifestyle Some people might have a lifestyle that is unpredictable, irregular, or inconsistent e.g. people with substance misuse.</p> <p>Others People who don't have access to digital solutions, people who are resistant to change, people who have trust issues around the use of the internet, mobile phones, apps etc. Lack of awareness amongst patients regarding the NHS app functionality and how it can help them. A robust communications strategy can support patient engagement, improve health literacy and awareness.</p> <p>May have a negative impact on patients with a low reading age in being able to understand use the app including how to sign up for use.</p> <p>Some patients may experience a positive impact from the withdrawal of non-digital ordering process, as they will have more control over which of their repeat medicines they require.</p> |

8. Can the adverse impacts you identified be justified and the original proposals implemented without making any adjustments to them? If so, please set out the basis on which you justify implementing the proposals without adjustments.

Patients who might be negatively impacted by the implementation of PLO will be identified, as above, exempt from these changes and will remain with their usual non-digital ordering process.

PCNs/Practices can implement PLO provided that they use the GM 8 week roll-out activity planner

that outlines that they should consider, review and action any local EIAs which need to be considered when discussing patients appropriate for PLO with their local community pharmacy partners.

Digital inclusion is about ensuring patients benefit from the technology and change taking place. It is about patients being able to use PLO in ways that will enhance their lives and continue to help them overcome other disadvantages. By addressing any barriers, we can open new opportunities for some patients as PLO will empower patient self-care and offer more easily available and accessible services 24/7.

9. Having analysed the initial and additional sources of information including feedback from consultation, is there any evidence that the proposed changes will have a *positive* impact on any of these different groups of people and/or promote equality of opportunity? Please provide details of who will benefit from the positive impacts and the evidence and analysis used to identify them.

Some patients may experience a positive impact from the withdrawal of non-digital ordering process, as they will have more control over which of their repeat medicines they require, and the repeat ordering process can be managed from their own home without having to visit or telephone a community pharmacy or general practice, placing orders at any time of the day or night, which is more convenient.

10. Is there any evidence that the proposed changes have *no* equality impacts? Please provide details of the evidence and analysis used to reach the conclusion that the proposed changes have no impact on any of these different groups of people.

No, there are equality impacts for some groups as identified above.

11. Please provide details of how you will consult and involve communities on the proposed changes. If you do not plan to consult and involve, please provide the rationale behind that decision.

Via GM communication toolkit developed for stakeholders and patients which includes the need to think about linking in with local partner organisations e.g.:

- Public Health Teams
- Community LD Teams
- Care home providers
- Integrated Neighbourhood Teams (INT)
- Locality VCSEs (Voluntary, Community and Social Enterprise organisations)
- Local religious network leaders
- Healthwatch colleagues

When practices and PCNs implement use of the NHS Patient App for ordering of medicines, the communications toolkit instructs them to consider these groups in their local area (the communication toolkit is available to download from [PCB website - Patient-led ordering](#)).

Step 3 – Strengthening your policy plan or project

Please use the table below to document your strengthening actions.

12. What changes are you planning to make to your original proposals to minimise or eliminate the adverse equality impacts you have found?

Please provide details of the proposed actions, timetable for making the changes and the person(s) responsible for making the changes.

| Adverse impact | Proposed action | Person responsible |
|---|---|--|
| Digital exclusion | Promote and refer patients requiring further digital assistance to local VSCE Hubs providing this service and digital devices/sim cards also available | Digital facilitators |
| Patients who are classified by GP practices and community pharmacies as vulnerable (could include patients from any of the demographics listed above) | Identify vulnerable patients in conjunction with community pharmacies who require additional assistance to order their medication, informing of alternative methods. Ensure such lists are reviewed periodically to capture any changes | GP practice and Community pharmacy teams |
| Health illiteracy | Identify vulnerable patients in conjunction with community pharmacies who require | GP practice and Community pharmacy teams |

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|---|--|--|
| | additional assistance to order their medication, informing of alternative methods. Ensure such lists are reviewed periodically to capture any changes | |
| Low literacy levels | Identify vulnerable patients in conjunction with community pharmacies who require additional assistance to order their medication, informing of alternative methods. Ensure such lists are reviewed periodically to capture any changes | GP practice and Community pharmacy teams |
| Fear or lack of trust in online solutions | Signpost patients to DF drop-in sessions | Digital facilitators |
| Disability access issues | <p>Liaising with local Learning Disability teams, community services and Integrated Neighbourhood Teams to develop local community support/promotion of the NHS App</p> <p>Identify vulnerable patients in conjunction with community pharmacies who require additional assistance to order their medication, informing of alternative methods. Ensure such lists are reviewed periodically to capture any changes</p> | LD teams INT |

