EQuality Impact Assessment (EQIA) Template

Introduction

The EQIA template has been introduced to bring together equality and quality impact considerations into a single systematic assessment process.

An EQIA should be completed whenever the initial screening process on each scheme in the Financial Recovery Plan indicates that one is required.

The EQIA Panel will oversee the development and quality assurance of EQIAs.

To support understanding and completion of the EQIA process, this document is hyperlinked to a glossary of key terms.

Purpose

The EQIA is designed to:

- Enable details of supporting evidence to be recorded
- Assess the impact of proposed changes in line with the CCGs' duty to reduce health inequalities in access to health services and in health outcomes achieved
- Assess the impact of proposed changes to services in line with the CCGs' duty to maintain and improve the three elements of quality (patient safety, patient experience and clinical effectiveness)
- Assess whether proposed changes could have a positive, negative or neutral impact, depending on people's different protected characteristics defined by the Equality Act 2010
- Identify any unlawful discrimination or negative effect on equality for patients/service users, carers and the general public
- Consider the impacts on people from relevant inclusion health groups (e.g. carers, homeless people, people experiencing economic or social deprivation)
- Identify where any information to inform the assessment is not available, which may indicate that patient engagement is required
- Provide a streamlined process and prevent equality and quality risks from being considered in isolation
- Determine whether a scheme can proceed, proceed with identified action, or not be progressed.

Decisions on whether schemes will be implemented, amended or stopped will be based on a combination of EQIAs, engagement findings and consultation outcomes.

EQIAs are 'live' documents, and as such, are required to be revisited at key stages of scheme development and implementation, particularly following the conclusion of any engagement and consultation activities to inform decision-making.

Scheme title: Personal and Self Care Medicines Proposal

Assessor name: Beth Carney

Date of assessment: 31/3/18

Summary description of QIPP scheme being assessed:

The results of the national consulation on the routine prescribing of medicines available over the counter have just been published and state that patients with self limiting short term conditions should be directed to purchase medication to treat the condition

In 2017 Nottingham North and East (NNE), Nottingham West (NW) and Rushcliffe CCG's adopted guideline to promote the Self-care agenda to patients.

This paper looks at a proposal to align self-care guidelines across Greater Nottingham in line with the outcome of the national consultation and proposes initial areas for review for patients receiving personal care and self-care medications on prescription.

To support the proposal a leaflet will be available for prescribers to write information on for the patient. In Nottingham City CCG Pharmacy First will be identified as an available resource in local pharmacies to support individuals on free prescriptions to access medication for minor ailments

It is also proposed that the policy is actively implemented across Greater Nottingham by reviewing the prescribing of self-care medicines. The initial areas targeted include prophylactic minerals and vitamins, emollients, hayfever medicines, upset stomach and pain, although any self-care medicine currently on a repeat template could be stopped if for a minor ailment.

Total potential savings across GN around personal and self-care total £767,000 over 2 years

Details of any supporting evidence:

Evidence checklist of web based resources

https://www.england.nhs.uk/medicines/conditions-for-which-over-the-counter-items-should-not-routinely-be-prescribed/

The above link shows the results of the national conusltaion and states:

In the year prior to June 2017, the NHS spent approximately £569 million on prescriptions for medicines, which could otherwise be purchased over the counter (OTC) from a pharmacy and/or other outlets such as petrol stations or supermarkets. These prescriptions include items for a condition:

- That is considered to be self-limiting and so does not need treatment as it will heal or be cured of its own accord;
- Which lends itself to self-care i.e. the person suffering does not normally need to seek medical advice and can manage the condition by purchasing OTC items directly. These prescriptions also include other common items:
- That can be purchased over the counter, sometimes at a lower cost than that which would be incurred by the NHS;
- For which there is little evidence of clinical effectiveness.

