

Equality Screening Assessment

Draft Provision of Services Guidance

Phase 2 – Post-Consultation

January 2021

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Section A Phase 2 – Overview and Analysis

Public Consultation

The Council of the Pharmaceutical society NI consulted on draft Guidance on the Provision of Services. The consultation ran for 12 weeks from **08 July 2020 to 12 noon on 30 September 2020**.

The draft guidance was developed to primarily provide help to pharmacists when considering their obligations under Principle 1 of the Code – *Always put the patient first* – and Standard 1.1.5 – *If, for any reason you are unable to provide a professional service, you have a professional responsibility to take reasonable steps to refer the patient or service user to an appropriate alternative provider for the service they require*.

The proposed guidance covered the following three main areas relating to the provision of services:

- the impact of a pharmacist's religion and/or beliefs on their willingness to provide a specific service;
- a patient or service user is violent, threatens violence or is verbally abusive; and
- the medicine, service or medicinal device is not currently in stock or available.

The consultation was accompanied by a phase 1 Equality Assessment, which was published alongside the consultation on our website.

Question 12 of the consultation was asked specifically to seek feedback on equality issues, asking respondents to take into consideration the phase 1 Equality Assessment.

The Pharmaceutical Society NI has carried out an equality assessment on the proposed Guidance on the Provision of Services. This equality assessment is available alongside this public consultation.

12. Do any aspects of our proposals have equality implications for groups or individuals based on one or more of the following categories? If yes, please explain what could be done to change this. We would welcome any research/sources you may have to evidence your response.

- *Age*
- *Gender*
- *Disability*
- *Pregnancy and maternity*

- Race /ethnicity
- Religion or belief
- Political Opinion
- People with dependants
- Sexual orientation
- Marital Status

Consultation Responses			
Yes	No	Unsure	Did not answer
4 (25%)	7 (43.8%)	5 (31.3%)	7

Of the 4 respondents that answered ‘Yes’ to Question 12, 4 provided additional comments.

CPNI stated that “*There may be equality implications cited by pharmacists who may fall into one or more of the above categories and who would have concerns in regards to, for example, directing patients to other pharmacies to have certain medicines dispensed. However, the guidance is in clear alignment with Principal 1 of the Code and this is fully endorsed by CPNI*”.

Women and LGB+ and Transgender People

HerenNI stated “*the majority of the issues in section 3.2 disproportionately impact women and LGBT+ people.*”

It must be made clear that a pharmacist cannot differentiate the service they provide because if a protected characteristic, for example providing fertility medicines to a heterosexual couple and not a lesbian couple, or providing medicines to married couples; as opposed to not offering the medicine to anyone because of a conscientious objection.

The limits of conscientious objection should be set out more clearly. A blanket refusal of services to LGBT+ people would be unlawful. While this is mentioned in terms of protected characteristics making it explicitly clear in section 3 that choosing to refuse service on the basis of a protected characteristic, regardless of the treatment, would be unlawful and would not qualify for conscientious objection would be good for the avoidance of doubt.

Requirement to Refer

An individual member of the public stated: “*Not only should a pharmacist be free to not dispense an abortifacient drug, but should be free not to refer a woman seeking*

an abortion to a colleague who would be free to supply the drug. A pharmacist, so exercising his/her conscience, should be free from discipline or threat of discipline”.

Whilst an individual pharmacist stated: *“The patient is out first and therefore may need to either wait or go to another pharmacy. The service is delivered.*

The pharmacist can have a conscientious objection or another reason and not be forced to provide a service which denies their equality rights.

This document provides both good information, support and some degree of pharmacist protection”.

Of those that 5 respondents that answered, ‘Unsure’ to Question 12, 2 provided additional comments:

The HSCB stated: *the issues outlined are more likely to cause difficulties or issues for some pharmacists with particular religious beliefs.*

Consultation Analysis

Women and LGB+ and Transgender People

The comments from HereNI that the guidance needs to be clearer on the distinction between discriminatory refusal to provide a service to a patient/service user because of a ‘protected characteristic’ and the refusal to provide a ‘service’ because of a pharmacist’s religion values and beliefs are noted. It is acknowledged that the guidance should be as clear as possible on this issue to avoid any discriminatory actions. We consider that the guidance is clear in relation to this issue. For example, paragraph 2.1 states that equality legislation in Northern Ireland protects individuals from direct and indirect discrimination in the provision of goods, facilities and services against certain characteristics. Paragraph 3.2 states that pharmacists must not discriminate against patients and service users based on any of the ‘protected characteristics’ and that they must respect diversity and cultural difference, beliefs and value systems of others and always act with sensitivity and understanding when engaging with patients and service users.

