



# Western Health and Social Care Trust

## EQUALITY AND HUMAN RIGHTS SCREENING TEMPLATE THIS IS A PUBLIC DOCUMENT

<b>Title of Policy: Non-Medical Prescribing Policy</b>	
<b>Lead Manager: Dr Anne Friel</b>	<b>Title: Head of Pharmacy &amp; Medicines Management</b>
<b>Directorate: Unscheduled Care, Medicines, Cancer &amp; Clinical Services</b>	<b>Department: Pharmacy</b>
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<b>Short Description of Policy</b> <p>This policy sets out a framework for the ongoing management and support of non-medical prescribing (NMP) within the Western Health and Social Care Trust (WHSCT). It provides guidance on prescribing standards and continuing professional development (CPD) for practitioners as well as describing Trust governance arrangements to oversee this process.</p> <p>The policy has been produced to:</p> <ul style="list-style-type: none"> <li>• Advise potential applicants of their eligibility to undertake an approved non-medical prescribing course.</li> <li>• Identify professional and statutory obligations which must be met.</li> <li>• Provide robust standards for non-medical prescribing within the Trust.</li> <li>• Clarify accountability and responsibility arrangements.</li> <li>• Outline how the Trust will monitor the standard of non-medical prescribing.</li> <li>• Outline how non-medical prescribers can maintain their competency..</li> </ul>	
<b>Final Recommendations:</b> (please tick as appropriate)	
1.	<b>GREEN: No equality issues/impact: no further action</b> <input checked="" type="checkbox"/>
2.	<b>AMBER: Minor equality issues/impact: actions identified</b> <input type="checkbox"/>
3.	<b>RED: Major equality issues/impact: full EQIA recommended</b> <input type="checkbox"/>
Please send draft completed form for quality assurance to <a href="mailto:equality.admin@westerntrust.hscni.net">equality.admin@westerntrust.hscni.net</a> For further information on quality assurance see page 3, section 3.	
<b>Final Approval Date:</b>	

## (1) INFORMATION ABOUT THE POLICY OR PROPOSAL

### 1.1 Title of policy or proposal

Non-Medical Prescribing Policy

### 1.2 Description of policy or proposal

Non-medical prescribing enables suitably trained healthcare professionals to enhance their roles and effectively use their skills and competencies to improve patient care in a wide and growing range of settings including:

- management of long term conditions
- medicines management / medication review
- emergency/urgent care/unscheduled care
- mental health services
- palliative care

Currently nurses, pharmacists, optometrists, physiotherapists, podiatrists, radiographers, dieticians, paramedics and community practitioners may undertake further professional training to qualify as non-medical prescribers.

#### Trust Approval

It is essential the applicant has the support of the Trust to enrol on a prescribing program. Line managers and clinical leads must ensure that:

- There is a locally agreed need for them to undertake a prescribing role
- There is an identified designated medical practitioner for supervision purposes
- The potential candidate fulfils the course provider's admission criteria
- The candidate will receive support during their training
- Once qualified they can commence their prescribing role without delay
- They will have access to continuing professional development (CPD)
- They will work within a robust clinical governance framework
- They will receive support during their training

#### Designated Medical Practitioner (DMP)

All applicants wishing to undertake an independent/supplementary prescribing programme must have a named designated medical practitioner (DMP) who will oversee practical aspects of training. The DMP must be a registered medical practitioner who:

- Has normally had at least three years recent clinical experience
- Is a specialist registrar, clinical assistant or consultant
- Practicing General Practitioner within Primary Care
- Has the support of the Trust to act as a DMP
- Has experience or training in teaching and/or supervising in practise.

### 1.3 Main stakeholders affected (internal and external)

For example, staff, actual or potential service users, other public sector organisations, GPs, primary care providers, voluntary and community groups, trade unions or professional organisations or private sector organisations or others. **Start to consider how you might involve them in the development of the policy/decision.** This will also help you to meet the Trust's obligations under Personal and Public Involvement (PPI).

Stakeholders for this policy include eligible staff for the training, Designated Medical

Practitioners who support the applicants.

#### Staff eligible for the training

Present legislation allows only the following groups of healthcare professionals to act as independent or supplementary prescribers following successful completion of an approved prescribing programme.

- Registered nurses (first level).
- Registered specialist community nurses/specialist.
- Registered midwives.
- Registered pharmacists.
- Registered optometrists.
- Registered physiotherapists.
- Registered podiatrists.
- Registered therapeutic radiographers.
- Registered paramedics.