Spend on personal-care and self-care items across Greater Nottingham in 17/18 is estimated to be £1.9m including Vitamin D prescribing. Prescribing data does not provide an indication for the medicine therefore it is not

possible to ascertain the level of spend on these items for the treatment of acute minor ailments. Many of these medicines will also be used for the treatment of chronic long term conditions.

By reducing spend on treating conditions that are self-limiting or which lend themselves to self-care, or on items for which there is little evidence of clinical effectiveness, these resources can be used for other higher priority areas that have a greater impact for patients, support improvements in services and/or deliver transformation that will ensure the long-term sustainability of the NHS.

The costs to the NHS for many of the items used to treat minor conditions are often higher than the prices for which they can be purchased over the counter as there are hidden costs. For example, a pack of 12 anti-sickness tablets can be purchased for £2.182 from a pharmacy whereas the cost to the NHS is over £3.003 after including dispensing fees. The actual total cost for the NHS is over £35 when you include GP consultation and other administration costs.

A wide range of information is available to the public on the subjects of health promotion and the management of minor self- treatable illnesses. Advice from organisations such as the Self Care Forum and NHS Choices is readily available on the internet. Many community pharmacies are also open extended hours including weekends and are ideally placed to offer advice on the management of minor conditions and lifestyle interventions.

The Royal Pharmaceutical Society offers advice on over the counter products that should be kept in a medicine cabinet at home to help patients treat a range of self-treatable illnesses. Research shows that in many cases, people can take care of their minor conditions if they are provided with the right information; thereby releasing health care professionals to focus on patients with more complex and/or serious health concerns. Past experience with self-care builds confidence in patients, with 84 per cent choosing to self-care for new episodes.

More cost-effective use of stretched NHS resources allows money to be spent where it is most needed, whilst improving patient outcomes. As an example, every £1m saved on prescriptions for over the counter treatments could fund (approx.)

: • 39 more community nurses; or

• 270 more hip replacements; or

• 66 more drug treatment courses for breast cancer; or

• 1000 more drug treatment courses for Alzheimer's; or

• 1040 more cataract operations6.

CCGs need to make increasingly difficult decisions about how to spend the NHS budget and this means prioritising those things that will give patients the best clinical outcomes. Any savings from implementing the proposals could be reinvested in improving patient care.

The national guideance includes the following exceptions:

• Patients prescribed an OTC treatment for a long term condition (e.g. regular pain relief for chronic arthritis or treatments for inflammatory bowel disease).

• For the treatment of more complex forms of minor illnesses (e.g. severe

migraines that are unresponsive to over the counter medicines).

- For those patients that have symptoms that suggest the condition is not minor (i.e. those with red flag symptoms for example indigestion with very bad pain.)
- Treatment for complex patients (e.g. immunosuppressed patients).
- Patients on prescription only treatments.
- Patients prescribed OTC products to treat an adverse effect or symptom of a more complex illness and/or prescription only medications should continue to have these products prescribed on the NHS.
- Circumstances where the product licence doesn't allow the product to be sold over the counter to certain groups of patients. This may vary by medicine, but could include babies, children and/or women who are pregnant or breastfeeding. Community Pharmacists will be aware of what these are and can advise accordingly.
- Patients with a minor condition suitable for self-care that has not responded sufficiently to treatment with an OTC product.
- Patients where the clinician considers that the presenting symptom is due to a condition that would not be considered a minor condition.
- Circumstances where the prescriber believes that in their clinical judgement, exceptional circumstances exist that warrant deviation from the recommendation to self-care.
- Individual patients where the clinician considers that their ability to selfmanage is compromised as a consequence of medical, mental health or significant social vulnerability to the extent that their health and/or wellbeing could be adversely affected, if reliant on self-care. To note that being exempt from paying a prescription charge does not automatically warrant an exception to the guidance. Consideration should also be given to safeguarding issues.

