

Equality Impact Assessment (EIA) Stage 1

Policy or service being assessed:

Medicines Management Policy

Lead Person: Louise Jackson, Chief Pharmacist

Person(s) responsible for carrying out the assessment (if not the Lead Person).

- Chief Pharmacist
- Head of PPI/Equality

Yes

No

1. Is this a new or existing policy or service?

Yes – Existing, for review

2. What is the expected outcome of the service / policy? (E.g. aims, objectives and purposes of the service / policy, standards for practice).

It is a requirement of the Trust that all staff involved in any process relating to medicines must be familiar and comply with those sections of this policy which apply to them.

The ultimate aim of this policy is to ensure that effective systems are in place to safeguard the welfare of patients / service users, visitors and staff with regard to the use of medicines.

The aims of the policy are to:

Set out the principles by which medicines are managed within the Trust in line with Department of Health guidance, legal professional requirements and any future guidance that relates to medicines management.

3. Does this policy / service link to others? If yes please state link below:

Yes: Other relevant documents:

- **Controlled Drugs (CD's)** (Please refer to the Controlled Drug policy and procedures – appendix 11).
- **Drugs or Illegal Substances Liable to Misuse** (Please refer to the Controlled Drugs policy – appendix 11).
- **Procedure for the use of Complimentary and Alternative Therapies** (Please refer to Herbal and Homeopathic medicines (Section 2.4). Clinical Policy 1.4: Complementary Therapies; policy and supporting guidance).
- **Procedure for Non Medical Prescribing** (Please refer to Clinical Policy 1:23 Non-medical Prescribing Policy).
- **Health and Safety Executive Guidance** (HSE Information sheet MISC 615: Safe Handling of Cytotoxic Drugs).
- North Staffordshire Joint Formulary. [Follow link to view](#)
- North Staffordshire Clinical Guidelines including local Antimicrobial Guidelines. For adult medicine (See Appendix 4).
- NICE guidance.

- Trust Policy 4.25. Consent to Examination or Treatment,
- Trust Policy 1.27 Rapid Tranquilisation
- LD/O7 Administration of Rescue Treatments for Residents / Clients with Severe Epilepsy.
- LD/54. Guidelines for the Management and Administration of Medicines in Community Homes.
- The NMC Code of Professional Conduct (2004)
- Waste Management Policy
- Learning and Development Policy
- Registration policy

4. Who is intended to benefit from the policy / service? In what way?

Staff - Ensure that all staff employed by the Trust are aware of their roles, responsibilities and limitations with regard to medication.

Service users - Manage the risks to ensure that service users receive their medication safely and effectively.

Provide an audit trail for the handling of medication, including the use of controlled drugs.

5. How is the policy / service to be put into practice? Who is responsible?

- Medical Director responsible for implementation across medical staff
- Director of Nursing and AHPs responsible for implementation across Nursing and AHPs
- Chief Pharmacist responsible for implementation for pharmacy staff

6. How and where is information about the policy / service publicised?

- Short version and information on changes to this version to be cascaded to all relevant staff
- LJ to discuss at Senior Nurse meeting
- RH to raise at Medical Advisory Group and Wednesday morning meetings
- hard copy in pharmacy
- Trust intranet. & internet

7. What regular consultation do you carry out with different communities and groups re the policy / service?

Policy discussed at Medicines Management committee which has multidisciplinary members across the Trust and local PCTs.

Chief Pharmacist attends WM Group to identify changes in practice / legislation

Are there concerns that the policy / service could have an adverse impact because of:

Age	Yes	No
If YES to the above please state evidence (either presumed or otherwise)		No
Disability		

If YES to the above please state evidence (either presumed or otherwise)		No
Gender		
If YES to the above please state evidence (either presumed or otherwise)		No
Ethnicity		
If YES to the above please state evidence (either presumed or otherwise)		No, but this could be strengthened by making reference within the policy to ethno pharmacological evidence. Sign posting to an appropriate repository of information which may assist in the prescribing and administration of medication. Or at this stage may be exploration of suitable available information repositories.
Sexual Orientation		
If YES to the above please state evidence (either presumed or otherwise)		No
Religion / Belief		Please see text around ethnicity.
If YES to one or more of the above please state evidence (either presumed or otherwise) do you have for this?		No
8. Do the differences amount to discrimination and the potential for adverse impact in this policy?		Not applicable
9. If YES could it still be justifiable e.g. on grounds of promoting equality of opportunity for one group? Or any other reason i.e. Indirect discrimination can be justifiable sometimes when a service is being provided for a particular target group e.g. Asian women's breast screening, Gay men's sexual health clinic, gender specific services /environments		
If YES, please give reasons:		
10. Do you think this policy / service specifically contributes to promoting equality and		No, it is a procedural and factual document providing clear and detailed frameworks/directives for staff to work within.

diversity in North Staffordshire? If so, in what way? Please note any examples of good practice	
11. What approaches will you take to get feedback on your assessment?	Please see sections 6 and 7.
12. Will the assessment link to other mainstream service planning or review processes?	No
13. Should there now be a Full Impact Assessment and if so, what are the reasons for this?	No – this is not required
14. Date on which full assessment to be completed by.	NA
16. What further data or information do you need to carry out a full assessment?	NA
17. Do you need any additional assistance to help you carry out the full assessment?	NA
18. Date of assessment:	16/7/10
Other points to consider at review	

Monitoring and Review

This equality impact assessment will be reviewed alongside the policy review or sooner if required.

Signed: (Lead Assessor) Val Stronach

Date: 23/8/10