

## Hywel Dda University Health Board Equality Impact Assessment (EqIA)

### **Please note:**

Equality Impact Assessments (EqIA) are used to support the scrutiny process of procedures / proposals / projects by identifying the impacts of key areas of action before any final decisions or recommendations are made.

It is recognised that certain proposals or decisions will require a wider consideration of potential impacts, particularly those relating to service change or potential major investment. For large scale projects and strategic decisions please consult the Health Board's Equality and Health Impact Assessment Guidance Document and associated forms.

The completed Equality Impact Assessment (EqIA) must be:

- Included as an appendix with the cover report when the strategy, policy, plan, procedure and/or service change is submitted for approval.
- Published on the UHB intranet and internet pages as part of the consultation (if applicable) and once agreed.

For in-house advice and assistance with Assessing for Impact, please contact:-

Email: [Inclusion.hdd@wales.nhs.uk](mailto:Inclusion.hdd@wales.nhs.uk)

Tel: 01554 899055

## Form 1: Overview

|    |  |  |
|----|--|--|
| 1. | <b>What are you equality impact assessing?</b>   | <p>The Adult ADHD (Attention Deficit Hyperactivity Disorder) Prescribing Guideline.</p> <p>The Adult ADHD Service is based in Wellfield Road Resource Centre, Wellfield Road, Carmarthen, SA31 1DS, covering the population within Hywel Dda University Health Board.</p>  |
| 2. | <b>Brief Aims and Description</b>  | <p>This guideline is intended to be used in all situations where medications for ADHD in adults (methylphenidate, lisdexamfetamine and atomoxetine) are prescribed for patients who are referred to the specialist Adult ADHD Service. The guidelines will outline the responsibilities of, and therefore must be followed by, all primary and secondary healthcare professionals who are involved in the prescribing, dispensing, administration or monitoring and stopping of medications for ADHD in adults (methylphenidate, lisdexamfetamine and atomoxetine).</p> <p>The aim of this guideline is to ensure that medications for ADHD in adults (methylphenidate, lisdexamfetamine and atomoxetine), are used in line with current evidence and patient safety advice, to maximise patient benefit whilst preventing avoidable harm.</p> |
| 3. | <b>Who is involved in undertaking this EqIA?</b>   | <p>Tricia Roberts (Adult ADHD Clinical Nurse Specialist)<br/>         Alun Morgan (Advanced Mental Health Pharmacist)<br/>         Alan Winter (Senior Equality &amp; Inclusion Officer)</p>   |
| 4. | <b>Is the Policy related to other policies/areas of work?</b>  | <p>HDdUHB Organisational Values<br/>         Equality &amp; Diversity Policy<br/>         Learning &amp; Development Policy<br/>         ADHD Prescribing Guidelines (In Draft TBC)</p>  |
| 5. | <b>Who will be affected by the strategy / policy / plan / procedure / service?</b><br>(Consider staff as well as the population that the project / change may affect to different degrees) | <p>HDDUHB Staff in both Primary and secondary care<br/>         General practitioners<br/>         Patients with a diagnosis of ADHD or those waiting for an assessment.<br/>         Families &amp; Carers.</p>   |

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| <b>6.</b> | <b>What might help/hinder the success of the Policy?</b> | <p>What might help the success:</p> <ul style="list-style-type: none"><li>Increased awareness of ADHD in adults.</li><li>An Invested well developed ADHD Service.</li><li>Integrated working of Multi disciplines who put the Patient at the centre of care.</li></ul> <p>What might hinder the success:</p> <ul style="list-style-type: none"><li>Lack of awareness of ADHD and its impact on unmanaged ADHD on the individual, the Health board and society as a whole.</li><li>Poor adherence to Policy.</li><li>Lack of buy in from Primary care.</li><li>Lack of resources.</li></ul> |
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## Form 2: Human Rights

**Human Rights:** The Human Rights Act contains 15 Articles (or rights), all of which NHS organisations have a duty to act compatibly with and to respect, protect and fulfil. The 6 rights that are particularly relevant to healthcare are listed below.

