

**Over the Counter Medicines/Products
Feedback by Protected Characteristic**

Protected Characteristic and measures included in the form	Issue Raised	Mitigation In Place	Mitigation Required	General Comments/No Mitigation Required
<p>Age</p> <p>The proposal is for GPs to inform people that the medicine or product can be bought without a prescription and ask if they will buy the product. If they say 'no', or if the GP is not confident in their 'yes', the medicine will be prescribed. No-one who needs a medicine would go without.</p> <p>School age children, if the</p>	<p>Rehydration. Concern that not providing rehydration may affect the very young, the very old and anyone with significant disease contracted abroad</p>			
	<p>Creams or suppositories for haemorrhoids might be something that an older person might badly need but could not afford</p>	<p>GP to prescribe if patient says cannot afford</p>		
	<p>Older people who are not in care homes who suffer from an element of confusion (ie not prescribed therefore do not need it)</p>		<p>This will need to be a part of the GP communication plan to ensure that patients in this group are not excluded.</p>	
	<p>*There are shades of learning disability. Those with chaotic lives and drug addicts could be considered mentally disabled. It is an additional onus to put on doctors to decide who is, and who is not, disabled.</p>		<p>This will need to be a part of the GP communication plan to ensure that patients in this group are not excluded.</p>	
	<p>We are concerned about whether people will still be eligible for medicine deliveries without a prescription as many people rely on this.</p>			

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product needs to be given at school, are excluded from the proposal.	At GP discretion as need to be confident that the patient is in a position to be able to buy medication		Communication to GPs needs to be explicit about being certain that they are confident people who respond "yes" can afford the medicine or product and that they are confident that the patient will purchase it/them	
Care home residents are excluded from the proposal, if there is no facility to purchase medicines for residents who cannot visit shops themselves	I think all children should be exempt I agree with care home residents being excluded Most people with learning disabilities would have a carer present	Children requiring prescribed medication that is required to be given in school time will be exempt. Care home residents will be exempt if no access to purchase medicine or product People with a learning disability are exempt		
	Again I have reservations about vulnerable patients feeling pressured to agree (whether intended or not) and that this is the thin end of the wedge. This is likely to depend on income. Is there an upper age limit on this proposal? It doesn't seem right that some care-home residents being asked to pay but others not. If you are in a care home, you shouldn't be asked to pay unless you are independently wealthy. I don't think this has been thought through properly. Again, I suggest they are asked if they would volunteer to buy	Care home residents will be exempt if no access to purchase product or medicine	Communication to GPs needs to be explicit about being certain that they are confident people who respond "yes" can afford the medicine or product and that they are confident that the patient will purchase it/them	

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	any such medicine, rather than being asked directly. This would lessen the feeling of pressure, intended or not.			
	There is a good reason for the exclusion of children if products have to be given at school and it applies outside school as well i.e. the products should be given as advised by the doctor.	Children requiring prescribed medication that is required to be given in school time will be exempt.		
	Young women may not want to ask in the pharmacy for the morning after pill and may have an unwanted pregnancy	Morning after pill is not included in the OTC list		
	Older people in the early stages of dementia may intend to buy the medicine and forget to do so, or forget how to use it.		Communication to GPs needs to be explicit about being certain that they are confident people who respond "yes" can afford the medicine or product and that they are confident that the patient will purchase it/them	
	Children and elderly people may have multiple problems and need multiple products. E.g. those with eczema and psoriasis may need multiple products, including bath additives may also have other conditions such as asthma, hay fever or arthritis which require treatment. Will the GP have to decide which ones to ask the patient to buy?		Communication to GPs will need to make it clear that they are not being asked to make decisions about which products to ask people to buy	

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	<p>Over the counter 'medicines' includes reagent sticks to check blood sugar especially for type I diabetic patients. These patients are seen in hospital diabetic clinics but their medication is prescribed & under the control of the GP.</p> <p>50 strips costs £15. The recommendation especially the younger patients is that they should test 4 times a day on average. The cost to the patient would be about £438 per year. Currently even if the consultant recommends more testing , the GP does not & often may not follow advice.</p> <p>Question What plans will you put in place that prescription for reagent sticks will be prescribable?</p>	<p>These products are not included in the list of those that can be purchased over the counter. GPs will continue to prescribe these as needed by patients in the usual way</p>		
	<p>The London Borough of Hammersmith and Fulham agree with the exceptions, especially noting that children will not be subject to scrutiny within their school environment.</p> <p>However, the borough also requests that consideration is taken for:</p> <ul style="list-style-type: none"> • children from low income families 	<p>GP to prescribe if patient says cannot afford</p> <p>Children requiring prescribed medication that is required to be given in school time will be exempt.</p>	<p>Communication to GPs needs to be explicit about being certain that they are confident people who respond “yes” can afford the medicine or product and that they are confident that the patient will purchase it/them</p>	

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	<ul style="list-style-type: none"> • young people transitioning from care (55 children in 100,000 in LBHF) and; • young people who are unemployed (2.2% of 18-24 year olds are claiming JSA, 2015 in LBHF) <p>who are particularly vulnerable groups that are not exempt and therefore should be treated sensitively when asked the question</p> <p>Older people (14% of the population are aged 60+ (26,300 people)):</p> <ul style="list-style-type: none"> • may traditionally not want to say no to their Doctor • may have undiagnosed dementia (six out of ten people with dementia in England go undiagnosed, source: World Alzheimer Report 2011) <p>therefore professionals should be mindful</p>			
	Older people who take multiple medications should have regular reviews of medicine. Children	There is nothing in the proposals that ask GPs to consider a patient's treatment plan that		

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	not getting medicine is a safeguarding issue – a family member having to organise this is an extra responsibility	might lead to a change in the decisions about what a patient needs to receive.		
	Yes - older people need a lot of medicines so it would a cost a lot. Children don't get wages so they can't pay	GP to prescribe if patient says cannot afford Children requiring prescribed medication that is required to be given in school time will be exempt.		
	Yes - If people have free prescriptions it should stay free	GP to prescribe if patient says cannot afford		
	Yes - People don't have a lot of money	GP to prescribe if patient says cannot afford		
	Yes - Older people have less money to live on and need more medicines	GP to prescribe if patient says cannot afford		
	Yes - This would make things worse for people of different ages as under 16's are not working yet and won't have money to pay for prescriptions. Likewise older people aged over 65	GP to prescribe if patient says cannot afford		
	Yes - Children shouldn't pay	Children requiring prescribed medication that is required to be given in school time will be exempt.		
	There have been several	GP to prescribe if patient says		

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	<p>complaints logged in Hillingdon, not just one, and in other Healthwatch areas, of GPs prescribing in a 'blanket ban' fashion, not just by patients, but also by professional carers and care homes. You must also remember that in care homes nearly all of the resident's pension is retained by the home leaving no money for even basic toiletries let alone medical products.</p>	<p>cannot afford</p> <p>Care home residents will be exempt if no access to purchase product or medicine</p>		
	<p>Council employed domiciliary carers are not insured to administer medication or creams, even E45 and barrier creams unless it is prescribed by a doctor. This means that some elderly patients asked to buy their own creams and treatments are not being protected for dry fragile skin, nappy rash, pressure sores, fungal infections etc. I cared for my mother at end of life and believe me comfort in the last days or months while going through the indignities of being washed and changed is so important. In the end I was the only person who did not leave her with a painful</p>			