The above link also has a national EQIA

Other National Evidence

The paper: Personal and Self Care Medicines Proposal looks at the evidence of how other areas in the UK have implemented such policies for specific medicines – See attached paper

Self Care Medicines Proposal final March 1

Local Guidance:

Locally NNE, NW and Rushcliffe have had a self care guidance since March 2017. The CCG's at the time went out to patient engagement over a 1 month period. Please see the guidance and engagement report below.

NNE NW Rushcliffe Self Care Guidelines F

Engagement report -OTC-Meds-Feb17-we

The guidelines within NNE, NW and Rushcliffe have not been actively implemented by the local prescribing teams. However on implementation

there has been XX number of patient complaints through PALS and little negative feedback from GP's about the policy. There have been a few issues with community pharmacists not being aware of the policy, despite communication to all local community pharmacy's at the launch of the guidelines.

Mid Notts also put similar self care guidance in place at a similar time to NNE, NW and Rushcliffe CCG's. The plan in Mid Notts is to review their guidance in light of the new national guidance and will decide if they need to update their policy shortly.

When completing this section a review of the latest evidence should be undertaken. Use the checklist provided for sources of evidence and trusted websites to visit to find evidence. Describe the key findings from your evidence search and how they have informed this scheme.

If you have been unable to find evidence, please describe what you have based this scheme on instead (e.g. activity data, population data, patient experience or public engagement intelligence, clinical opinion etc.):

Health inequalities:

What will be the effect of the scheme in terms of reducing health inequalities in outcomes and in access?

○ Positive impact ◉ Negative impact ○ No impact ○ N/A

Comments/rationale:

Patients will be asked to access medicines from their local pharmacy for acute minor ailments, many pharmacies are open more hours than a GP practice and no appointment is required therefore these medicines will be more available. Pharmacists are experts in medicines and can offer medication use reviews, explain how to take medicines, check for interactions. They are ideally placed to help patients access medicines for acute minor ailments in a timely manner, therefore access is potentially better than via a GP

For those patients who do not pay for their medicines they can access a range of treatments for minor ailments from the Pharmacy First scheme (Pharmacy First runs in Nottingham City, NNE and NW CCG's). This includes:

- Athlete's foot
- Constipation
- Diarrhoea
- Earache
- Haemorrhoids
- Hay fever
- Head lice
- Insect bites and stings
- Sore throat
- Teething pain
- Temperature or fever
- Threadworm
- Toothache
- Vaginal thrush
- Warts and verrucas

There are potential negative impacts on patients who are currently able to access free medication and treatments for the conditions covered in the guidance who will now be required to buy them over the counter if their ailment is not covered by pharmacy first or pharmacy first doesn't run in their area. This will affect those on low incomes who currently do not pay for their prescriptions, however there is an exclusion within the national guideance for such patients. These patients should still receive such medication on prescription.

The following question should be addressed and responses provided for each of the protected characteristic and inclusion health groups listed below. Highlight where the scheme has (or could potentially have) a positive or negative impact, either directly or indirectly, considering proportionality and relevance.

Could the scheme have a positive impact or negative impact on people who may, as a result of being in one or more of the following protected characteristic or inclusion health groups, experience barriers when trying to access or use NHS services?

In addressing this question, please consider whether the scheme could potentially have a positive or negative impact in any of the following areas:

- The CCGs' duty to maintain and improve the three elements of quality – patient safety, patient experience and clinical effectiveness
- Access to services (including patient choice)
- Transfers between services (whether between specialities, care settings, or during a person's life course)
- Safeguarding adults
- Safeguarding children
- Dignity and respect (including privacy)
- Person-centred care
- NICE requirements
- Shared decision-making

Please draw out in your comments/rationale any differential impact between CCG populations.