Other stakeholders that will support the policy and its implementation:

- Designated medical practitioner and designated prescribing practitioners
- Non – medical prescribing working group
- Head of Pharmacy and Medicines Management
- Service managers
- Assistant Director of Nursing & Midwifery Governance
- Assistant Director AHPS

#### **1.4 Other policies or decisions with a bearing on this policy or proposal**

There is a Non-medical prescribing working group who meet every two month. The group is made up of the following professionals:

- Head of Pharmacy and Medicines Management
- Trust Lead for Nurse Prescribing
- Trust Nursing Governance Lead
- Medical representative- nominated by Medical Director
- Professional representation from across the geography of the Trust to represent each profession or group of professions eligible to register as a non-medical prescriber.

During the meeting the applicant will discuss their application to join the non-medical prescribing register. The group will either approve or defer to another time if there are any further actions an applicant must complete.

No new prescriber should begin to prescribe within the Trust until they have registered with the Trust through this group.

The non-medical prescribing working group reports to the Trust's Drug and Therapeutics Sub-Group. It is chaired by the Head of Pharmacy and Medicines Management.

- The Non-Medical Prescribing Policy (March 2022)
- NMP Terms of Reference
- Training non-medical prescribers in practice – A Guide to help doctors (page 10 of the policy)
- Misuse of Drugs Regulations NI (page 10 of the policy)
- Royal Pharmaceutical Society Prescribing Framework (page 21 of the policy)

## (2) CONSIDERATION OF EQUALITY AND GOOD RELATIONS ISSUES AND EVIDENCE USED

### 2.1 Data Gathering

**2.1.1** What information did you use to inform this equality screening? For example, previous consultations, statistics, research, Equality Impact Assessments (EQIAs), complaints, etc.

- The Non-Medical Prescribing Policy (March 2022)
- NMP Terms of Reference
- Training non-medical prescribers in practice – A Guide to help doctors (page 10 of the policy)
- Misuse of Drugs Regulations NI (page 10 of the policy)
- Royal Pharmaceutical Society Prescribing Framework (page 21 of the policy)

### **2.1.2 How did you involve people?**

The Trust requires evidence of engagement with stakeholders to fulfil its statutory obligations under its Equality scheme, Consultation Scheme and Personal and Public Involvement strategy. Provide details of how you involved stakeholders e.g. views of colleagues, service users, carers, Trade Unions, Section 75 groups or other stakeholders.

**Consultation and Engagement Statement:** In your policy/proposal include a paragraph titled Consultation and Engagement and summarise this section. If there was no engagement, please explain why.

Policy is made up with current legislation so this has formed a majority of the objectives and application process.

There are two working groups involved with this policy made up of a number of stakeholders. See details below:

Non-medical prescribing Group meet every 8 weeks the meeting starts with a team meeting and followed by applicants joining the call.

- Head of Pharmacy and Medicines Management
- Trust Lead for Nurse Prescribing
- Trust Nursing Governance Lead
- Medical representative- nominated by Medical Director
- Professional representation from across the geography of the Trust to represent each profession or group of professions eligible to register as a non-medical prescriber.

D&T (Drugs and Therapeutics group)

- Trust Medical Director or Associate Medical Director
- Head of Pharmacy and Medicines Management
- Assistant Director, Nursing Governance
- Nursing representative from each sector of the Trust (Northern and Southern) and Clinical Directorate
- Consultant Medical Microbiologist
- A clinician from each sector of the Trust (Northern and Southern) and Clinical Directorate
- Principal Pharmacist, Patient Services & Procurement Pharmacist
- Principal Pharmacist, OHPCC & South West Acute Hospital
- Principal Pharmacist, Clinical Pharmacy Development

For decisions to be made there must be a Quorum that consist of a:

- Head of Pharmacy and Medicines Management / Pharmacist
- Trust Lead for Nurse Prescribing
- Trust Nursing Governance Lead
- Medical representative- nominated by Medical Director
- Professional representation from across the geography of the Trust to represent each profession or group of professions eligible to register as a non-medical prescriber.

## 2.2 Equality Profile

Who is affected by the policy or proposal? What is the makeup (%) of the affected group? Please provide a statistical profile. Could you improve how you gather Section 75 information? Are there any issues or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group? If the policy affects both staff and service users, please provide information on both. If not, merge the 2 columns.