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	burning itchy bottom after a nappy change, and that was because I had been through it myself when I was incontinent and bed ridden, and understand how it feels.			
				GPs are not supposed to be aware of whether someone is on benefits or pension credit or certain disability benefits yet all these categories would mostly find it difficult to pay for their medicines that are usually free of charge. How mindless, therefore, to think that there will be either no hardship or no humiliation if a doctor is to suggest that a patient buy medicine over the counter regardless of whether it doesn't formally need a prescription.
				People over 60yrs on low income will say 'no' as they would be disadvantaged by having to pay for their meds etc.
				If on many meds and uses pre-payment certificate – may be disadvantaged as for above over 60s
				For frail elderly on essential medicines e.g. for dry skin or dry

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				eye conditions, there is a risk that without a prescription they may not continue treatment. For these conditions which may start in or continue into old age but perhaps few others, there is a clear disadvantage if large quantities require purchasing in a timely way
				Elderly who have prescription delivery service – could the service extend to otc purchases?
				Important to have a printed sheet from the GP that has detailed on it the medicine to be purchased otc. Patient should be asked to show it to the pharmacist along with the list of medicines they are on already (to check for interactions etc)
				Some of my comments relate to the public meeting in Harrow Baptist Church Hall that I attended last month. They do not correlate directly with the subjects of the boxes in which they appear on this form. Nonetheless, they are directly relevant to the overall situation and I believe that they are of value to you should you choose to heed them

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				We would encourage all the appropriate age groups to buy OTC if applicable
				If elderly patients have chronic ailments, they can be prescribed regular paracetamol eg up to 8 a day on a regular basis. For these patients it is not practical to buy the paracetamol as they would be visiting the chemist every two days to get the supply they need.
				Our local chemist is part of the minor ailment scheme and for children who need to take the medicine at school, he will do a label as the school will not administer medicine without the label with name and directions.
				The only exception would be the school children. We will work with our local chemists (Alisha, Churchills, Bedford park pharmacy) to see if they can produce labels for the school children for their medication.
				I also think that the group is being naive if they think that everyone who needs help has a carer, informal or otherwise, or that all GPs are good at dealing with vulnerable patients.
Disability	Correct exemptions, although		This will need to be a part of the	

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<p>People with learning disabilities are excluded from the proposal, unless a non-disabled carer is present at the consultation, who readily agrees to buy the product that is indicated.</p> <p>The proposal is for GPs to inform people that the medicine or product can be bought without a prescription and ask if they will buy the product. If they say 'no', or if the GP is not confident in their 'yes',</p>	maybe add the mentally ill where their understanding is impaired.		GP communication plan to ensure that patients in this group are not excluded.	
	Will care home aspect from age element stand ?	Care home residents will be exempt if no access to purchase product or medicine		
	Why should anyone being a carer have to make decisions on behalf of a learning disability about spending money on medicines which by right they should pay only the prescription cost?	People with a learning disability are exempt		
	Good that PPwLD are now exempted from the proposals but how will GPs know who has an LD? Sometimes people appear OK but may actually have learning difficulties.	It is reasonable to assume that GP practices know their practice populations and in particular those patients who have a specific clinical need		
	<p>Exemptions required for people with chronic diseases who need some of the medications listed for the rest of their lives. Ealing Healthwatch suggest that some exceptions would be made for people with life-long conditions who need constant treatment with several of the items mentioned in the proposal.</p>			

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the medicine will be prescribed. No-one who needs a medicine would go without.	Vulnerable patients (frail, disabled) cannot always rely on family/neighbours/carers to buy their otc's.	GP to prescribe if patient says cannot afford		
	agree- should not be asked to buy products	GP to prescribe if patient says cannot afford		
	Most people with learning disabilities would have a carer present	People with a learning disability are exempt		
	Again I have reservations about vulnerable patients feeling pressured to agree (whether intended or not) and that this is the thin end of the wedge. It is not clear from the wording whether the agreement of the carer is committing the person with learning disabilities to buy the product or whether the carer will buy it. Either way seems wrong. Given the frequency with which carers change, and the amount of time they can spend with the disabled person, the carer's view may change. And when would a person with learning disabilities NOT have a carer in attendance for a matter of such importance? It would depend on the extent of the learning disabilities and the person's income, but this seems	People with a learning disability are exempt		

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	<p>to target those who are least able to assess the situation, carer or not. Again, I suggest they are asked if they would volunteer to buy any such medicine, rather than being asked directly. This would lessen the feeling of pressure, intended or not.</p>			
	<p>People with depression, dementia and other mental health problems and maybe chaotic lives may say they will buy medicines and not do so.</p> <p>Many people with disabilities have been adversely affected by benefit changes and cuts and should not be expected to buy the medicines they need.</p>	<p>GP to prescribe if patient says cannot afford</p>	<p>Communication to GPs needs to be explicit about being certain that they are confident people who respond "yes" can afford the medicine or product and that they are confident that the patient will purchase it/them</p>	
	<p>At the meeting you did not address the results of the on-line survey that you had commissioned. Everybody with whom I spoke was aware of the survey and felt strongly about it. So explaining why you thought it worth conducting and the outcomes of it and the changes that you have made or intend to make as a result of the survey would have been far preferable to ignoring it!</p>	<p>Changes made to the OTC list based on feedback, including from the survey, were detailed in the GB papers for the July meetings</p>		

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	<p>Whilst on the question of the survey, it was not something that would have any validity in any sphere of which I am aware and I speak as someone with a knowledge of surveys, their uses and methods. One of the problems with it was that it was not impartial but quite obviously structured to elicit particular responses. For this reason, it was no more than 'rabble rousing' to get backing for a seemingly already decided course of action.</p>			
	<p>Will care home aspect from age element stand ?</p>	<p>Care home residents will be exempt if no access to purchase product or medicine</p>		
	<p>Hearing impaired may not be able to hear the entire consultation, how will we be assured that they can accurately hear what they are being asked?</p>			
	<p>In this case we would prescribe for them due to being in residential care but also as they are very strict on administration and how it is to be prescribed. If carers change frequently then</p>	<p>Care home residents will be exempt if no access to purchase product or medicine</p>		

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	this can lead to confusion if not dispensed with a label with instructions.			
	Yes - The government has cut our money so we don't have anymore	GP to prescribe if patient says cannot afford		
	Yes - People with disabilities have less money	People with a learning disability are exempt		
	Yes - People with disabilities are not paid	People with a learning disability are exempt		
	Yes - Paying for prescription would make people with disabilities worse as they have less money and are being supported by the government	GP to prescribe if patient says cannot afford		
				Disability that hinders shopping at a local pharmacy – mobility, sight, phobias. Carer would be needed for some people to be able to pick up otc's especially bulk items
				In Hammersmith and Fulham 42,000 patients (23% of population) suffer from at least one long term condition
				The patients who have learning disabilities would be an exception because it would depend on the consistency of their carers and their responsibilities. But we don't have a very large register of