Protected characteristics and inclusion health groups:

Impact on the protected characteristic of Age:

○ Positive impact ○ Negative impact ◉ No impact ○ N/A

Comments/rationale:

The national EQIA states:

There is evidence that children under 16 (and those under 18 and in full time education) and adults aged over 60 will be particularly affected by the recommendations to restrict prescribing of OTC items for minor conditions. Prescriptions issued for children and those over 60 make up the largest groups of patients exempt from prescription charges (18% and 50% respectively). Although patients in all age groups are issued prescriptions. During the national consultation, responses were monitored to ascertain if there are any unintended consequences on this protected characteristic. To mitigate risk of inequality a number of changes were made to the exceptions in the guidance following the consultation to ensure that those most vulnerable were not at risk. Although a proportion of older people and children may still fall outside of these exceptions, we do not have indication data to know what this proportion would be. Children and older people would be able to access medicines via pharmacy first for certain conditions, as listed above.

Impact on the protected characteristic of Disability:

○ Positive impact ○ Negative impact ◉ No impact ○ N/A

Comments/rationale:

The national EQIA states: There is no routinely collected data on prescribing and disability so we cannot definitively assess the impact of our proposals fully. Although we do know that some people with a disability (as legally defined) will be entitled to a Medical Exemption Certificate and so be in receipt of free prescriptions. We note the Family Resources Survey 2011 to 2012 finding that a substantially higher proportion of individuals who live in families with disabled members live in 'poverty', compared to individuals who live in families where no-one is disabled. Therefore these patients may be impacted to a greater extent by the proposed guidance if they are not covered by other exceptions in the guidance. https://www.gov.uk/government/publications/disability-facts-and-figures/disability-factsand-figures.

The Joseph Rowntree Foundation also found that in 2013/14, 27 per cent of people in families where someone is disabled were in poverty, compared with 19 per cent of those in families where no one is disabled, using the standard after housing costs measure. https://www.jrf.org.uk/mpse-2015/disability-and-poverty. The prevalence of disability rises with age. Around 6% of children are disabled, compared to 16% of working age adults and 45% of adults over State Pension age. During the national consultation, responses were monitored to ascertain if there are any unintended consequences on this protected characteristic. To mitigate risk of inequality a number of changes were made to the exceptions in the national guidance following the national consultation to ensure that those most vulnerable were not at risk. Such patients who fit the medical expemption certificate would be able to access medicines via pharmacy first for certain conditions, as listed above.

Impact on the protected characteristic of Gender re-assignment:

○ Positive impact ○ Negative impact ◉ No impact ○ N/A

Comments/rationale:

The national EQIA states:

The proposals will apply to all patients regardless of whether they have changed gender or are transgender. There is no evidence to suggest that the relevant items are prescribed disproportionately to this group.

Impact on the protected characteristic of Pregnancy and maternity:

○ Positive impact ○ Negative impact ◉ No impact ○ N/A

Comments/rationale:

The national EQIA states: Such patients can apply for an exemption from prescription charges. However there is no routinely collected data on prescribing and pregnancy/maternity status in cases where an exemption is not applied for so we cannot definitively assess the impact fully at a national level. However where an exemption is applied for, 2% of patients prescribed an OTC item have been exempt from prescription charges due to pregnancy/maternity.

For some products, the product licence does not allow sale of OTC medicines to certain groups of patients which can include women who are pregnant or breastfeeding. This has been considered in the development of the proposals and factored into the proposed exceptions. An individual may be exempt from the recommendation to self-care if he or she is not covered by the product license for an OTC product.

Impact on the protected characteristic of Race:

○ Positive impact ○ Negative impact ◉ No impact ○ N/A

Comments/rationale:

The national EQIA states: The proposals will not discriminate against patients from different racial backgrounds, as any changes will apply to all patients regardless of their race. However evidence has shown that people from minority ethnic groups are statistically more likely to be in lower income brackets (http://www.poverty.org.uk/summary/uk.htm) therefore these patients may be impacted to a greater extent by the proposed national guidance if they are not covered by other exceptions. Such patients who fit the medical expemption certificate would be able to access medicines via pharmacy first for certain conditions, as listed above.