Depending on the Policy you are considering, you may find the examples below helpful in relation to the Articles.

| Consider, is the Policy relevant to:  | Yes | No |
|---|-----|----|
| <p><b>Article 2 : The right to life</b></p> <p><b>Example:</b> The protection and promotion of the safety and welfare of patients and staff; issues of patient restraint and control</p>  | √   |    |
| <p><b>Article 3 : The right not be tortured or treated in an inhuman or degrading way</b></p> <p><b>Example:</b> Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; Issues of patient restraint and control</p>   | √   |    |
| <p><b>Article 5 : The right to liberty</b></p> <p><b>Example:</b> Issues of patient choice, control, empowerment and independence; issues of patient restraint and control</p>  | √   |    |
| <p><b>Article 6 : The right to a fair trial</b></p> <p><b>Example:</b> issues of patient choice, control, empowerment and independence</p>  | √   |    |
| <p><b>Article 8 : The right to respect for private and family life, home and correspondence; Issues of patient restraint and control</b></p> <p><b>Example:</b> Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; the right of a patient or employee to enjoy their family and/or private life</p> | √   |    |
| <p><b>Article 11 : The right to freedom of thought, conscience and religion</b></p> <p><b>Example:</b> The protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers</p>   | √   |    |

### Form 3 Gathering of Evidence and Assessment of Potential Impact

| How will the strategy, policy, plan, procedure and/or service impact on:-   | Positive | Negative | No impact | Potential positive and / or negative impacts<br>Please include unintended consequences, opportunities or gaps. This section should also include evidence to support your view e.g. staff or population data.  | Opportunities for improvement / mitigation<br>If not complete by the time the project / decision/ strategy / policy or plan goes live, these should also been included within the action plan.   |
|---|----------|----------|-----------|---|--|
| <p><b>Age</b><br/>Is it likely to affect older and younger people in different ways or affect one age group and not another?</p>  | √        |          |           | <p>The policy has a positive impact on age in terms of offering assessment, diagnosis and treatment of ADHD.</p> <p>The service does not stipulate any age related restriction beyond that service users must be of adult age (over 18 years), adults may access an assessment at any age.</p> <p>There is a gap in services at present, namely transition arrangements between paediatric and adult services.</p> <p>Evidence illustrates that ADHD symptoms can affect people in different ways across the lifespan, and different approaches to care are needed.</p> | <p>The service acknowledges the gap between paediatric and adult services, however, due to the limitations of the adult service (can only see individuals 18 years and over), there is limited scope to have a positive impact on this. The service is aiming to improve links with paediatric services to address this.</p> |
| <p><b>Disability</b><br/>Those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes</p> | √        |          |           | <p>The policy has a positive impact on disability in terms of offering assessment, diagnosis and treatment of ADHD.</p> <p>ADHD is recognised as a disability under the Equality Act (2010), a service that aids in the diagnosis and management of ADHD enables/empowers individuals with ADHD to access appropriate accommodations/needs. The service scope does not exclude individuals with other disabilities.</p>   | <p>The service continues to develop links with other services, to improve joint working in an effort to offer continuously improving service user outcomes.</p>  |

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|  |  |   | <p>Evidence suggests that individuals with ADHD who are diagnosed and have accessed interventions, are able to better manage other disabilities and comorbidities (which are common in ADHD). Please refer to service specification document for more information (references).</p> <p>The service aims to offer a flexible approach to assessment and management in order to accommodate different needs.</p>   |  |
| <p><b>Gender Reassignment</b><br/>Consider the potential impact on individuals who either:</p> <ul style="list-style-type: none"> <li>•Have undergone, intend to undergo or are currently undergoing gender reassignment.</li> <li>•Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth.</li> </ul> |  | √ | <p>It will be important to ensure that the correct names and titles are used for people who are considering undergoing, are undergoing or who have undergone transitioning and that confidentiality is maintained in line with legislation. The Welsh Government Guidance advocates a patient centred approach to meet the individual's needs.</p> <p>No impact is foreseen. However, this will be reviewed, and any new or additional information will be considered.</p> |  |
| <p><b>Marriage and Civil Partnership</b><br/>This also covers those who are not married or in a civil partnership.</p>   |  | √ | <p>No impact is foreseen. However, this will be reviewed, and any new or additional information will be considered.</p>  |  |