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				disable patients.
				Pharmacists provide lifelines for people with disabilities, older people, and people with long-term conditions
				People have changing conditions – they may be okay one day then not okay the next
<p>Gender reassignment</p> <p>The proposal is for GPs to inform people that the medicine or product can be bought without a prescription and ask if they will buy the product. If they say 'no', or if the GP is not confident in their 'yes', the medicine will be prescribed. No-one who needs a medicine</p>	<p>How can a GP without training in the subject be expected to be 'confident in their 'yes'?' This is a very reckless policy in my opinion because it puts too much of the onus on the GP.</p>		<p>Communication to GPs needs to be explicit about being certain that they are confident people who respond "yes" can afford the medicine or product and that they are confident that the patient will purchase it/them</p>	
	<p>Again I have reservations about vulnerable patients feeling pressured to agree (whether intended or not) and that this is the thin end of the wedge. Again it depends on income, and will such people not have enough to worry about already? Again, I suggest they are asked if they would volunteer to buy any such medicine, rather than being asked directly. This would lessen the feeling of pressure, intended or not.</p>		<p>Communication to GPs needs to be explicit about being certain that they are confident people who respond "yes" can afford the medicine or product and that they are confident that the patient will purchase it/them</p>	
	<p>People undergoing gender reassignment are a stigmatised group and are subjected to</p>	<p>There is nothing in the proposal that would deny those that needed a prescription to be</p>		

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would go without.	prejudice. They should be afforded the support and discretion offered by a prescription.	provided with one.		
	The inclusion of hair removal products on the exemption list may disproportionately affect those undergoing gender reassignment, potentially causing adverse psychological effects			
	Yes - I think they have to take a lot of medicines to make them better	GP to prescribe if patient says cannot afford		
	Yes - It costs a lot of money	GP to prescribe if patient says cannot afford		
	Yes - It makes it worse for people who have changed their gender because it costs a lot of money	GP to prescribe if patient says cannot afford		
				Unborn children could potentially be further harmed by the disadvantage of their parents by these proposals
				no difference to health inequalities
				I think these products should always be purchased
				If this was what you asked for from the company that you commissioned to design and conduct the survey then you got

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				what you paid for which is both immoral and wasteful. If, on the other hand, you commissioned what you hoped would produce balanced information which could be used to arrive at impartial decisions, then I would advise you to seek the return of the fees paid and, if they are not forthcoming, to take the company to a court of law to have them returned. I would happily be a witness as no court would consider the resulting 'data' of any use other than rabble rousing
				This group will not be affected by us asking them to buy OTC medications.
Pregnancy and maternity The proposal is for GPs to inform people that the medicine or product can be bought without a prescription and ask if they	Some inequalities may occur if proud people say yes but do not follow through due to restricted finances / other priorities. Often a GP will see a patient for the first time and doesn't know the pregnant woman at all. What a dreadful subject to bring up about money and in the short	GP to prescribe if patient says cannot afford	Communication to GPs needs to be explicit about being certain that they are confident people who respond "yes" can afford the medicine or product and that they are confident that the patient will purchase it/them	

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will buy the product. If they say 'no', or if the GP is not confident in their 'yes', the medicine will be prescribed. No-one who needs a medicine would go without.	number of minutes available to the GP this argey-bargey should be brought up for vulnerable pregnant women!			
	It would lead to no or under treatment of vulnerable people. Could compromise Patient-Dr relations. Worsen inequality. Give a precedent for further Cuts.	There is nothing in the proposals that ask GPs to consider a patient's treatment plan that might lead to a change in the decisions about what a patient needs to receive.		
	Again I have reservations about vulnerable patients feeling pressured to agree (whether intended or not) and that this is the thin end of the wedge. Again it depends on income, but I hope that no pregnant woman would feel obliged to be paying for medicines at such an important time. Again, I suggest they are asked if they would volunteer to buy any such medicine, rather than being asked directly. This would lessen the feeling of pressure, intended or not.		Communication to GPs needs to be explicit about being certain that they are confident people who respond "yes" can afford the medicine or product and that they are confident that the patient will purchase it/them	
	Assuming pregnant women will still be receiving free prescriptions, the impact is not disproportionate on them unless they have low income or mental health problems. In these situations the proposals			

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	may cause stress and adverse effects on the baby			
	Pregnant women are exempted from prescription charges to ensure they are in the best of health. They should not be expected to buy medicines and products they need. If a pregnant woman smokes and requests NRT she should be referred to the stop smoking service but if this has been cut, NRT should be prescribed as she may not buy it and may continue smoking.	GP to prescribe if patient says cannot afford		
	Safeguarding issues with pregnant women – most vulnerable time and should not be asked about whether or not they can afford medicine		This will need to be included in the GP comms plan to ensure that GPs are reminded to be sensitive to this concern	
	Potential for affecting babies and increasing congenital abnormalities	GP to prescribe if patient says cannot afford	This will need to be included in the GP comms plan to ensure that GPs are reminded to be sensitive to this concern	
	Yes - They are looking after a baby, so they can't work	GP to prescribe if patient says cannot afford		
	Yes - It should be free	GP to prescribe if patient says cannot afford		
	Yes - Because it's going to be expensive for a pregnant woman or the parent of a new born	GP to prescribe if patient says cannot afford		
				Further information which it

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				would seem you did have available but failed to share with those attending the Baptist Hall meeting was the opinion of the doctors, the General Practitioners, who would be required to put new plans into practice. Why was this information not shared? By failing to do so a lack of preparedness to consult and to share all relevant information was apparent, whether it was just an impression or the fact.
				agree with proposal
				Should be exempt
				They have maternity exception forms and as a GP we like to oversee what medication they take. EG cant take ibuprofen but can take paracetamol when pregnant
				This group have a maternity exception form.
Race The proposal is for GPs to inform people that the medicine or product can be	Those with limited English who may have an element of confusion (ie not prescribed therefore do not need it)	GPs have access to interpreting services for people who do not have English as their first language	Communication to GPs needs to be explicit about being certain that they are confident people who respond "yes" can afford the medicine or product and that they are confident that the patient will purchase it/them	
	Race? Not clear what is meant	GPs have access to interpreting	Communication to GPs needs to	