Impact on the protected characteristic of Religion or belief:

○ Positive impact ○ Negative impact ◉ No impact ○ N/A

Comments/rationale:

Proposals will not discriminate against patients with religions or beliefs, or with no religion. Any changes would apply to all patients regardless of their religion, or religious beliefs and there is no evidence to suggest that the relevant items are prescribed disproportionately to this group.

Such patients who fit the medical expemption certificate would be able to access medicines via pharmacy first for certain conditions, as listed above

Impact on the protected characteristic of Sex:

○ Positive impact ◉ Negative impact ○ No impact ○ N/A

Comments/rationale:

The National EQIA states: Proposals would apply to all patients regardless of their sex. More women (64%) than men (36%) get prescriptions for OTC items. Further sex specific trends by condition show that over 70% of prescriptions were for women for some conditions such as: mild migraine (80%), head lice (73%) and cold sores (72%). Vitamins and minerals were prescribed to women in 74% of cases. The only conditions where males showed a higher proportion of prescriptions than females was for items prescribed for the prevention of dental caries (58%) and for infant colic (51%).

Such patients who fit the medical expemption certificate would be able to access medicines via pharmacy first for certain conditions, as listed above

Impact on the protected characteristic of Sexual orientation:

○ Positive impact ○ Negative impact ◉ No impact ○ N/A

Comments/rationale:

The National EQIA states: Patients of differing sexual orientation will not be affected any differently to other patient groups as any changes would apply to all patients regardless of their sexual orientation. There is no evidence to suggest that the relevant items are prescribed disproportionately to this group

Such patients who fit the medical expemption certificate would be able to access medicines via pharmacy first for certain conditions, as listed above

Impact on people in any of the following Inclusion Health Groups:

Carers

Homeless people

People who misuse drugs

New and emerging communities, including refugees and asylum seekers

People experiencing economic or social deprivation, including those who are long-term unemployed, have limited family or social networks

Gypsies, Roma and Travellers

○ Positive impact ○ Negative impact ◉ No impact ○ N/A

Comments/rationale (with an indication of which of the above groups have specifically influenced your impact conclusion)**:**

Carers:

The National EQIA states: People who care for adults or children could be impacted by any changes as they are often responsible for self-care for the patient. During the national consultation, responses were monitored to ascertain if there were likely unintended consequences on this health inclusion group. To mitigate risk of inequality a number of changes were made to the exceptions in the national guidance following the national consultation to ensure that those most vulnerable were not at risk, although carers are not specifically referred to.

Homeless People:

The National EQIA states: There is no data available on the prevalence of homeless people and rough sleepers who are currently prescribed items that are also available over the counter. There is no evidence to suggest that the relevant items are prescribed disproportionately to this group. During the national consultation, responses were monitored to ascertain if there were likely unintended consequences on this health inclusion group, To mitigate risk of inequality a number of changes were made to the exceptions in the national guidance following the national consultation to ensure that those most vulnerable were not at risk.

People who misuse drugs:

The National EQIA states:There is no data available on the prevalence of alcohol and/or drug misusers who are currently prescribed items that are also available over the counter. There is no evidence to suggest that the relevant items are prescribed disproportionately to this group. During the consultation, responses were monitored to ascertain if there were likely unintended consequences on this health inclusion group. There were no results from the national consultation that indicated this.

New and Emerging communities, including refugees and asylmun seekers:

The National EQIA states: There is no data available on the prevalence of asylum seekers and/or refugees who are currently prescribed items that are also available over the counter. There is no evidence to suggest that the relevant items are prescribed disproportionately to this group. During the national consultation, responses were monitored to ascertain if there were likely unintended consequences on this health inclusion group. To mitigate risk of inequality a number of changes were made to the exceptions in the national guidance following the national consultation to ensure that those most vulnerable were not at risk, although carers are not specifically referred to.