<b>Category</b>	<b>Service Users, etc. Census Information 2021 Western Health and Social Care Trust Population: 301,616</b>	<b>Staff (Workforce Planning can provide this information)</b>
Gender	Male: 152,563 Female: 149,055	Female: 11477 Male: 2951 TOTAL: 14428
Age	0-15 years: 63,854 16-24 years: 31,181 25-29 years: 17,190 30-34 years: 18,806 35-39 years: 19,843 40-44 years: 19,376 45-49 years: 19,782 50-54 years: 19,782 55-54 years: 21,146 55-59 years: 20,978 60-64 years: 18,064 65-74 years: 29,392 75+ years: 22,006	16-24 years: 908 25-34 years: 3060 35-44 years: 3679 45-54 years: 3455 55-64 years: 2727 65+ years: 599 TOTAL: 14428
Religion	Christian: Catholic 194,050 Christian: Presbyterian Church in Ireland 26,996 Christian: Church of Ireland 34,802 Christian: Methodist Church in Ireland 4,540 Christian: Christian 1,783 Christian: Protestant 509 Christian: Baptist 774 Christian: Pentecostal 536 Christian: Free Presbyterian 763 Christian: Evangelical 481 Christian: Church of England 635 Christian: Orthodox Church 291 Christian: Brethren 394 Christian: Non-Denominational 270	Protestant: 3025 Roman Catholic: 7716 Not Determined/Not Known: 3687 TOTAL: 14428

	<p>Christian: Congregational Church 15                  Christian: Protestant (Mixed) 218                  Christian: Jehovah's Witness 314                  Christian: Presbyterian 94                  Christian: Reformed Presbyterian 167                  Christian: Mixed Catholic/Protestant 226                  Christian: Church of Jesus Christ of Latter Day Saints (Mormons) 93                  Christian: Independent Methodist 381                  Christian: Non-Subscribing Presbyterian 5                  Christian: Romanian Orthodox Church 34                  Christian: Christian Fellowship Church 60                  Christian: Other Christian denominations 831                  Other Religions: Muslim 789                  Other Religions: Hindu 330                  Other Religions: Buddhist 161                  Other Religions: Other Religions 1,107                  No religion 25,107                  Religion not stated 4,860</p>	
<p>Political Opinion</p>	<p>British only 62,776                  Irish only 140,402                  Northern Irish only 62,234                  British and Irish only 1,542                  British and Northern Irish only 12,050                  Irish and Northern Irish only 6,382                  British, Irish and Northern Irish only 2,315                  Other 13,915</p>	<p>Broadly Unionist: 815                  Broadly Nationalist: 1722                  Other: 1355                  Do not wish to answer/not known: 10536                  TOTAL: 14428</p>
<p>Marital Status</p>	<p>Single (never married or never registered a civil partnership) 92,708                  Married or in a civil partnership 107,063                  Separated (but still legally married or still legally in a civil partnership) 10,005                  Divorced or formerly in a civil partnership which is now legally dissolved 13,071                  Widowed or surviving partner from a civil partnership 14,915                  No code required 63,854</p>	<p>Married: 7719                  Single: 5294                  Other: 1415                  TOTAL: 14428</p>

Dependent Status	<p>Not a dependent child 224,365          Dependent child 73,850          No code required 3,401</p> <p>Provides no unpaid care 248,516          Provides 1-19 hours unpaid care per week 14,437          Provides 20-49 hours unpaid care per week 8,827          Provides 50+ hours unpaid care per week 11,133          No code required 18,703</p>	<p>Yes: 2772          No: 3313          Not Known: 8343          TOTAL: 14428</p>
Disability	<p>Day-to-day activities limited a lot 38,124          Day-to-day activities limited a little 39,508          Day-to-day activities not limited 223,985</p>	<p>Yes: 322          No: 7598          Not Known: 6508          TOTAL: 14428</p>
Ethnicity	<p>White 295,860          Irish Traveller 527          Roma 43          Indian 1,041          Chinese 640          Filipino 415          Pakistani 156          Arab 158          Other Asian 326          Black African 370          Black Other 170          Mixed 1,548          Other ethnicities 362</p>	<p>Bangladeshi: 3          Black African: 14          Black Caribbean: 2          Black Other: 1          Chinese: 6          Filipino: 37          Indian: 117          Irish Traveller: 3          Mixed Ethnic Group: 14          Not assigned: 4615          Other: 64          Pakistani: 21          White: 9531          TOTAL: 14428</p>
Sexual Orientation	<p>Straight or heterosexual 214,237          Gay, lesbian, bisexual, other sexual orientation 3,889          Prefer not to say/Not stated 19,635          No code required 63,854</p>	<p>Opposite sex: 6980          Same sex: 132          Same and Opposite sex: 37          Do not wish to answer/not known: 7279          TOTAL: 14428</p>