Section 2.4 outlines the limitations of manifesting Article 9 rights and section 3.2 outlines the services that may be impacted upon by a pharmacist’s religion and/or beliefs.

However, it is considered prudent to provide additional clarity and it is suggested that the following the following addition is made.

Recommendation 12: Add an additional footnote to paragraph 3.2 as follows:

Referring a patient or service user to an alternative provider because the patient or service user holds a certain characteristic (e.g., their gender), would be considered as direct discrimination. This guidance deals with circumstances where a pharmacist is considering referring a patient or service user to an alternative provider because the pharmacist conscientiously objects to the professional service being offered, based on their religion and/or beliefs.

Requirement to Refer

Council should note that whilst it is acknowledged that these are sensitive issues, which individuals hold strong views on, Standard 1.1.5 of the Code is not under consultation and is not being considered for amendment. These comments are therefore out with the remit of this consultation.

The issues identified by HereNI that the guidance needs to be clearer on the distinction between discriminatory refusal to provide a service to a patient/service user because of a 'protected characteristic' and the refusal to provide a 'service' because of a pharmacist's religion values and beliefs was noted. It was acknowledged that the guidance needs to be as clear as possible on this issue to avoid any discriminatory actions, which as HereNI identified may have a disproportionate impact on women and those from the LGB + Transgender communities. Mitigating action was therefore recommended to Council in the means of Recommendation 12. No responses in the remainder of this question were considered to require mitigating actions in relation to equality issues.

In this regard it is considered that phase 2 – post-public consultation, has not identified any equality issues that have not been mitigated by recommendation, nor which could be addressed by a different policy.

It should also be noted that based on the feedback received in response to other questions in the consultation, it has been recommended to Council to pause the publication of Section 4 of the draft Guidance relating to when a patient or service user is violent, threatens violence or is verbally abusive and remove it from the finalised guidance at this stage. This will therefore negate any equality issues relating to this section.

With a view to full transparency, the remainder of the Equality Assessment carried out in Phase 1 is included below, Section B – E, and is considered to remain valid.

A link to the Consultation Report can be found here: [Insert upon publication.](#)

The monitoring for any adverse impact on equality groups in relation to this guidance will be included in any future review process in relation to the guidance.

Phase 1 (June 2020)

Section B Details about the policy/decision to be screened

Title of policy / decision to be assessed

Guidance on the Provision of Services

Brief description of policy/decision to be screened:

(record whether this is a new policy or revision of existing policy)

This new Guidance primarily provides help to pharmacists in Northern Ireland when considering their obligations under Principle 1 of the Code – Always put the patient first – and Standard 1.1.5 – If, for any reason you are unable to provide a professional service, you have a professional responsibility to take reasonable steps to refer the patient or service user to an appropriate alternative provider for the service they require.

This Guidance covers the following three main areas relating to the provision of services:

- the impact of a pharmacist's religion and/or beliefs on their willingness to provide a specific service;
- a patient or service user is violent, threatens violence or is verbally abusive; and
- the medicine, service or medicinal device is not currently in stock or available.

Aims and objectives of the policy / decision to be assessed

This guidance seeks to assist pharmacists so that they meet their obligations under the Code to ensure that patients have safe and timely access to their medicines and pharmaceutical care, whilst also respecting pharmacists' religion and or/beliefs and their right to protect themselves, colleagues and patients.

The policy seeks to ensure that patients are not discriminated against and have timely access to their medicines and pharmaceutical care, whilst also ensuring that pharmacists' rights are protected.

Main Stakeholders Affected

Public

Pharmacists

Pre-registration students

Others – please specify

Other policies with a bearing on this policy

The Code, Professional Standards of Conduct, ethics and performance for pharmacists in Northern Ireland.