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| <p><b>Pregnancy and Maternity</b><br/>Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.</p>  |   | √ | <p>The policy has a neutral impact on pregnancy and maternity in terms of offering assessment, diagnosis and treatment of ADHD.</p> <p>At present, only pharmacological interventions are offered via the service. Limitations within the licensing of pharmacological treatments present a potential for negative impact on pregnancy and maternity, due to the lack of alternative interventions offered e.g. psychological interventions.</p> <p>No impact is foreseen. However, this will be reviewed, and any new or additional information will be considered.</p>   | <p>The service is developing links with the Perinatal mental health Service to improve access to psychological Interventions.</p> <p>We have plans to develop the service further to be able to offer psychological interventions specific to ADHD.</p>   |
| <p><b>Race/Ethnicity or Nationality</b><br/>People of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, gypsies/travellers, asylum seekers and migrant workers.</p> | √ |   | <p>The policy has a positive impact on race/ethnicity or nationality, in terms of offering assessment, diagnosis and treatment of ADHD.</p> <p>The Health Board approved translation services and Apps are used on a case-by-case basis. Medication leaflets can be provided in a variety of languages.</p> <p>The counties are also host to universities and colleges of higher and further education with a proportion of students from overseas. On occasions patients may present to the ADHD Service who are prescribed medication, which is not available in the UK, the Service is able to review these individuals and offer a suitable alternative.</p> | <p>The service is working with Universities/Colleges and catchment GP Surgeries to improve rapid access to the Service for overseas students who:</p> <ul style="list-style-type: none"> <li>• Already have a diagnosis of ADHD, which may not be accepted in the UK.</li> <li>• Are treated with a medication for ADHD, which is not available in the UK.</li> </ul> <p>We plan to develop links with the University counselling services / psychological wellbeing.</p> |

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|  |   |   |   | The Service utilises an internationally recognised tool for the assessment of ADHD so that a diagnosis may be accepted should the patient decide to move abroad.   |   |
| <b>Religion or Belief (or non-belief)</b><br>The term 'religion' includes a religious or philosophical belief.   |   |   | √ | No impact is foreseen. However, this will be reviewed and any new or additional information will be considered.  |   |
| <b>Sex</b><br>Consider whether those affected are mostly male or female and where it applies to both equally does it affect one differently to the other?  | √ |   |   | The policy has a positive impact on sex, in terms of offering assessment, diagnosis and treatment of ADHD.<br><br>Our service is aware that ADHD is often missed in females (see service specification for more information / references). As a result, our team is aware of the differences, and has adapt assessments and approaches to meet the needs of women with ADHD. | As more evidence becomes available, and is integrated into assessment tools, assessments may be more formally tailored toward females where appropriate.<br><br>The service aims to work more closely with healthcare professionals that typically refer into the service in future, and improve awareness and encourage referral.      |
| <b>Sexual Orientation</b><br>Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.   |   |   | √ | No impact is foreseen. However, this will be reviewed, and any new or additional information will be considered.   |   |
| <b>Socio-economic Deprivation</b><br>Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or | √ | √ |   | The policy has a both a positive and negative impact on socio-economic deprivation, in terms of offering assessment, diagnosis and treatment of ADHD.<br><br>Positive impact:<br>As a service, we offer a flexible approach to assessments and ongoing monitoring e.g. face-to-face or digital consultations. Where possible, adjustments may be made to                     | The service is being continuously developed and is exploring different approaches to waiting list management, including how patients are being prioritised. Part of this work is improving our referral process, to gather more information at the point of referral in order to make better judgements with regards to prioritisation. |