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bought without a prescription and ask if they will buy the product. If they say 'no', or if the GP is not confident in their 'yes', the medicine will be prescribed. No-one who needs a medicine would go without.	by this. Ethnic culture? Again it depends on income, but if English is not the patient's first language, I would be very worried that the some undue pressure is being unwittingly exerted. Again, I suggest they are asked if they would volunteer to buy any such medicine, rather than being asked directly. This would lessen the feeling of pressure, intended or not.	services for people who do not have English as their first language	be explicit about being certain that they are confident people who respond "yes" can afford the medicine or product and that they are confident that the patient will purchase it/them	
	Speakers of other languages with little English may not understand what is required and/or may not be able to communicate it to the pharmacist. They may strive to hide this difficulty from the GP.	GPs have access to interpreting services for people who do not have English as their first language	Communication to GPs needs to be explicit about being certain that they are confident people who respond "yes" can afford the medicine or product and that they are confident that the patient will purchase it/them	
	Concerned that patients with English as their second language may not completely understand the question	GPs have access to interpreting services for people who do not have English as their first language		
	Concerns regarding cultural expectation to not ask for help or say no to their Doctor		Communication to GPs needs to be explicit about being certain that they are confident people who respond "yes" can afford the medicine or product and that they are confident that the patient will purchase it/them and has understood the question being asked	

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	Language issues - not just reading leaflets as it is sometimes a problem with literacy in own language . More people in BAME groups are on low incomes. So disproportionately affected.	GPs have access to interpreting services for people who do not have English as their first language		
	What about language? Cannot understand / speak enough English	GPs have access to interpreting services for people who do not have English as their first language		
	Yes - It would be hard for refugees	GP to prescribe if patient says cannot afford		
	Yes - refugees	GP to prescribe if patient says cannot afford		
				The plans are a nonsense as they require much more of GPs who already have pressures on them which restrict the time available for them to spend with each patient. In addition, GPs will inevitably come across hostility when people realise they are being asked to pay for medicines they have been used to receiving on prescription. It is hard to believe that GPs will choose to initiate changes that will result in such negative experiences for them.
				Race as a variable? What is this context?

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				Sickle cell anaemia that is race-based? Like the rest of this proposal, it is mindless. And putting in "race" as an issue here could be breaking the racial equality act
				Do not see why race should come into this discussion
				43.2% of the population of Hammersmith and Fulham were born abroad
Religion The proposal is for GPs to inform people that the medicine or product can be bought without a prescription and ask if they will buy the product. If they say 'no', or if the GP is not confident in their 'yes', the medicine will be prescribed.	Some groups may have special dietary requirements (e.g. no animal fats). They may not want to discuss this in a pharmacy setting.	I		
	Concerns regarding cultural expectation to not ask for help or say no to their Doctor		Communication to GPs needs to be explicit about being certain that they are confident people who respond "yes" can afford the medicine or product and that they are confident that the patient will purchase it/them and has understood the question being asked	
	More people in BAME groups are on a low income so they are disproportionately affected		Communication to GPs needs to be explicit about being certain that they are confident people who respond "yes" can afford the medicine or product and that they are confident that the	

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No-one who needs a medicine would go without.			patient will purchase it/them and has understood the question being asked	
				The plans are also a nonsense because, if they go ahead, they will result in different experiences depending upon which STP a patient lives in. This will be another example of the widely recognised and widely deplored, because of it's inequality, 'post code lottery'. The only way that this can be avoided is for decisions to be made at a national level. This is not to say that changes should be made but if the National Health service is changed, it needs to be changed nationally.
				How can religion or belief be a qualifier for the GP to ask or suggest (as if all patients can tell the difference!) for payment of their medicines over and above the prescription cost is incomprehensible as is characteristic of this proposal
				Again, it is not clear what is meant by this. How would religion have an impact?
				Do not see why race should come into this discussion

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				Mainly muslims don't or will not take drugs containing gelatin and many Hindus will not take anything containing beef gelatin. GPs know what products are halal and beef free so we ought to prescribe in this case.
				The only exception would be patients who are muslim or hindus because of the gelatin based products. We would need to prescribe alternatives to them.
Sex The proposal is for GPs to inform people that the medicine or product can be bought without a prescription and ask if they will buy the product. If they say 'no', or if the GP is not confident in their 'yes', the medicine will be prescribed.	Women with osteoporosis should be prescribed bone strengthening medications in case they neglect to buy it.	Such medicines are not covered in the list of OTC medicines that GPs might ask a patient to consider purchasing		
	Yes - women get paid less than men	GP to prescribe if patient says cannot afford		
				Women will bear brunt of these changes as the primary carers and its one extra thing to juggle. Men less likely to go to GP and if not given a prescription probable that won't go and buy drug as it reinforces that it is not really necessary.
				*Sex? Do you mean contraception? Or did you use the word 'sex' when you meant 'gender'?

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No-one who needs a medicine would go without.				This document is ill thought out but really a waste of time to revise as it is not worthy to pursue.
				Sex? Not clear what is meant by this. How would sex have an impact? Again it depends on income, but if English is not the patient's first language, I would be very worried that the some undue pressure is being unwittingly exerted.
				This group will not be affected by us asking them to buy OTC medications.
				If a woman/man is being controlled by their partner they may not be allowed use of a phone/online
Sexual orientation The proposal is for GPs to inform people that the medicine or product can be bought without a prescription and ask if they will buy the	Gay men are disproportionately affected by HIV/AIDs and need the discretion and support offered by a prescription			A GP should not have to treat a

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product. If they say 'no', or if the GP is not confident in their 'yes', the medicine will be prescribed. No-one who needs a medicine would go without.				patient differently according to sexual orientation of the patient. This is very discriminatory, not only forces inequality and humiliation
				Sexual orientation? How would that have an impact? Again it depends on income, but if English is not the patient's first language, I would be very worried that the some undue pressure is being unwittingly exerted.
				People from LGBTQI groups are already disadvantaged and affected by health services
				This group will not be affected by us asking them to buy OTC medications.
Low income The proposal is for GPs to inform people that the medicine or product can be bought without a prescription and ask if they will buy the	Some inequalities may occur if proud people say yes but do not follow through due to restricted finances/ other priorities.		Communication to GPs needs to be explicit about being certain that they are confident people who respond "yes" can afford the medicine or product and that they are confident that the patient will purchase it/them	
	awful inequality will ensue—half the time patients don't understand what doctors are saying. If they are pensioners why would they opt to pay? For	GP to prescribe if patient says cannot afford	Communication to GPs needs to be explicit about being certain that they are confident people who respond "yes" can afford the medicine or product and that	

Protected Characteristic and measures included in the form	Issue Raised	Mitigation In Place	Mitigation Required	General Comments/No Mitigation Required
product. If they say 'no', or if the GP is not confident in their 'yes', the medicine will be prescribed. No-one who needs a medicine would go without.	people who pay for their prescriptions they can be told that buying them over the counter is cheaper than the NHS assigned price but otherwise this is nonsensical. "No-one who needs medicine would go without"—how can a doctor do anything but humiliate their patient by forcing them into a corner into discussing ANYTHING about why they might find it hard to pay for medicines."		they are confident that the patient will purchase it/them	
	Could be embarrassed about saying that they cannot afford them		Communication to GPs needs to be explicit about being certain that they are confident people who respond "yes" can afford the medicine or product and that they are confident that the patient will purchase it/them	
	This is bound to increase health inequality. Even someone who replies 'yes' confidently may only do so because they feel they should. If they go on to buy the product they will be even poorer. Given the levels of poverty now this could be serious. If they do not buy the product their health will suffer.		Communication to GPs needs to be explicit about being certain that they are confident people who respond "yes" can afford the medicine or product and that they are confident that the patient will purchase it/them	
	There are many categories of	Care home residents will be		