Section C Baseline Evidence

Data Sources (Please list)

Section 75 Category	Details of evidence/information																																														
Age	<table border="0"> <tr><td><25</td><td>3.2%</td></tr> <tr><td>25 - 34</td><td>39.6%</td></tr> <tr><td>35 - 44</td><td>30.7%</td></tr> <tr><td>45 – 54</td><td>18.8%</td></tr> <tr><td>55 – 64</td><td>7.2.%</td></tr> <tr><td>65 – 74</td><td>0.5%</td></tr> <tr><td>75+</td><td>0.1%</td></tr> </table> <p>Numbers may not add to 100% due to rounding.</p> <p>Source: PSNI equality Monitoring Form 2019</p> <p>Northern Ireland Population Statistics</p> <table border="0"> <tr><td>0-4</td><td>6.87%</td></tr> <tr><td>5-7</td><td>3.74%</td></tr> <tr><td>8-9</td><td>2.41%</td></tr> <tr><td>10-14</td><td>6.75%</td></tr> <tr><td>15</td><td>1.36%</td></tr> <tr><td>16-17</td><td>2.84%</td></tr> <tr><td>18-19</td><td>2.77%</td></tr> <tr><td>20-24</td><td>6.96%</td></tr> <tr><td>25-29</td><td>6.85%</td></tr> <tr><td>30-44</td><td>20.65%</td></tr> <tr><td>45-59</td><td>19.21%</td></tr> <tr><td>60-64</td><td>5.21%</td></tr> <tr><td>65-74</td><td>8.04%</td></tr> <tr><td>75-84</td><td>4.79%</td></tr> <tr><td>85-89</td><td>1.17%</td></tr> <tr><td>90 +</td><td>0.56%</td></tr> </table> <p>Source: Northern Ireland Census 2011.</p>	<25	3.2%	25 - 34	39.6%	35 - 44	30.7%	45 – 54	18.8%	55 – 64	7.2.%	65 – 74	0.5%	75+	0.1%	0-4	6.87%	5-7	3.74%	8-9	2.41%	10-14	6.75%	15	1.36%	16-17	2.84%	18-19	2.77%	20-24	6.96%	25-29	6.85%	30-44	20.65%	45-59	19.21%	60-64	5.21%	65-74	8.04%	75-84	4.79%	85-89	1.17%	90 +	0.56%
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Dependents	<p>51.9% of registered pharmacists have responsibility for a child or children. 3.3% have responsibility for dependents who have a disability and 3.9% have a responsibility for a dependent who is older.</p> <p>Source: PSNI equality Monitoring Form 2019</p> <p>Northern Ireland Population Statistics</p> <p>48.52% of families in households had one or more dependent children.</p>																																														