People experiencing economic or social deprivations:

This group of people are excluded from the national guidance and therefore will not be affected by it.

Gypsies, Roma and Travellers

The national EQIA states: There is no data available on the prevalence of gypsies, Roma and travellers who are currently prescribed items that are also available over the counter. There is no evidence to suggest that the relevant items are prescribed disproportionately to this group.

Such patients from all the above groups who fit the medical expemption certificate would be able to access medicines via pharmacy first for certain conditions, as listed above

Impact Assessment Outcome:

Details of any risks identified and overall comments:
Recommendation: ○ Proceed ○ Proceed with action* ○ Stop ***Please provide details of action required: **It is recommended that NHS Nottingham City CCG go out to engagement around the proposed Self Care Guidelines**

GLOSSARY *The descriptions for the following terms are worded specifically for this EQIA.*

Term	Description
Access	Access includes the ability of patients to obtain and understand information about their health and health services, as well as being able to access clinical advice and treatment. Patients' access may be limited by a range of factors such as mobility limitations, cognitive function and language barriers.
Age	The protected characteristic of Age refers to being of a specific age or belonging to a particular age range.
Carers	Carers may be socially excluded and vulnerable, causing them to experience specific disadvantages, leading them to have poorer predicted health outcomes and a shorter life expectancy than the average population.
Clinical effectiveness	Clinical effectiveness is a component of quality in the NHS. It is the application of the best knowledge, derived from research, clinical experience and patient preferences to achieve optimum processes and outcomes of care for patients. The process involves a framework of informing, changing and monitoring practice.
Dignity and Respect	This is one of the values incorporated in the NHS Constitution: "We value every person - whether patient, their families or carers, or staff - as an individual, respect their aspirations and commitments in life, and seek to understand their priorities, needs, abilities and limits. We take what others have to say seriously. We are honest and open about our point of view and what we can and cannot do." Respect, dignity, compassion and care should be at the core of how patients and staff are treated - not only because that is the right thing to do, but because patient safety, experience and outcomes are all improved when staff are valued, empowered and supported.
Disability	The protected characteristic of Disability includes people with physical or mental impairments or illnesses that have a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. 'Substantial' is more than minor or trivial – e.g. it takes much longer than it usually would to complete a daily task like getting dressed. 'Long-term' means 12 months or more – e.g. a breathing condition that develops as a result of a lung infection. Someone automatically meets the disability definition under the Equality Act 2010 from the day they are diagnosed with HIV infection, cancer or multiple sclerosis, even if they are currently able to carry out normal day to day activities. A disability can arise from a wide range of impairments which can be: • Sensory impairments, such as those affecting sight or hearing • Mental health conditions • Mental illnesses • Learning disabilities • Organ specific – e.g. respiratory conditions, cardiovascular diseases, stroke • Developmental – e.g. autistic spectrum disorders

Term	Description
	• Produced by injury to the body, including to the brain • Impairments with fluctuating or recurring effects – e.g. rheumatoid arthritis • Progressive* – e.g. motor neurone disease, muscular dystrophy, and forms of dementia • Auto-immune conditions, such as systemic lupus erythematosis (SLE). *A progressive condition is one that gets worse over time. The Equality Act 2010 covers people who have had a disability in the past – e.g. if a person had a mental health condition in the past which lasted for over 12 months, but has now recovered, they are still protected from discrimination because of that disability. For further information see Equality_Act_2010-disability_definition.pdf
Engagement	The range of activities designed and deployed by CCGs to: • Gain the views of patients, service users and carers on commissioning and service delivery • Include patients, service users and carers in considering their own health, care and treatment.
Equality Act 2010	A single piece of legislation that replaced previous anti-discrimination Acts. It simplified the law, removing inconsistencies and making it easier for people to understand and comply with. The Act outlaws direct and indirect discrimination, harassment and victimisation of people with relevant protected characteristics in relevant circumstances and requires that reasonable adjustments be made for disabled people. The Equality Act includes a public sector equality duty (PSED), which applies to public bodies and others carrying out public functions. It supports good decision-making by ensuring public bodies consider how different people will be affected by their activities, helping them to deliver policies and services that are efficient and effective, accessible to all, and which meet different people's needs.
Evidence	Information from research and other sources e.g. activity data, population data, patient experience or public engagement intelligence, clinical opinion, NICE, national strategies, policy documents and reports, evaluation, clinical audit, etc. Evidence-based practice is the integration of clinical expertise, patient values, and the best research evidence into the decision making process for patient care. Clinical expertise refers to the clinician's cumulated experience, education and clinical skills. The patient brings to the encounter his or her own personal preferences and unique concerns, expectations, and values.
Gender re-assignment	A person has the protected characteristic of gender reassignment if s/he is proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning her/his sex by changing physiological, behavioural or other attributes of sex.