**2.3 Assessing Needs/Issues/Adverse Impacts, etc.**

What are consequences of the policy/proposal on Users/Carers and staff? What are the different needs, issues and concerns of each of the equality groups? Are there any adverse impacts? If the policy affects both staff and service users, please specify issues for both. If not, merge the 2 columns. Please state the source of your information, e.g. colleagues, consultations, research, user feedback, etc.

	<b>Needs and Experiences</b>	
<b>Equality Group</b>	<b>Service Users, etc.</b>	<b>Staff</b>
Gender	No issues identified	No issues identified
Age	Some service users will have carers/family who will need to be involved in the process. Information provided must be age appropriate for the service user.	No issues identified
Religion	No issues identified	No issues identified
Political Opinion	No issues identified	No issues identified
Marital Status	No issues identified	No issues identified
Dependent Status	No issues identified	No issues identified
Disability	The policy and training will be available in alternative formats for staff with a disability e.g large font, audio, Braille etc Sign Language interpreters can also be provided in line with Trust Guidelines.	The policy and training will be available in alternative formats for staff with a disability e.g large font, audio, Braille etc Sign Language interpreters can also be provided in line with Trust Guidelines.
Ethnicity	The policy will be made available in alternative languages if and when requested. Foreign Language interpreters can also be provided in line with Trust Guidelines.	The policy will be made available in alternative languages if and when requested.
Sexual Orientation	No issues identified	No issues identified
Other Issues: e.g. Rurality	No issues identified	No issues identified



**2.4 Multiple Identities:** When considering this policy/proposal, are there any additional issues relating to people with multiple identities? For example: older women, disabled minority ethnic people, young Protestant men, disabled people who are gay, lesbian or bisexual.

There are no additional issues with this policy as the restriction around applicants is dictated by legislation.

**2.5 Making Changes: Promoting Equality of Opportunity/Minimising Adverse Impacts**

Based on the equality issues you identified in 2.2, 2.3 and 2.4, what do you currently do that meets those needs? What additional changes do you intend to make that will improve how you promote equality of opportunity or minimise adverse impacts?

Equality Group	Actions that promote equality of opportunity or minimise (mitigate) adverse impacts
Age Service Users	Some service users will have carers/family who will need to be involved in the process. Information provided must be age appropriate for the service user.
Disability Service Users	The policy and training will be available in alternative formats for staff with a disability e.g large font, audio, Braille etc Sign Language interpreters can also be provided in line with Trust Guidelines.
Disability Staff	The policy and training will be available in alternative formats for staff with a disability e.g large font, audio, Braille etc Sign Language interpreters can also be provided in line with Trust Guidelines.
Ethnicity Service Users	The policy will be made available in alternative languages if and when requested. Foreign Language interpreters can also be provided in line with Trust Guidelines.
Ethnicity Staff	The policy will be made available in alternative languages if and when requested.

## 2.6 Good Relations

Does the policy/proposal have any impact/consequences for Good Relations? What changes to the policy or proposal or what additional measures could you suggest to ensure that it promotes good relations (if any)? (Refer to Guidance Notes for guidance on impact).

Group	Impact/Consequences	Suggestions
Religion	No identified issues	
Political Opinion	No identified issues	
Ethnicity	No identified issues	

### (3) CONSIDERATION OF DISABILITY DUTIES

How does the policy/proposal encourage disabled people to participate in public life and promote positive attitudes towards disabled people?
<p>The policy is for all health care professionals covered by current legislation.</p>