	<p>On Census Day 2011, 214,000 people were providing some form of unpaid care, equating to approximately one-in-eight residents in Northern Ireland (12%).</p> <p>Source: Northern Ireland Census 2011.</p>												
Disability	<p>1.9% of pharmacists identify as having a disability recognised by the DDA.</p> <p>Source: PSNI equality Monitoring Form 2019</p> <p>Northern Ireland Population Statistics</p> <p>21.7% of respondents aged 16-64 in Northern Ireland (Apr-Jun 2017) reported a long-term illness and a disability. In the UK overall the figure was 17.4%.</p> <p>Source: NISRA National Wellbeing Measures.</p>												
Marital Status	<p>Of registered pharmacists responding to annual monitoring survey, 65.2% are married and 31.3% are single. 1.3% are separated with 1.1% divorced. 0.6% are widowed with 0.6% in a civil partnership.</p> <p>Source: PSNI equality Monitoring Form 2019</p> <p>Northern Ireland Population Statistics</p> <table> <tr> <td>Single</td> <td>36.14%</td> </tr> <tr> <td>Married</td> <td>47.56%</td> </tr> <tr> <td>Civil Partnership</td> <td>0.09%</td> </tr> <tr> <td>Separated</td> <td>3.98%</td> </tr> <tr> <td>Divorced</td> <td>5.45%</td> </tr> <tr> <td>Widowed</td> <td>6.78%</td> </tr> </table> <p>Source: Northern Ireland Census 2011.</p>	Single	36.14%	Married	47.56%	Civil Partnership	0.09%	Separated	3.98%	Divorced	5.45%	Widowed	6.78%
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Men and Women generally	<p>72.7% of registered pharmacists in Northern Ireland are female compared with 27.4% male. 0 pharmacists registered pharmacists are Transgendered.</p> <p>Source: PSNI equality Monitoring Form 2019</p> <p>Northern Ireland Population Statistics</p> <table> <tr> <td>Male</td> <td>49%</td> </tr> <tr> <td>Female</td> <td>51%</td> </tr> </table> <p>Source: Northern Ireland Census 2011</p>	Male	49%	Female	51%								
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Political Opinion	<p>No information available for pharmacists in Northern Ireland</p> <p>Northern Ireland Statistics</p> <p>In the 2017 Northern Ireland Assembly election had the following breakdown of first preference votes based on a turnout of 54.2%.</p> <p>First preference vote share After 18 of 18 constituencies</p> <table border="1" data-bbox="485 600 1385 907"> <thead> <tr> <th>Party</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>DUP</td> <td>28.1</td> </tr> <tr> <td>SF</td> <td>27.9</td> </tr> <tr> <td>UUP</td> <td>12.9</td> </tr> <tr> <td>SDLP</td> <td>11.9</td> </tr> <tr> <td>AP</td> <td>9.1</td> </tr> <tr> <td>OTHERS</td> <td>10.2</td> </tr> </tbody> </table> <p>Source: Northern Ireland Electoral Office.</p>	Party	%	DUP	28.1	SF	27.9	UUP	12.9	SDLP	11.9	AP	9.1	OTHERS	10.2										
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Race	<p>96.8% of registered pharmacists responding to annual monitoring survey identified as White.</p> <p>Other ethnic groups identified included Black Caribbean (0.1%), Chinese (1.6%), Indian (0.6%), Black African (0.1%) with 0.9% identifying as Other ethnic groups.</p> <p>Numbers may not add to 100% due to rounding.</p> <p>Sources: PSNI equality Monitoring Form 2019, NI Census 2011</p> <p>Northern Ireland Population Statistics</p> <table border="1" data-bbox="485 1570 847 2007"> <tbody> <tr> <td>White</td> <td>98.21%</td> </tr> <tr> <td>Chinese</td> <td>0.35%</td> </tr> <tr> <td>Irish Traveller</td> <td>0.07%</td> </tr> <tr> <td>Indian</td> <td>0.34%</td> </tr> <tr> <td>Pakistani</td> <td>0.06%</td> </tr> <tr> <td>Bangladeshi</td> <td>0.03%</td> </tr> <tr> <td>Other Asian</td> <td>0.28%</td> </tr> <tr> <td>Black Caribbean</td> <td>0.02%</td> </tr> <tr> <td>Black Africa</td> <td>0.13%</td> </tr> <tr> <td>Black other</td> <td>0.05%</td> </tr> <tr> <td>Mixed</td> <td>0.33%</td> </tr> <tr> <td>Other</td> <td>0.13%</td> </tr> </tbody> </table>	White	98.21%	Chinese	0.35%	Irish Traveller	0.07%	Indian	0.34%	Pakistani	0.06%	Bangladeshi	0.03%	Other Asian	0.28%	Black Caribbean	0.02%	Black Africa	0.13%	Black other	0.05%	Mixed	0.33%	Other	0.13%
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	<p>Source: Northern Ireland Census 2011.</p>														
Religious belief	<p>52.7% of registered pharmacists responding to annual monitoring survey identified as Christian – Roman Catholic with 32.9% identifying as Christian – Protestant. Those identifying with no religion is 10.3%. Other include Christian – Other (2.7%), Buddhist (0.1%), Hindu (0.1%), Muslim (0.4%) and Other (0.7%).</p> <p>Comparison with the Executive Office Labour Force Survey Religion Report shows that Catholics make up 41% of NI working age population with Protestants making up 41%.</p> <p>Northern Ireland Population Statistics</p> <table> <tr> <td>Catholic</td> <td>40.76%</td> </tr> <tr> <td>Presbyterian</td> <td>19.06%</td> </tr> <tr> <td>Col</td> <td>13.74%</td> </tr> <tr> <td>Methodist</td> <td>3.00%</td> </tr> <tr> <td>Other Christian</td> <td>5.76%</td> </tr> <tr> <td>Other religions</td> <td>0.82%</td> </tr> <tr> <td>No religion</td> <td>10.11%</td> </tr> </table> <p>Sources: PSNI equality Monitoring Form 2019, Executive Office 007 Labour Force Survey Religion Report Labour Force Survey Religion Report 2017, NISRA, Northern Ireland Census 2011.</p>	Catholic	40.76%	Presbyterian	19.06%	Col	13.74%	Methodist	3.00%	Other Christian	5.76%	Other religions	0.82%	No religion	10.11%
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Sexual Orientation	<p>95.6% of pharmacist responding to survey identified as heterosexual with 3.7% identifying as gay and 0.7% identifying as bisexual.</p> <p>1.2 % of the household population in Northern Ireland identify as lesbian, gay or bisexual.</p> <p>Sources: PSNI equality Monitoring Form 2019, Sexual Orientation, UK: 2017, ONS</p>														

Section D – Outcome of Screening Exercise

Question: Will the proposed policy or decision potentially impose inappropriate barriers or otherwise disadvantage people with protected characteristics?