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| <p>household debt should also be considered.</p> <p>For a comprehensive guide to the Socio Economic Duty in Wales and supporting resource please see:<br/> <a href="https://gov.wales/more-equal-wales-socio-economic-duty">https://gov.wales/more-equal-wales-socio-economic-duty</a></p> |   |  | <p>accommodate individuals who may struggle to travel.</p> <p>Negative impact:<br/> Due to the lengthy waiting list at present, a number of people with ADHD are seeking a diagnosis via a private healthcare provider. Occasionally, this results in patients waiting for less time since they do not require a full assessment. This would of course have a negative impact on those who are not able to afford this.</p> <p>At present, priority is given to specific groups of patients due to the presence of:</p> <ul style="list-style-type: none"> <li>• Comorbid substance misuse disorder.</li> <li>• Comorbid mental health conditions.</li> <li>• Student status.</li> <li>• Forensic history.</li> </ul> <p>During the course of service development work, we have identified that these priority categories, although widely used, are not likely to identify all patients with the greatest need such as single parents, low income (due to inability to keep employment). At present, we do not have enough information to make judgements about priority due to the limited information contained in referrals.</p> | <p>The service is also exploring options with regards to how the waiting list is managed in a way that is fair and ethical to all patients (in the context of private assessments).</p> |
| <p><b>Welsh Language</b><br/> Please note opportunities for persons to use the Welsh language and treating the Welsh language no less favourably than the English language.</p>  | √ |  | <p>The policy has a positive impact on welsh language, in terms of offering assessment, diagnosis and treatment of ADHD.</p> <p>We can provide a service in Welsh but have few welsh speakers amongst the staff group. We have access to approved translation services through the Health Board.</p>   |   |

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|  |  |  | Medication leaflets can also be provided in the Welsh language if required. |  |
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#### Form 4: Examine the Information Gathered So Far

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| 1. | Do you have adequate information to make a fully informed decision on any potential impact?   | Yes            |
| 2. | Should you proceed with the Policy whilst the EqlA is ongoing?  | Yes            |
| 3. | Does the information collected relate to all protected characteristics?   | Yes            |
| 4. | What additional information (if any) is required?   | None           |
| 5. | How are you going to collect the additional information needed? State which representative bodies you will be liaising with in order to achieve this (if applicable). | Not applicable |

## Form 5: Assessment of Scale of Impact

This section requires you to assign a score to the evidence gathered and potential impact identified above. Once this score has been assigned the Decision column will assist in identifying the areas of highest risk, which will allow appropriate prioritisation of any mitigating action required.

| <b>Protected Characteristic</b>       | <b>Evidence:<br/>Existing Information to suggest some groups affected.<br/>(See Scoring Chart A below)</b> | <b>Potential Impact:<br/>Nature, profile, scale, cost, numbers affected, significance.<br/>Insert one overall score<br/>(See Scoring Chart B below)</b> | <b>Decision:<br/>Multiply 'evidence' score by 'potential impact' score.<br/>(See Scoring Chart C below)</b> |
|---------------------------------------|--|---|---|
| <b>Age</b>                            | 3  | +2  | +6 (P)  |
| <b>Disability</b>                     | 3  | +3  | +9 (P)  |
| <b>Sex</b>                            | 3  | +3  | +9 (P)  |
| <b>Gender Reassignment</b>            | 2  | 0   | 0 (N)   |
| <b>Marriage and Civil Partnership</b> | 2  | 0   | 0 (N)   |
| <b>Pregnancy and Maternity</b>        | 2  | 0   | 0 (N)   |
| <b>Race/Ethnicity or Nationality</b>  | 2  | +2  | +4 (P)  |
| <b>Religion or Belief</b>             | 2  | 0   | 0 (N)   |
| <b>Sexual Orientation</b>             | 2  | 0   | 0 (N)   |
| <b>Socio Economic Deprivation</b>     | 2<br>2   | +2<br>-2  | +4 (P)<br>-4 (N)  |
| <b>Welsh Language</b>                 | 3  | +3  | +9 (P)  |