13. Describe here how you could further promote equality of opportunity. What action/s do you recommend and when?

This is where you are taking the opportunity to advance addressing inequalities beyond the mitigations you

are putting in place, for example, your mitigations when moving a service to digital provision will be to ensure alternatives are available for those who

cannot access digital services. Your opportunity to *further promote* equality with a new digital service would be to extend a service to people from their own home where they had previously experienced physical barriers to reaching your surgery.

- Provide NHS App training to all practice staff
- Support practices to provide NHS App events for patients to register for NHS App and learn how navigate
- Provide promotional material in multiple languages which can be cascaded via?
- Local interpreter service access for those where English is not their first language
- Local VSCE support for certain cohorts
- NHS App drop-in clinics and support for carers and/care home providers
- Promote the implementation of Care Home Proxy Ordering (using the Patient Access App) to better support care home residents.
- Comms/leaflets/supporting information providing to migrant populations including Adult Social Care (ASC)settings
- GM or local communications campaign to highlight the availability of the offer for patients and what they need to do if they want to engage – where can they get support?
- Ensure patient facing comms are shared with PPGs and other patient groups?

14. Describe how you could further promote human rights principles. What action/s do you recommend and when? Please provide details.

For example, if you are putting in place improved access to interpreter provision that may enhance the human rights of those that need it to access public services.

No evidence has been identified which will impact on patients' human rights

Patients who have a mental capacity assessment/ best interest decision in place will not be able to use the App and will still be able to access their medicines as they have done previously. They will not be impacted in this way.

15. Describe how you could further reduce socio-economic disadvantage. What action/s do you recommend and when?

For example, if you are undertaking a focused anti-smoking campaign in areas of high deprivation, you can

expect to reduce socio-economic disadvantage.

Consider focused work in areas of higher deprivation using support from local VCSEs to inform conversations lead by practice teams.

16. Describe here how you could further promote social value. What action/s do you recommend and when?

For example, you might be able to offer new jobs or apprenticeships to people struggling to get employment or offer contracts to community led social enterprises to deliver your services.

NHS GM comms team will create a communications campaign to raise awareness and supporting material and contact points for patients by Q3 2024/25. The focus of the campaign will be reduction of medicine wastage and how patient-led ordering via the NHS app will support this.

Step 4 – Monitoring and review

17. You are legally required to monitor and review the proposed changes after implementation of your strategy or programme to check they work as planned and to screen for unexpected equality impacts. Please provide details of how you will monitor, evaluate or review your proposals and when the review will take place.

| What | When | How |
|---|------------|--|
| Patient complaints | ongoing | By asking the NHS GM patient complaints team to inform us of any complaints regarding the implementation of the patient-led ordering via the NHS app |
| GP and Community Pharmacy feedback survey | Q1 2025/26 | MS form to gather feedback and soft intelligence |
| Explore the availability of demographic data regarding use of the NHS app | Q4 2024/25 | Discuss with NHS England/ NHS digital colleagues |
| | | |
| | | |
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Step 5 – Sign off

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| Strategy, policy, plan, project or service owner or Work Programme Lead* | |
| Name | Date |
| EIA Lead (the person completing this form) | |
| This equality analysis has been quality-checked and will be passed to the senior responsible officer for final sign off. | |
| Name | Date |
| Director or Senior Responsible Owner * | |
| This equality impact assessment has been completed in a rigorous and robust manner and I agree with the actions identified. It will now be progressed and published where required. | |
| Name | Date |

*By signing off your EIA you are confirming that you are satisfied that the policy/strategy/project/activity/service has been designed with the needs of different equality groups and communities in mind, and that the groups it is intended to serve will be able to access the service and experience similar outcomes from it.

For records, this EIA will also need to be copied to elaine.mills7@nhs.net to ensure we can evidence our legal duties to undertake equality analysis. However, the original version must be kept with the project documents and pro-actively used to inform the progress of the work, alongside budget, risk and health and safety monitoring.