Section 75 Category	Comment	Level of impact: Yes - Minor/Yes - Major/No
Age		Yes
Dependents		Yes
Disability		Yes
Marital Status	The policy changes do not impose inappropriate barriers or otherwise disadvantage people based on marital status.	No
Men and Women generally		Yes
Political Opinion	In our Equality Screening Exercise, it was considered that views in relation to the proposals under consideration are varied across the traditional political opinion divide in Northern Ireland. It was therefore considered that the proposed Guidance does not impose inappropriate barriers or otherwise disadvantage people based on political opinion. Important moral and ethical issues have been considered under religious beliefs.	No
Race		Yes
Religious belief		Yes
Sexual Orientation		Yes

Section E Assessment

Question: Will the proposed policy or decision potentially impose inappropriate barriers or otherwise disadvantage people with protected characteristics?

Section 75 Category	Analysis	Level of impact: Yes - Minor/Yes -Major/No
Age	<p>We recognise that different age groups will have different access issues and potential barriers in relation to pharmacy services.</p> <p>We identified that older people with dementia can display challenging behaviour and we met with the Alzheimer’s Society on this aspect of the Guidance.</p> <p>General feedback from the Alzheimer’s society stated that people with dementia that display challenging behaviour, are unlikely to access community pharmacy settings alone, so they have limited feedback on this issue, however, they considered the proposed Guidance, in general, would be helpful.</p> <p>We also note that older people can have mobility issues which may have an impact in relation to accessing alternative providers.</p> <p>We have had initial engagement with Age NI and will build on this during the public consultation period.</p> <p>In relation to young people, we engaged with Barnardo’s NI which provided us with the following feedback:</p> <p><i>The issues highlighted below have not been raised to us by our children and young people. However, possibly the main reason it is not raised as an issue is because parents and carers of children with disabilities tend to have full oversight of their medical conditions and would take control of anything that requires input from a pharmacy. Young people with disabilities are likely not to know what the services there are for them within a pharmacy, so this is probably something that the Pharmaceutical Society could work on through public health promotion.</i></p>	Yes

<p>Dependents</p>	<p>We have considered that those with dependents, and particularly carers, can have barriers to accessing health services. This can be because professionals may not recognise or understand their needs/difficulties in getting appointments, or accessing services, to fit around their caring responsibilities and it may be because carers prioritise the health of those they are caring for over their own. (see <i>Access to Health Care for Carers: Barriers and interventions</i> – University of York (2005))</p> <p>We have considered these issues in developing the Guidance and consider that the aspects relating to considerations that should be taken prior to referral/refusal will help mitigate potential issues. Additionally, the focus on communication and treating each patient as an individual, it is considered will have a constructive effect in this regard.</p> <p>We have made initial contact with Carers NI in relation to this Guidance and will follow this engagement up at the public consultation stage.</p>	<p>Yes</p>
<p>Disability</p>	<p>Learning Disability</p> <p>Mencap Northern Ireland has identified the following barriers to accessing health services, including:</p> <ul style="list-style-type: none"> •<i>Patients not being identified as having a learning disability</i> •<i>Staff having little understanding about learning disability</i> •<i>Communication difficulties that mean it takes time to identify that someone is unwell, delaying their access to health care</i> •<i>Failure to recognise that a person with a learning disability is ill or in pain, for example, by focusing on their disability (diagnostic overshadowing)</i> •<i>Failure to make a correct diagnosis, or explaining a diagnosis and treatment in a way that's hard to understand</i> •<i>Lack of accessible information about maintaining good health</i> •<i>Not enough involvement allowed from carers</i> •<i>Inadequate aftercare or follow-up care</i> •<i>Anxiety or a lack of confidence for people with a learning disability</i> •<i>Lack of joint working from different care providers</i> 	<p>Yes</p>