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	<p>complaints in elderly and young people that are not exempt by being administered at school or where the recipient is a care home resident. Families with children are over-represented in terms of poverty, so these restrictions will only further their disadvantage.</p>	<p>exempt if no access to purchase product or medicine</p> <p>Children requiring prescribed medication that is required to be given in school time will be exempt</p>		
	<p>Exemptions required for people with chronic diseases who need some of the medications listed for the rest of their lives. Ealing Healthwatch suggest that some exceptions would be made for people with life-long conditions who need constant treatment with several of the items mentioned in the proposal.</p>			
	<p>•People over 60yrs on low income will say 'no' as they would be disadvantaged by having to pay for their meds etc. • There may be some stigma about 'admitting' to the GP that you can't pay – so some in this patient group may reluctantly say 'yes'.</p>		<p>Communication to GPs needs to be explicit about being certain that they are confident people who respond "yes" can afford the medicine or product and that they are confident that the patient will purchase it/them</p>	
	<p>There is a huge amount of stigma around being on a low</p>		<p>Communication to GPs needs to be explicit about being certain</p>	

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	<p>income and many people will not feel comfortable to say they are not able to afford to buy a prescription, particularly in front of a professional like a GP. It is important that GPs understand how to ask this question in a way that does not make people feel pressured to say yes.</p> <p>We also feel that many people may not understand that there is an option to have a prescription and won't feel comfortable and confident to find out what happens if they say no.</p>		<p>that they are confident people who respond "yes" can afford the medicine or product and that they are confident that the patient will purchase it/them</p>	
	<p>I understand the intention not to disadvantage patients when raising the issue of them potentially paying for an item themselves if it is available as an OTC product. However I feel that there is a danger of perception that the more self-centred patients will benefit compared to the more compliant ones, irrespective of individual circumstance. I think it would be much better to approach the topic by saying to those who do not fall into special categories for their reason if they opt not to pay. The prescriber can then</p>		<p>Communication to GPs needs to be explicit about being certain that they are confident people who respond "yes" can afford the medicine or product and that they are confident that the patient will purchase it/them</p>	

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	judge the validity of the position being voiced. Avoiding difficult conversations is not the answer.			
	At GP discretion as need to be confident that the patient is in a position to be able to buy medication		Communication to GPs needs to be explicit about being certain that they are confident people who respond “yes” can afford the medicine or product and that they are confident that the patient will purchase it/them	
	I have reservations about patients feeling pressured to agree (whether intended or not) and that this is the thin end of the wedge. If products can be bought without a prescription and are cheaper than a prescription, would not this be pointed out already? If more expensive than a prescription, are low-income people really able to afford it? I suggest they are asked if they would volunteer to buy any such medicine, rather than being asked directly. This would lessen the feeling of pressure, intended or not.		Communication to GPs needs to be explicit about being certain that they are confident people who respond “yes” can afford the medicine or product and that they are confident that the patient will purchase it/them	
	I do feel however that certain items available very cheaply over the counter could be reviewed in some way with prescriptions at £8.40 per pop.			

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	<p>One example is soluble aspirin which millions of us take daily to thin the blood and help the heart. These are in supermarkets at around 20p.</p>			
	<p>Low income should be a protected characteristic. Many people in and out of work do not have enough money to live on. People may say 'yes' they will buy the medicine because they are ashamed to say 'no' or think they are expected to say 'yes' e.g. single parents, people with mental health problems and other disabilities, elderly people. It should not be left to the GP's discretion to decide whether they will buy it.</p> <p>If patients want to stop smoking and request nicotine replacement products (NRT) they should be prescribed. Smokers may not buy them and in some areas stop smoking services have been cut and people will continue smoking.</p>		<p>Communication to GPs needs to be explicit about being certain that they are confident people who respond "yes" can afford the medicine or product and that they are confident that the patient will purchase it/them</p>	
	<p>The London Borough of Hammersmith and Fulham agrees with this mitigation on the understanding that it will be applied objectively by each GP, and as proposed, with no further</p>		<p>Communication to GPs needs to be explicit about being certain that they are confident people who respond "yes" can afford the medicine or product and that they are confident that the</p>	

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	questions from the GP following a 'no' answer.		patient will purchase it/them	
	<p>Some people in low income demographic may feel uncomfortable or embarrassed to explain that they are unable to afford to pay without prescription, therefore could lead to unhealthy behaviours: Research shows that prescription costs impact on medication adherence and self-management of conditions². For people on low income or living in poverty cost is a barrier to access to medicines and can lead to potentially unhealthy behaviours e.g. cutting spending on essentials such as food to pay for medication, people reducing dosage to make medicines last longer. This could also apply to any dependents such as babies and children</p>		Communication to GPs needs to be explicit about being certain that they are confident people who respond "yes" can afford the medicine or product and that they are confident that the patient will purchase it/them	
	<p>Embarrassment of people admitting they can't afford medicine may result in people not taking a prescription and not purchasing medicine – likely their condition will get worse. Poor families are more likely to be affected as they are unlikely</p>	GP to prescribe if patient says cannot afford	Communication to GPs needs to be explicit about being certain that they are confident people who respond "yes" can afford the medicine or product and that they are confident that the patient will purchase it/them	

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	to need to pay currently so the most disadvantaged. Could become more unwell and require the input of A&E . People could become more unwell and require the input of A&E/hospitals e.g. untreated eczema/psoriasis may become infected and require antibiotics.			
	Yes - people are already struggling	GP to prescribe if patient says cannot afford		
	Yes - We can't afford it, we don't have a lot of money	GP to prescribe if patient says cannot afford		
	Yes - It would make it harder for people with low incomes if they are asked to pay for the prescription	GP to prescribe if patient says cannot afford		
	Yes - It will make it harder as people won't have enough money for their medicines	GP to prescribe if patient says cannot afford		
	Yes - They have not got enough money to start with	GP to prescribe if patient says cannot afford		
	Yes - It's no good. Some things you put in your bath cost a lot of money but you need them because your skin itches	Changes made based on feedback during engagement exercise		
	There have been several complaints logged in Hillingdon, not just one, and in other Healthwatch areas, of GPs prescribing in a 'blanket ban' fashion, not just by patients, but	GP to prescribe if patient says cannot afford Care home residents will be exempt if no access to purchase product or medicine		

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	also by professional carers and care homes. You must also remember that in care homes nearly all of the resident's pension is retained by the home leaving no money for even basic toiletries let alone medical products.			
				Some of my comments relate to the public meeting in Harrow Baptist Church Hall that I attended last month. They do not correlate directly with the subjects of the boxes in which they appear on this form. Nonetheless, they are directly relevant to the overall situation and I believe that they are of value to you should you choose to heed them
				If under 60 and pays prescription charge – there will rarely be a problem with paying otc prices vs £8.60.
				If on many meds and uses pre-payment certificate – may be disadvantaged as for above over 60s
				I think this is a really good idea as a lot of people do not know you can buy items without prescription