| <b>Scoring Chart A: Evidence Available</b> |                               |
|--|-------------------------------|
| 3  | Existing data/research        |
| 2  | Anecdotal/awareness data only |
| 1  | No evidence or suggestion     |
|  |                               |
|  |                               |
|  |                               |

| <b>Scoring Chart B: Potential Impact</b> |                 |
|--|-----------------|
| -3                                       | High negative   |
| -2                                       | Medium negative |
| -1                                       | Low negative    |
| 0  | No impact       |
| +1                                       | Low positive    |
| +2                                       | Medium positive |
| +3                                       | High positive   |

| <b>Scoring Chart C: Impact</b> |                     |
|--------------------------------|---------------------|
| -6 to -9                       | High Impact (H)     |
| -3 to -5                       | Medium Impact (M)   |
| -1 to -2                       | Low Impact (L)      |
| 0                              | No Impact (N)       |
| 1 to 9                         | Positive Impact (P) |
|                                |                     |
|                                |                     |

### Form 6 Outcome

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You are advised to use the template below to detail the outcome and any actions that are planned following the completion of EqIA. You should include any remedial changes that have been made to reduce or eliminate the effects of potential or actual negative impact, as well as any arrangements to collect data or undertake further research.

|   |     |
|---|-----|
| <b>Will the Policy be adopted?</b>  | Yes |
| <b>If No please give reasons and any alternative action(s) agreed.</b>  |     |
| <b>Have any changes been made to the policy/ plan / proposal / project as a result of conducting this EqIA?</b> | No  |

|   |   |
|---|---|
| <b>What monitoring data will be collected around the impact of the plan / policy / procedure once adopted?<br/>How will this be collected?</b>  | None  |
| <b>When will the monitoring data be analysed? Who will be responsible for the analysis and subsequent update of the impact assessment as appropriate?</b>   | Not applicable                                      |
| <b>Where positive impact has been identified for one or more groups please explain how this will be maximised?</b>  | Please see above table – explanations are provided. |
| <b>Where the potential for negative impact on one of more group has been identified please explain what mitigating action has been planned to address this.</b><br><br><b>If negative impact cannot be mitigated and it is proposed that HDUHB move forward with the plan / project / proposal regardless, please provide suitable justification.</b> | Please see above table – explanations are provided. |

## Form 7 Action Plan

| <b>Actions</b><br>(required to address any potential negative impact identified or any gaps in data) | <b>Assigned to</b> | <b>Target Review Date</b> | <b>Completion Date</b> | <b>Comments / Update</b> |
|--|--------------------|---------------------------|------------------------|--------------------------|
|  |                    |                           |                        |                          |
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|----------------------------|------------------------|---|
| <b>EqIA Completed by:</b>  | <b>Name</b>            | <b>Tricia Roberts / Alun Morgan</b>                       |
|                            | <b>Title</b>           | <b>Clinical Nurse Specialist / Advanced MH Pharmacist</b> |
|                            | <b>Team / Division</b> | <b>Adult ADHD Service</b>                                 |
|                            | <b>Contact details</b> | <b>01267 244433</b>                                       |
|                            | <b>Date</b>            | <b>24<sup>th</sup> January 2022</b>                       |
| <b>EqIA Authorised by:</b> | <b>Name</b>            | <b>Geraint Hughes</b>                                     |
|                            | <b>Title</b>           | <b>Service Manager</b>                                    |
|                            | <b>Team / Division</b> | <b>Adult ADHD Service</b>                                 |
|                            | <b>Contact details</b> | <b>01267 244433</b>                                       |
|                            | <b>Date</b>            | <b>24<sup>th</sup> January 2022</b>                       |