	<p>We met with Mencap NI in the development of the draft Guidance and attended the Launch of their <i>Treat me well – Equal access to healthcare for people with learning difficulties</i> campaign. During the engagement we received feedback that pharmacists are often seen as a bridge between the GP and the individual with learning difficulties and/or their carer, and this role is important. In discussion with Mencap the following issues were considered: The Hospital Passport; the importance of understanding learning difficulties; challenging behaviour; appropriate communication when considering the provision and the potential refusal/referral of services - and the impact this may have on individuals with learning difficulties.</p> <p>We reflected upon this in developing the Guidance and consider that the emphasis on communication, reasonable adjustments, and making decisions based on each individual’s needs will help mitigate these issues. We will continue to engage with the disability sector in the public consultation stage of the Guidance development.</p> <p>Physical and other Disabilities</p> <p>In developing the Guidance, we have considered physical and other disabilities. We have made initial contact with Disability Action and we will follow this engagement up during the public consultation period of this work.</p> <p>We have taken issues related to physical disability into consideration in the development of the draft guidance and have placed emphasis on the importance of pharmacists taking into consideration physical and other barriers patients may have if required to access alternative providers, before and after making a decision as to whether to refer.</p>	
<p>Marital Status</p>	<p>In our Equality Screening Exercise, it was considered the proposed Guidance does not impose inappropriate barriers or otherwise disadvantage people based on Marital Status.</p>	<p>No</p>

<p>Men and Women generally</p>	<p><i>We engaged with the Women’s Resource and Development Agency on the development of the Guidance and received feedback of anecdotal evidence in relation to women in rural areas and access to Emergency Hormonal Contraceptives and other medication. It was noted that fewer women have access to cars in rural areas and with public transport being poor this may cause access problems, especially on Sundays and Bank holidays etc. if a service is unavailable/refused.</i></p> <p><i>Feedback of anecdotal evidence was also provided in relation to attitudes of pharmacists being on occasions ‘judgemental’ and asking questions, which patients/service users have considered unnecessary and intruding.</i></p> <p><i>We made initial contact with Belfast Men’s Health Group, in relation to gaining an understanding of specific access issues related to men, and we will follow this up during the public consultation period.</i></p> <p><i>The RQIA’s Baseline Assessment of Access to Services for Disadvantaged Groups in Northern Ireland (2014) identified barriers across a number of areas in relation to people who are Transgender.</i></p> <p><i>It stated that: A number of reviews have indicated that LGB&Ts experience significant barriers to accessing health services and often service providers assume their needs are similar to those of heterosexual men and women. LGB&T people are also at significantly higher risk of mental disorder with higher rates of anxiety, depression, self-harm and suicidal behaviour as well as higher drug and alcohol use. Mental health issues often relate to homophobia (including internalised homophobia) having a profound effect on self-esteem, discrimination, family rejection and isolation. Other issues include access to services and attitudes. There is also a lack of awareness and understanding resulting in behaviour by health staff that can be profoundly humiliating.</i></p> <p><i>We have also made initial contact with Focus – The Identity Trust, which supports transgender and intersex individuals and their families, and will follow up on this engagement during the public consultation stage.</i></p> <p><i>We have taken these issues into consideration in the development of the draft guidance and have placed</i></p>	<p>Yes</p>
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	<p>emphasis on the importance of good communication; mutual understanding; respect and understanding of diversity and respecting people's choices. The guidance also requires pharmacists to treat each patient as an individual and make decisions based on their individual needs.</p>	
Political Opinion	<p>In our Equality Screening Exercise, it was considered that views in relation to the proposals under consideration are varied across the traditional political opinion divide in Northern Ireland. It was therefore considered that the proposed Guidance does not impose inappropriate barriers or otherwise disadvantage people based on political opinion. Important moral and ethical issues have been considered under religious beliefs.</p>	No
Race	<p>The RQIA's Baseline Assessment of Access to Services for Disadvantaged Groups in Northern Ireland (2014) identified barriers across a number of areas for groups such as Black Minority Ethnic groups (BME) including the following:</p> <ul style="list-style-type: none"> • <i>Difficulties accessing existing services by those who speak little or no English.</i> • <i>A significant level of racism and racial harassment (both direct and indirect, individual and institutional racism).</i> • <i>Low uptake of GP registration amongst Black and Minority Ethnic groups.</i> • <i>A general lack of awareness as to what services are available.</i> • <i>The need for more staff training and cultural awareness in issues relevant to e.g. BME people.</i> • <i>A failure to meet even the most basic cultural needs of BME people (such as dietary requirements or religious observance).</i> <p>In relation to 'Gypsies and travellers', who are officially recognised as an ethnic group, the RQIA's baseline assessment identified general barriers regarding access to services for travellers as follows:</p> <ul style="list-style-type: none"> • <i>a lack of cultural awareness and acceptance amongst healthcare professionals</i> 	Yes