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				depending on what benefits people have whether they have to pay for their scripts or not. We have had patients who have had fines send to them , so people on benefits need to clarify whether they are entitled to free prescriptions or not, with the job centre. We would overlook and prescribe for patients on low income.
				We don't actually have many low income patients in this area (we are in chiswick) so this should not be a problem. The patients would be looked at in terms of income and if someone genuinely cant afford it they will be an exception. But we don't think this will be the case
				Full patient payment for certain medications lies at the heart of these proposals. The proposed mitigations are unacceptable and will lead to a reluctance on the part of patients to visit their GP's when they are in need to medical advice. Something which was last seen in pre-NHS days. GP's should not be asked to question patients about their willingness to purchase medication Over The Counter. Pharmacists could

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				be reminded to point out to those patients who are required to pay prescription charges where individual prescribed medications are cheaper to purchase Over The Counter, than to obtain via a prescription charge
				Clinical pharmacists are expensive, too, and where are you going to get them from? They do not grow on trees
All groups	By being asked if they will pay for the item, this in itself poses a barrier to many who are already struggling on low/very low income. Even a simple yes or no response may be a challenge due to feeling embarrassed, stigmatised, etc. This might not always be picked up in the response from the patient by the GP. I am not convinced that no one will go without medicine who needs it in reality. There is already rising stigma attached to people on low income and this is setting another potential barrier. Also, newly arrived communities, people with additional languages, refugees who are able to access NHS health care services may not be fully		Communication to GPs needs to be explicit about being certain that they are confident people who respond "yes" can afford the medicine or product and that they are confident that the patient will purchase it/them	

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	<p>informed and/ or aware of their options.</p> <p>I apply this information to all of the protected characteristics too as any one of these could potentially be on low income</p>			
	<p>These proposals are predicated upon the assumption that:</p> <ul style="list-style-type: none"> i) GPs are irresponsible in prescribing ii) Patients are able and willing to self-assess themselves e.g. mental health iii) Vulnerable patients will feel obliged to opt out of medication 		<p>Communication to GPs needs to be explicit about being certain that they are confident people who respond “yes” can afford the medicine or product and that they are confident that the patient will purchase it/them</p>	
	<p>It would lead to no or under treatment of vulnerable people. Could compromise Patient–Dr relations. Worsen inequality. Give a precedent for further Cuts.</p>	<p>There is nothing in the proposals that ask GPs to consider a patient’s treatment plan that might lead to a change in the decisions about what a patient needs to receive.</p>		
				<p>no difference to health inequalities- agree with proposal</p>
				<p>I do not believe the proposed action, with the mitigation would adversely affect this group</p>
				<p>Mitigation adequate</p>
				<p>This Equalities Analysis engagement is flawed because of: Firstly, the NHS’s failure to identify (using CCG, GP and</p>

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				<p>pharmacy computer systems) those patients out of the 2,300,000 registered with GP's in the NHS NW London Region who exhibit this protected characteristic and secondly, to survey this sub-group of the 2,300,000 patients who are prescribed the identified medications to see if the NHS's proposals are acceptable. This engagement is invalidated by the failure to survey and obtain a significant response from patients in this protected category and who are prescribed the listed medications.</p>

**Repeat Prescribing
Feedback by Protected Characteristic**

Protected Characteristic	Issue Raised	Mitigation In Place	Mitigation Required	General Comments/No Mitigation Required
<p>Age</p> <p>If a patient cannot request their own repeat prescriptions and does not have a carer who can (and will) request the prescription for them, there will be a variety of other options, including but possibly not limited to those outlined on page 2</p>	<p>Again, the friendly and trusted community pharmacist should not see his/her repeat prescription service offer be removed. Older patients may have mobility issues and usually the community pharmacy is much closer to their homes; may also be located within a super market.</p>		<p>Messaging needed that reassures patients that if they are unable to put in place alternative arrangements that meets their needs better then the status quo can be maintained</p>	
	<p>There is potential, I feel, for people forgetting to order their repeat prescription in time due to mental health issues, poor memory, etc</p>		<p>Messaging needed that reassures patients that if they are unable to put in place alternative arrangements that meets their needs better then the status quo can be maintained</p>	
	<p>There is a risk that elderly people who may have difficulty remembering to order their repeat prescriptions and or who may not have one dedicated carer (social care package may use agency carers) miss ordering/run out of prescribed medication because medication was not re-ordered on time</p>		<p>Messaging needed that reassures patients that if they are unable to put in place alternative arrangements that meets their needs better then the status quo can be maintained</p>	
	<p>Vulnerable patients (frail, elderly, disabled) cannot always rely on family/neighbours/carers to request their</p>	<p>This should be part of routine medicines</p>		

Protected Characteristic	Issue Raised	Mitigation In Place	Mitigation Required	General Comments/No Mitigation Required
	<p>repeats or take note of what is needed. We need robust prescription review services in place for this patient group – a pharmacist or the GP to go through all items regularly before issuing the repeat. Not just do you need it but also are you using it properly.</p> <p>PRN items are then the only medicines that need a decision about whether to dispense a repeat as they may not have been used or are used in varying amounts.</p> <p>With GP prescriptions at least there is the possibility of monitoring repeats which is not the case with otc's</p>	management practice within practices now.		
	<p>I agree with the general aim of this proposal (to reduce waste) but disagree that it is “sensible” to get as many patients as possible requesting their own repeat prescriptions. (“No-one knows what they’re running out of better than the patient themselves or their carer” is both patronising and precisely the argument that has caused so many problems with GPs and budgets.) It is also wrong in the case of some types of patients – the forgetful elderly and those with disabilities to name but two – on whom it is likely to have a detrimental effect through the risk of irregular ordering</p>	This should be part of routine medicines management practice within practices now.	Messaging needed that reassures patients that if they are unable to put in place alternative arrangements that meets their needs better than the status quo can be maintained	
	<p>Older people are less likely to use the internet - although the gap has been closing since 2011, still only 87% of 60-64s, 75% of 65-74 and 39% of 75+ (up from 23% in 2011) have used the internet in London in 2015.</p> <p>This means alternative ways to order</p>		Messaging needed that reassures patients that if they are unable to put in place alternative arrangements that meets their needs	

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	prescriptions will be required for this group, who are likely to have higher need for prescriptions		better then the status quo can be maintained	
				I am not sure what the mechanism would be however I could see potential for all of these characteristics to be affected one way or another.
				Being of an age to receive 'free??' prescriptions (and compos mentis) if I were not religiously taking my medications I would not be regularly ordering repeats. Proof enough?
Disability If a patient cannot request their own repeat prescriptions and does not have a carer who can (and will) request the prescription for them, there will be a variety of other options, including but possibly not limited to those outlined on page 2	I am actually writing these notes thinking of my own registered disabilities. I am lucky enough to be able to use a keyboard and still have enough cognitive functions to manage my electronic repeat prescriptions. But should my medical conditions deteriorate, I would only delegate the repeat function to my community pharmacist. In this specific case, I would offer the patient the right to decide who, exactly, can be nominated to handle repeat prescriptions, as the person may want to keep medical data under tight privacy.			
	Many disabled people are on a low income, so the same risks as for low income patients would apply. For learning disabled people, people with cognitive impairment and those with mental health		Messaging needed that reassures patients that if they are unable to put in place alternative	