**(4) CONSIDERATION OF HUMAN RIGHTS**

**4.1 Does the policy or proposal adversely affect anyone’s Human Rights?  
Complete for each of the Articles.**

Article	Positive Impact	Negative Impact - human right interfered with or restricted	Neutral Impact
Article 2 – Right to life			X
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment			X
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour			X
Article 5 – Right to liberty & security of person			X
Article 6 – Right to a fair & public trial within a reasonable time			X
Article 7 – Right to freedom from retrospective criminal law & no punishment without law			X
Article 8 – Right to respect for private & family life, home and correspondence.			X
Article 9 – Right to freedom of thought, conscience & religion			X
Article 10 – Right to freedom of expression			X
Article 11 – Right to freedom of assembly & association			X
Article 12 – Right to marry & found a family			X
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights			X
1 <sup>st</sup> protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property			X
1 <sup>st</sup> protocol Article 2 – Right of access to education			X

**\* If you have answered either ‘Positive Impact’ or ‘Neutral Impact’ to all of the above, please move on to Section 5.**

**4.2 If you have identified any potential negative impacts to any of the articles, please complete the following table.**

<b>Article Number</b>	<b>What is the negative impact and who does it impact upon?</b>	<b>What do you intend to do to address this?</b>	<b>Does this raise any further legal issues?*</b> <b>Yes/No</b>

***\*It is important to speak to your line manager on this and if necessary seek legal opinion to clarify this.***

**4.3 Outline any further actions which could be taken to promote or raise awareness of human rights or, to ensure compliance with the legislation in relation to the policy or proposal.**

**(5) SHOULD THE POLICY OR PROPOSAL BE SUBJECT TO A FULL EQUALITY IMPACT ASSESSMENT?**

A full Equality Impact Assessment (EQIA) is usually confined to those policies or decisions considered to have major implications for equality of opportunity. Base your decision on information from sections 2.2, 2.3, 2.4 and 2.5.

**How would you categorise the impacts of this proposal or policy? (refer to Guidance Notes for guidance on impact)**

**Do you consider that this policy or decision needs to be subjected to a full Equality Impact Assessment?**

**Please tick:**

<b>GREEN:</b> No impact	X
<b>AMBER:</b> Minor impact	
<b>RED:</b> Major impact	

**Please tick:**

Yes	X
No	

**Please give reasons for your decision.** (See Guidance Notes, page 28, for sample paragraph).

This policy is formed from legislation and there have been no issues highlighted through the screening process that would show any limitation to any applicant to the training other than that required by law (Professional qualification).

The working groups from D&T and Non Medical Prescribing are made up of professionals from different areas ensuring a team approach. For the decision to be made the team must meet quorum and all meetings are have minutes recorded and ratified to ensure appropriate records are kept. Minutes are shared with the group through the next agenda and ratified at the beginning of the meeting. These are then securely stored on the Pharmacy Sharepoint.

Policy will then be available on the Intranet for staff to view.

➤ **NOTE: Equality and Human Rights Statement:** The policy/proposal that this screening relates to MUST include the above paragraph. In addition, this paragraph should be used in the briefing note to Trust Board and will also be included in the Trust's Equality Screening Report.

**(6) EQUALITY AND HUMAN RIGHTS MONITORING**

**What data will you collect in the future in order to monitor the effect of the policy or proposal, on any of the equality groups, for equality of opportunity and good relations, disability duties and human rights?**

We have a register of all Non-medical prescribers across the Trust.

This Register includes:

- Name
- Professional registration Number
- Job Title
- Work Base
- Email
- Type Of Prescriber
- Area of prescribing
- Controlled drugs (Yes/No)
- IV (Yes/No)
- Prescribe Antimicrobial (Yes/No)
- Date added to register
- Regional database

For this policy this would be the appropriate data that we would be required to record and collect.

The purpose of this register is to keep a list of all non-medical prescribers in the Trust.

**Approved Lead Officer:** Anne Friel

**Position:** Head of Pharmacy and Medicines Management

**Policy/Proposal Screened By:** Anne Friel

**Date:** 24/11/2023

**Quality Assurance:** Please send the final draft for quality assurance to the Equality and Human Rights Unit, Tyrone and Fermanagh Hospital, Omagh, BT79 0NS or email: [equality.admin@westerntrust.hscni.net](mailto:equality.admin@westerntrust.hscni.net). **Quality Assurance can take up to three weeks.**

**Directorate SMT Approval:** The completed Equality Screening Form **MUST** be presented along with the policy/proposal to your Directorate SMT for approval.

**Quarterly Equality Screening Reports:** When final Trust approval is received, ensure that you send the completed screening form and associated policy/proposal, etc. to the Equality and Human Rights Unit, for inclusion in the WHSCT's quarterly equality screening reports. As a public document, the screening form will be available for downloading on both the Trust's website and intranet site.