Term	Description
Gypsies Roma and Travellers	A group of people who may be socially excluded and vulnerable, causing them to experience specific disadvantages, leading them to have poorer predicted health outcomes and a shorter life expectancy than the average population. See also Inclusion Health groups.
Health inequalities	Preventable and unjust differences in health status experienced by certain population groups. People in lower socio-economic groups are more likely to experience chronic ill-health and die earlier than those who are more advantaged.
Homeless people	A group of people who may be socially excluded and vulnerable, causing them to experience specific disadvantages, leading them to have poorer predicted health outcomes and a shorter life expectancy than the average population. See also Inclusion Health groups.
Inclusion health groups	Groups of people who may be socially excluded and vulnerable, causing them to experience specific disadvantages, leading them to have poorer predicted health outcomes and a shorter life expectancy than the average population. These include carers, homeless people, people who misuse drugs, asylum seekers and refugees, Gypsies and Travellers, sex workers, people experiencing economic and social deprivation, people who are long-term unemployed, people who have limited family or social networks and people who are geographically isolated.
Negative impact	An effect that could, for example: • Decrease or exclude access to a service or activity • Be detrimental to treatment outcomes • Have an adverse impact on patient experience.
New and emerging communities, including refugees and asylum seekers	A group of people who may be socially excluded and vulnerable, causing them to experience specific disadvantages, leading them to have poorer predicted health outcomes and a shorter life expectancy than the average population. See also Inclusion Health groups.
Patient choice	Informed decision-making by patients over where/how they receive health care.
Patient experience	Patient experience is one of the three components of quality in the NHS. Experience of care, clinical effectiveness and patient safety together make the three key components of quality in the NHS. Good care is linked to positive outcomes for the patient and is also associated with high levels of staff satisfaction. Patient experience means putting the patient and their experience at the heart of quality improvement.

Term	Description
Patient safety	The NHS is expected to treat patients in a safe environment and protect them from avoidable harm. Patient safety is one of the three components of quality in the NHS and is defined as the prevention of errors and adverse effects to patients associated with health care. While health care has become more effective it has also become more complex, with greater use of new technologies, medicines and treatments. Patient safety issues are the avoidable errors in healthcare that can cause harm (injury, suffering, disability or death) to patients.
People experiencing economic and social deprivation	A group of people who may be socially excluded and vulnerable, causing them to experience specific disadvantages, leading them to have poorer predicted health outcomes and a shorter life expectancy than the average population. It includes people who are long-term unemployed, or who have limited family or social networks. To comply with the Equality Act 2010, CCGs are required to consider how their strategic decisions might help to reduce the inequalities associated with socio-economic disadvantage, such as inequalities in employment, education, health, housing and crime rates. It is for individual CCGs to consider which socio-economic disadvantages it is able to influence.
People who misuse drugs	A group of people who may be socially excluded and vulnerable, causing them to experience specific disadvantages, leading them to have poorer predicted health outcomes and a shorter life expectancy than the average population. See also Inclusion Health groups.
Person-centred care	Person-centred care is the principle of 'shared-decision making' – enabling people to make joint decisions about their care with their clinicians. It involves putting patients, and their families and carers, at the heart of deciding what is most valuable for individuals with a range of health conditions, rather than clinicians or other health professionals independently deciding what is best.
Positive impact	An effect that could, for example: • Increase access to a service or activity • Improve treatment outcomes • Enhance patient experience.
Pregnancy and maternity	Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.
Privacy	Interpreted most broadly, privacy is about the integrity of the individual. It therefore encompasses many aspects of the individual's social needs – privacy of the person, personal information, personal behaviour and personal communications.