Protected Characteristic	Issue Raised	Mitigation In Place	Mitigation Required	General Comments/No Mitigation Required
	issues, there is also a risk that they/their carer might miss re-ordering deadlines.		arrangements that meets their needs better than the status quo can be maintained	
	Psychiatric patients especially those in the Schizophrenic spectrum are on long term medication with drug side effects & therefore the desire to stop taking these drugs will be made easier. Many of these patients now receive their care from GPs rather than hospital staff. Question What provision will be made to ensure these patients continue to take their medication?		Messaging needed that reassures patients that if they are unable to put in place alternative arrangements that meets their needs better than the status quo can be maintained	
	Vulnerable patients (frail, elderly, disabled) cannot always rely on family/neighbours/carers to request their repeats or take note of what is needed. We need robust prescription review services in place for this patient group – a pharmacist or the GP to go through all items regularly before issuing the repeat. Not just do you need it but also are you using it properly. PRN items are then the only medicines that need a decision about whether to dispense a repeat as they may not have been used or are used in varying amounts. With GP prescriptions at least there is the possibility of monitoring repeats which is not the case with otc's		Messaging needed that reassures patients that if they are unable to put in place alternative arrangements that meets their needs better than the status quo can be maintained	
	Yes - People in pain may not go to GP. Medicines to be taken daily should be on repeat and reviewed regularly by GP. If		Messaging needed that reassures patients that if they	

Protected Characteristic	Issue Raised	Mitigation In Place	Mitigation Required	General Comments/No Mitigation Required
	PRN - could pharmacist contact and ask if repeat is needed? People with depression, dementia and other mental health problems may not re-order.		are unable to put in place alternative arrangements that meets their needs better then the status quo can be maintained	
	People with long term and multiple conditions require repeat prescriptions more often and therefore the proposal will disproportionately affect this group.			
	Unsure how visually impaired people will order their repeat prescriptions – unable to access regular internet services and phone option deemed unsafe therefore alternative provision will need to be made.			
	Please clarify options outlined on page 2			
				This should maybe include those with mental illness where capacity may be diminished, as well as those with learning disabilities
				Good that PPwLD are now exempted from the proposals but how will GPs know who has an LD? Sometimes people appear OK but may actually have learning difficulties
Gender reassignment If a patient cannot request their own repeat prescriptions and does not have a carer who can (and	In this specific case, I would offer the patient the right to decide who, exactly, can be nominated to handle repeat prescriptions, as the person may want to keep medical data under tight privacy.	The patient maintains the right to determine who has access to their medical data		

Protected Characteristic	Issue Raised	Mitigation In Place	Mitigation Required	General Comments/No Mitigation Required
will) request the prescription for them, there will be a variety of other options, including but possibly not limited to those outlined on page 2				
	Yes - Stigmatised group. Repeat required if medication taken daily or regularly (with regular reviews by GP) - to ensure discretion			
Pregnancy and maternity If a patient cannot request their own repeat prescriptions and does not have a carer who can (and will) request the prescription for them, there will be a variety of other options, including but possibly not limited to those outlined on page 2	Given that we are considering a future parent [with responsibilities and accountabilities] I would put as much pressure as possible on future mother managing her repeat prescriptions. But “she” may wish according to pregnancy pain and tiredness to delegate the function to her community pharmacists for a certain period of time.			
	Yes - May have other children/other caring responsibilities and forget/neglect to re-order. Need to ensure best of health for this group, hence free prescription		Messaging needed that reassures patients that if they are unable to put in place alternative arrangements that meets their needs better than the status quo can be maintained	
Race If a patient cannot request their own repeat prescriptions and does not have a carer who can (and	Yes - Having to re-order may be difficult for speakers of other languages with little English. Some conditions affect mainly people from particular ethnic backgrounds (e.g. sickle cell anaemia) who would be			

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will) request the prescription for them, there will be a variety of other options, including but possibly not limited to those outlined on page 2	disproportionately affected in their health or their lives could be at risk if medications were not easily available.			
				No difference as in most cases above reviewed. I have already said that community pharmacies are the most inclusive care settings.
	There are language issues regarding different ethnic groups	GPs have access to interpreting services for people who do not have English as their first language		
Religion	Yes - Some groups may have special dietary requirements (e.g. no animal fats) which apply to medications. This may have implications - please check			
If a patient cannot request their own repeat prescriptions and does not have a carer who can (and will) request the prescription for them, there will be a variety of other options, including but possibly not limited to those outlined on page 2				No difference as in most cases above reviewed. I have already said that community pharmacies are the most inclusive care settings.
Sex				Yes - Women with osteoporosis need bone strengthening medications regularly and may not re-order
If a patient cannot request their own repeat prescriptions and does not have a carer who can (and will) request the prescription for them, there will be a variety of other options, including but possibly not				

Protected Characteristic	Issue Raised	Mitigation In Place	Mitigation Required	General Comments/No Mitigation Required
limited to those outlined on page 2				
Sexual orientation If a patient cannot request their own repeat prescriptions and does not have a carer who can (and will) request the prescription for them, there will be a variety of other options, including but possibly not limited to those outlined on page 2				Yes - e.g. gay men are disproportionately affected by HIV/AIDS. They may need regular medication and may not re-order.
Low income If a patient cannot request their own repeat prescriptions and does not have a carer who can (and will) request the prescription for them, there will be a variety of other options, including but possibly not limited to:	In all instances (not just low income) community pharmacy must only request repeats if contracted to do so by the GP for a specific patient and specific medicines	This is reinforced as part of the proposals		
<ul style="list-style-type: none"> the practice clinical pharmacist manages generation of the repeat prescriptions for the patient (not all general practices currently employ a clinical pharmacist, but the number that 	What is very important in this case is to maintain the right of the patient to ask a community pharmacist of his/her choosing to repeat those prescribed medicines he/she needs. Patients on low income often have several jobs and difficult time management to engage with their GP surgery, whether it offers a Practice pharmacist or not. The very limited opening hours of GP surgeries are another problem. The fact community pharmacies offer a very wide array of services, including food, drink, and of course toiletries is paramount. The friendly community pharmacy environment is also an important benefit for homeless people, those who may		Messaging needed that reassures patients that if they are unable to put in place alternative arrangements that meets their needs better than the status quo can be maintained	