	<ul style="list-style-type: none"> • <i>negative stereotypes</i> • <i>embarrassment</i> • <i>poor communication</i> <p>We have taken these issues into consideration in the development of the draft guidance and have placed emphasis on the importance of good communication; mutual understanding; respect and understanding of cultural and ethnic diversity and not being judgemental.</p> <p>We have made initial contact with the Northern Ireland Council for Racial Equality, with a view to exploring these issues more broadly and in relation to pharmacy services, during the consultation period, with a view to recommending any further improvements to the guidance in this regard. At this stage we consider the Guidance will mitigate any negative impact in relation to the referral to another service provider or refusal of service.</p> <p>In relation to pharmacists receiving racial abuse by patients, we are aware of the anecdotal increase in general abuse pharmacists have received during the Covid-19 pandemic and an individual report, through the media, of the prolonged racial abuse a pharmacist in Northern Ireland has received.</p> <p>The draft Guidance states:</p> <p><i>We recognise that pharmacies and healthcare settings need to be safe places for patients, service users, pharmacists and other staff.</i></p> <p><i>Pharmacists have a right to protect themselves, their staff and patients in instances where a pharmacist believes that patients and/or service users pose a threat or are displaying threatening behaviour within a healthcare setting. We recognise and support the Health and Social Care Board's (HSCB) Zero Tolerance campaign. This Guidance is not intended to address situations of clear criminality, including assault or theft.</i></p> <p>We will welcome feedback during the consultation process on this statement in relation to racial abuse of pharmacists and the needs of patients.</p>	
Religious belief	<p>Pharmacists</p> <p>The Human Rights Act 1998 incorporates the European Convention on Human Rights into UK law. Article 9 of the European Convention on Human Rights protects</p>	