Term	Description
Protected characteristics	The Equality Act 2010 outlines nine protected characteristics - Age, Disability, Gender re-assignment, Marriage and civil partnership, Pregnancy and maternity, Race, Religion or belief (including no religion or belief), Sex and Sexual orientation. The Equality Act outlaws direct and indirect discrimination, harassment and victimisation of people with relevant* protected characteristics. *Marriage and civil partnership is not a 'relevant' protected characteristic. (This distinction applies only in relation to work, not to any other part of the Equality Act 2010) We all have at least five of the nine protected characteristics - age, race, religion or belief/no religion or belief, a sex and a sexual orientation.
Quality	The definition of quality in health care, enshrined in law, includes three key components: patient safety, clinical effectiveness and patient experience. The NHS aspires to the highest standards of excellence and professionalism in the provision of high quality care – ie care that is safe, clinically effective and focused on providing as positive an experience to service users as possible.
Race	This protected characteristic refers to groups of people defined by their colour, nationality (including citizenship), ethnic or national origins.
Religion or belief	This protected characteristic includes any religion and any religious or philosophical belief. It also includes a lack of any such religion or belief. A religion need not be mainstream or well-known but it must be identifiable and have a clear structure and belief system. Denominations or sects within religions may be considered a religion. Cults and new religious movements may also be considered religions or beliefs. Belief means any religious or philosophical belief and includes a lack of belief. Religious belief goes beyond beliefs about and adherence to a religion or its central articles of faith and may vary from person to person within the same religion. A belief need not include faith or worship of a god or gods, but must affect how a person lives their life or perceives the world.
Safeguarding adults	The Care Act 2014 defines adult safeguarding as protecting an adult's right to live in safety, free from abuse and neglect with people and organisations working together to prevent and stop both the risks and experience of abuse or neglect. Safeguarding balances the adults right to be safe with their right to make informed choices, whilst at the same time making sure that their wellbeing is promoted including, taking into consideration their views, wishes, feelings and beliefs in deciding on any action (s). The Care Act 2014 defines an adult at risk of harm as: 'someone who has needs for care and support, and is experiencing, or at risk of, abuse or neglect and is unable to protect themselves'.

Term	Description
Safeguarding children	Safeguarding children and young people means the actions that are taken to promote their welfare and protect them from harm, abuse and maltreatment. This includes preventing harm to their health or development, ensuring that they experience safe and effective care as they grow up and enabling them to have the best outcomes. Child protection is part of the safeguarding process and focuses on protecting individual children identified as suffering or likely to suffer significant harm. Safeguarding children and child protection guidance and legislation applies to all children up to the age of 18.
Self-care	Also known as self-management. Refers to the key role that individual people have in protecting and managing their own health, choosing appropriate treatments and managing long-term conditions. They may do this independently or in partnership with the healthcare system.
Sex	This protected characteristic refers to whether a person considers that they are a man or a woman.
Sexual orientation	This protected characteristic refers to whether a person's sexual orientation is towards their own sex, the opposite sex or to both sexes.
Shared decision-making	Shared decision-making is a process in which patients, when they reach a decision crossroads in their health care, can review all the treatment options available to them and participate actively with their healthcare professional in making that decision.