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<p>do is growing quite rapidly);</p> <ul style="list-style-type: none"> the general practice agreeing that the patient's community pharmacy can request the prescription on the patient's behalf; <p>repeat prescriptions requested by another health or social care professional who works with the patient</p>	<p>attend certain clinics but are not registered with a GP surgery. Community Pharmacy is the most inclusive care setting and the very first port of call for members of the public</p>			
	<p>What would the risk be if repeat prescriptions are not monitored by a patient's GP? Even if a carer or "other health or social care professional who works with the patient" can order on their behalf, what safeguard is there to ensure monitoring and reviews, eg for side-effects, correct dosage, is closely monitored by patients's GP, so that prescribing continues to be safe and correct for the individual patient. Also , if patients on low incomes are not complying, ie not always taking prescribed medication because they cannot afford prescripitons. Other social care professional - does this refer to social worker?</p>			
	<p>Disability that hinders shopping at a local pharmacy – mobility, sight, phobias. Carer would be needed for some people to be able to pick up otc's especially bulk items Vulnerable patients (frail, disabled) cannot always rely on family/neighbours/carers to</p>		<p>Messaging needed that reassures patients that if they are unable to put in place alternative arrangements that meets their needs better then the status quo can be maintained</p>	
	<p>One of the key issues with repeat prescriptions is that if they are automatically dispensed via a pharmacist it is more difficult to omit certain items if</p>	<p>This is a fundamental principle of the proposals</p>		

Protected Characteristic	Issue Raised	Mitigation In Place	Mitigation Required	General Comments/No Mitigation Required
	they are not required on that occasion. This issue should be addressed in order to reduce wastage..			
	My worry would be that because of money pressures, low-income patients do not request repeat prescriptions because the money spent on prescription charges is needed for more pressing bills.			
	<ul style="list-style-type: none"> • What is the reaction of GPs in NW London to these proposals? • What is the reaction to Pharmacists in NW London to these proposals? • Having heard the proposals from NWL's combined CCGs contained here it is necessary to hear the proposals of the other specialist stakeholders before reacting. Only with this input can members of the public more fully appreciate what is being proposed and how it would possibly be implemented. 	The views of the various professional bodies were included in the reports to the Governing Bodies in July		
	Yes - May not have computer or smart phone. May not have credit on phone or money for fares to get to GP.		Messaging needed that reassures patients that if they are unable to put in place alternative arrangements that meets their needs better then the status quo can be maintained	
	The London Borough of Hammersmith and Fulham recognises that not everyone has access to a computer or smart phone, therefore recommends that GP practices have facilities on site to order repeat prescriptions			

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	Reduction in services makes it more difficult to get regular prescriptions and increases social isolation		Messaging needed that reassures patients that if they are unable to put in place alternative arrangements that meets their needs better then the status quo can be maintained	
				I see that you are going to stop pharmacies from doing repeat prescriptions which I agree with as having personal experience with letting them do this I ended up with a cupboard full of stuff and had to stop them ordering . I now do it myself on line an collect .
				A growing proportion of households in Britain are using the internet, but differences in interne use by income remain stark. (Oxford Internet Survey Report, the Oxford Internet Institute 2013)
General				I have been in the loop for the new prescribing format - fully agree - good move
All groups	These proposals are predicated upon the assumption that: i) GPs are irresponsible in prescribing ii) Patients are able and willing to self-assess themselves e.g. mental health iii) Vulnerable patients will feel obliged to opt out of medication		Messaging needed that reassures patients that if they are unable to put in place alternative arrangements that meets their needs better then the status quo can be	

Protected Characteristic	Issue Raised	Mitigation In Place	Mitigation Required	General Comments/No Mitigation Required
	<p>The fact is that not so many patients are signed up to the practice web sites. Vast majority of residents in social housing have no idea about their practice web site and what they can do on line. Patients at my doctors surgery have no idea about the web site and what it can do for them. The poor communication to patients about the web site and what it can and will do for them is a factor you need to build into your action plans</p>		<p>maintained</p> <p>Major campaign required to provide information to patients about registering on line and what can be accessed as a consequence of registering, including repeat prescribing options</p>	
	<p>There is potential, I feel, for people forgetting to order their repeat prescription in time due to mental health issues, poor memory, etc</p>		<p>Messaging needed that reassures patients that if they are unable to put in place alternative arrangements that meets their needs better than the status quo can be maintained</p>	
	<p>I agree with the general aim of this proposal (to reduce waste) but disagree that it is "sensible" to get as many patients as possible requesting their own repeat prescriptions. ("No-one knows what they're running out of better than the patient themselves or their carer" is both patronising and precisely the argument that has caused so many problems with GPs and budgets.) It is also wrong in the case of some types of patients – the forgetful elderly and those with disabilities to name but two – on whom it is likely to have a detrimental effect through the risk</p>		<p>Messaging needed that reassures patients that if they are unable to put in place alternative arrangements that meets their needs better than the status quo can be maintained</p> <p>Major campaign required to provide information to patients</p>	

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	<p>of irregular ordering. I can't see how who requests the repeat prescriptions (patient or pharmacy) will make a difference. The number of requests will remain the same but the fact that they now go to the GP practice individually (instead of collectively from a pharmacy) will only make life busier/more difficult for them. Nor will it affect whether a patient actually takes the prescribed medication or not. (If anything, the patient may not request it or feel that it is now voluntary because they're making the request.) More frequent – and honest – prescription reviews with a GP would make more sense. I'm not convinced by GPs employing practice pharmacists: my cardiologist is unhappy that they can alter what he prescribes despite not have the depth of knowledge or experience that he or a GP has. I do understand the pressures on GPs' time, however, and the practice pharmacist could be a useful conduit to the GP. If you want to eliminate waste then better education all round would have more effect, as would stopping over-prescription of medicines before a procedure, being able to return unused in-date medicines (for example, after a reduced dosage trial) to the pharmacy for use by others and for the prescribing GP surgery to get financial credit for this return.</p>		<p>about registering on line and what can be accessed as a consequence of registering, including repeat prescribing options</p>	
				<p>No difference as in most cases above reviewed. I have already said that community pharmacies are the most inclusive care settings.</p>
				<p>I am not sure what the mechanism</p>

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				would be however I could see potential for all of these characteristics to be affected one way or another
				I do not believe the proposed action, with the mitigation would adversely affect this group
				Mitigation adequate
				<p>This Equalities Analysis engagement is flawed because of: Firstly, the NHS's failure to identify (using CCG, GP and pharmacy computer systems) those patients out of the 2,300,000 registered with GP's in the NHS NW London Region who exhibit this protected characteristic. Secondly to identify the extent, and more importantly the causes, of any of the alleged wastage by this sub-group. Thirdly, to survey this sub-group of the 2,300,000 patients who are prescribed the identified medications to see if the NHS's proposals are acceptable. It is extremely likely that much, if not all, of any perceived wastage is indicative of compliance and/or carer support issues for these patients. Issues which need to be addressed before any non-patient initiated repeat prescribing is prevented. The failure to ascertain the scale of and reasons for any perceived wastage amongst the patients in this protected category</p>

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				and who are prescribed the listed medications invalidates this engagement, as does the failure to survey and obtain a significant response from them.