	<p>individuals' right to freedom of thought, belief and religion. This right is a qualified right in that the right to manifest one's religion and belief in public can require a balance to be struck between the needs of the individual and the competing considerations of other individuals/groups, organisations, the wider community or society as a whole.</p> <p>Religion means any religion, including lack of religion. Belief means any religious or philosophical belief and includes lack of belief. This guidance is therefore produced for pharmacists who hold no religious beliefs and those who do. Under Article 9, it is considered that a genuine and sincerely held belief must attain a 'certain level of cogency, seriousness, cohesion and importance'.</p> <p>It should be noted that the Code (2016), Standard 1.1.5 states that: <i>'If, for any reason you are unable to provide a professional service, you have a responsibility to take reasonable steps to refer the patient or service user to an alternative provider for the service they require'</i></p> <p>It is considered that it is implicit in Standard 1.1.5 that a pharmacist has a right to refer a patient to an alternative provider because of their beliefs and/or religion dictates that they cannot provide a specific service. It should be noted that this aspect of the Code is not changing.</p> <p>The Guidance recognises that a pharmacist's religion and/or beliefs form an integral part of who they are and can have a positive impact on their daily practice and decision making.</p> <p>The Guidance does, however, attempt to strike a balance between the rights of a pharmacist to maintain moral integrity and patients' rights to access medical care. In this regard the Guidance attempts to place some parameters around referral to another healthcare provider, which ensures that the pharmacist considers the patient's individual needs before deciding to refer and considers their needs if they do decide to refer a patient to an alternative healthcare provider.</p> <p>In relation to the recent changes in the law concerning abortion in Northern Ireland, the guidance cites the Abortion (Northern Ireland) (No. 2) Regulations 2020 (the Regulations) authorise abortions to be carried out by a 'registered medical professional' in Northern Ireland, as defined in the Regulations. The Regulations</p>	
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	<p>put in place a specific statutory protection for conscientious objection in Northern Ireland in relation to abortion, consistent with the approach taken across the rest of the UK (in section 4 of the Abortion Act 1967). The guidance further references that the Supreme Court has ruled on the extent of conscientious objection relating to abortion services under The Abortion Act 1967, in <i>Greater Glasgow Health Board v Doogan and another</i> [2014] UKSC 68.</p> <p>We consider that the guidance appropriately recognises the qualified rights of pharmacists in relation to Article 9.</p> <p>The Guidance reflects our understanding of the law in this area.</p> <p>We met with pharmacy representative groups in Northern Ireland and gained feedback on the development of the draft Guidance.</p> <p>We also met with the Evangelical Alliance in relation to our initial proposals for the Guidance and will maintain this engagement at the public consultation stage.</p> <p>We have made provisional contact with Amnesty International and Humanist Society, on these issues and will follow this engagement up during the public consultation stage.</p> <p>Patients</p> <p>Patients have a right to be treated fairly and with respect whatever their beliefs and/or religion. We consider that aspects of the Code, particularly Standards 1.1 ‘Treat those in your care with respect and dignity’ and Standard 1.1.3 ‘Respect diversity in cultural differences, beliefs and value-systems of others and always act with sensitivity and understanding’ – which are referenced in the guidance, along with other aspects of the guidance which promote sensitive engagement with patients, should have a constructive impact in this regard.</p> <p>Employment</p> <p>We have considered that in recommending pharmacists inform their employers of the services they are unwilling to provide due to their religion and/or beliefs, this could result in pharmacists being discriminated against by their employers.</p>	
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	<p>The law in this area is clear - employers cannot directly or indirectly discriminate against an employee or perspective employee because of their religion/values and beliefs. We have stated this in the Guidance and have directed pharmacists and employers to the Equality Commission NI and the Human Rights Commission to gain further guidance and/or legal opinion.</p> <p>Along with other pharmacy representative groups, we met with CPNI and the HSCB.</p> <p>We will continue to explore these issues through the consultation process and examine the issue of reasonable accommodation.</p>	
<p>Sexual Orientation</p>	<p>The RQIA's Baseline Assessment of Access to Services for Disadvantaged Groups in Northern Ireland (2014) identified barriers across a number of areas in relation to people who are Lesbian, Gay, Bisexual.</p> <p><i>It stated that: A number of reviews have indicated that LGB&Ts experience significant barriers to accessing health services and often service providers assume their needs are similar to those of heterosexual men and women. LGB&T people are also at significantly higher risk of mental disorder with higher rates of anxiety, depression, self-harm and suicidal behaviour as well as higher drug and alcohol use. Mental health issues often relate to homophobia (including internalised homophobia) having a profound effect on self-esteem, discrimination, family rejection and isolation. Other issues include access to services and attitudes. There is also a lack of awareness and understanding resulting in behaviour by health staff that can be profoundly humiliating.</i></p> <p>We have taken these issues into consideration in the development of the draft guidance and have placed emphasis on the importance of good communication; mutual understanding; respect and understanding of diversity and respecting people's choices. The guidance also requires pharmacists to treat each patient as an individual and make decisions based on their individual needs.</p> <p>We have made initial contact with the Rainbow Project with a view to exploring these issues in general and in relation to pharmacy and will build on this initial</p>	

	engagement during the consultation period, with a view to making recommendations to improve the Guidance. At this stage we consider that the Guidance will have a constructive impact in relation to the barriers identified for Lesbian, Gay, Bisexual and Transgender people.	
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Section F Record of Screening Assessment

Record of Screening Decision

<p>Title of policy being assessed</p> <p>Provision of Services</p>
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Screening assessment Phase 1 completed by:

<p>Name: Peter Hutchinson</p> <p>Job title: Policy Standards and Engagement Lead</p> <p>Signature:</p> <p>Date: 15 June 2020</p>	<p>Policy Writer</p>
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Screening decision approved by:

<p>Name: Mark Neale</p> <p>Job title: Head of Public Affairs</p> <p>Signature:</p> <p>Date: 15 June 2020</p>	<p>Senior Manager</p>
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Next Steps

The Policy and Procedure on Equality Screening and Equality Impact Assessments states that in relation to policies which the organisation will publicly consult upon, Council should consider an initial Equality Assessment (Phase 1) upon approving the draft policy for public consultation. Council should consider a second Equality Assessment based on feedback from the public consultation, prior to making its final decision.