

**ROYAL  
PHARMACEUTICAL  
SOCIETY**

# Health Equalities in Pharmacy



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# Learning Outcomes

- To have an understanding of Inclusion, Diversity and Belonging
- The importance of creating a culture of belonging across the pharmacy profession
- Why should we challenge barriers to inclusion & diversity
- How we can address health inequalities
- The importance of cultural competence



# Why is this important?





# RPS I&D Strategy

Published on 22<sup>nd</sup> June 2020

**Developed/co-created** with members/profession for members/profession – **it will evolve**

**'No one should be left behind'**

Intersectionality and a **sense of belonging**

Tackling hard/difficult issues and bringing about **action and change**

**Collaboration/partnership needed**

RPS to lead – impact/delivery **essential**

Need to be **agile and alive** to changing environment



“ Every person has a different character and we all work for pharmacy. ”

“ As a student I think education on the LGBTQ+ experience in the medical field is lacking. Pharmacists need to know how to provide care to all kinds of patients - at the moment I doubt half the students in my course would know how to act appropriately around a transgender patient. ”

“ I feel I cannot truly express my true image that I wish to present of my true self because of expectations and standards. ”

“ The fact that most senior pharmacists in hospitals are white makes me feel like I do not belong. ”

“ You do not see a lot of diversity among the senior staff positions in the NHS and other organisations where pharmacists work. You generally see more diversity in lower ranking positions. ”

“ I have had a number of strong female role models in my career and this has helped me to forge my own path as a leader. ”

“ As a younger female leader you are not always encouraged to strive and aspire for the leadership roles as you are quite often seen as a threat. Also, being from a BME background it is very noticeable there is a lack of diversity amongst national senior leadership teams from a BME and gender perspective. This does not give me a sense of belonging as it makes me feel like I can't aspire to be in those positions. ”

“ If you are a carer it's very difficult to get flexible hours. If you are struggling with a medical illness you are judged and employers are not interested in working with you. If you are pregnant and having a complicated pregnancy it is difficult to get employers to understand. ”

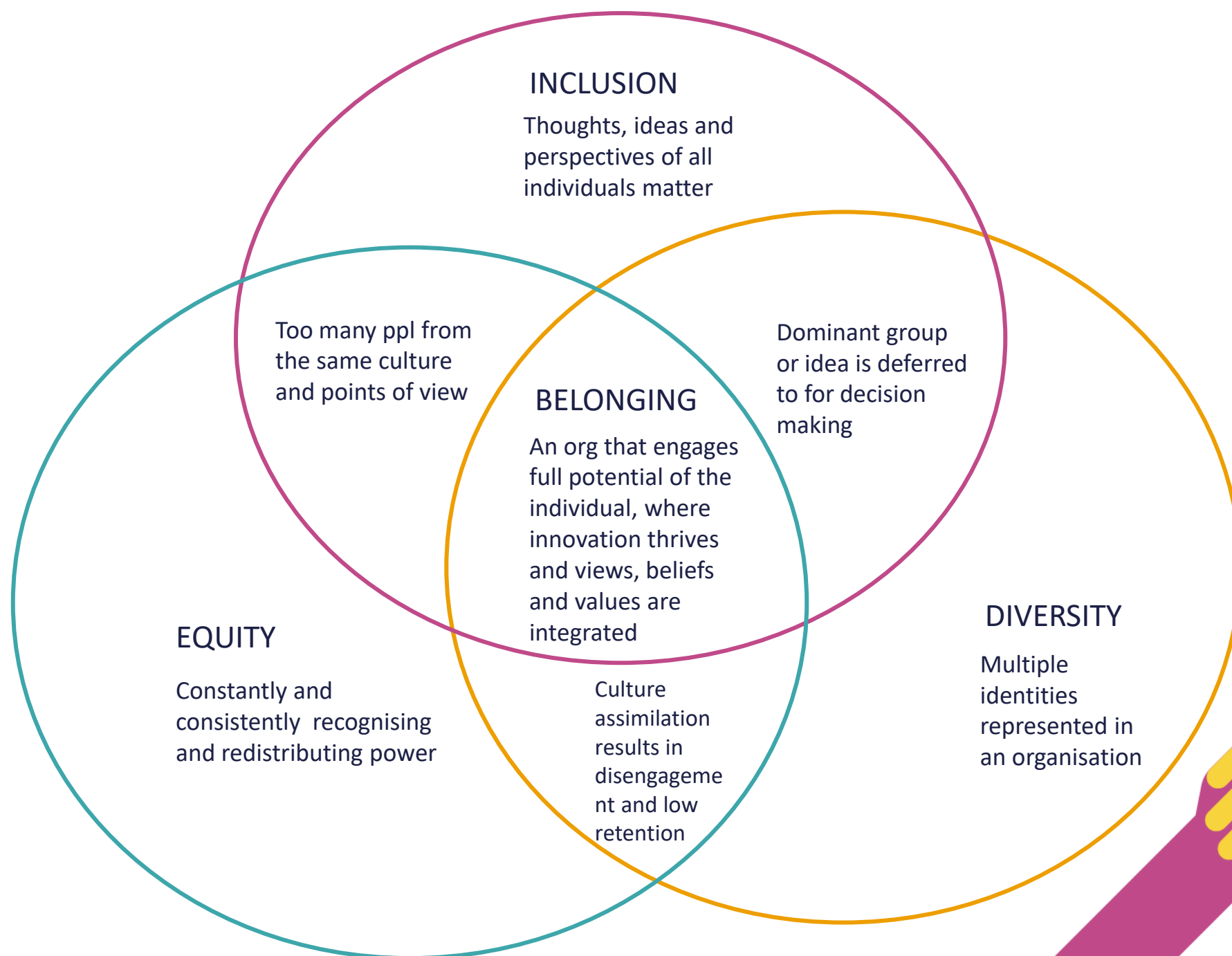
“ Job adverts and job descriptions don't always mention that modifications to roles can be made. ”

“ Access and flexibility in hours and working conditions are needed for professionals with a disability. Promotion prospects are not equal for part-time vs full-time professionals. ”

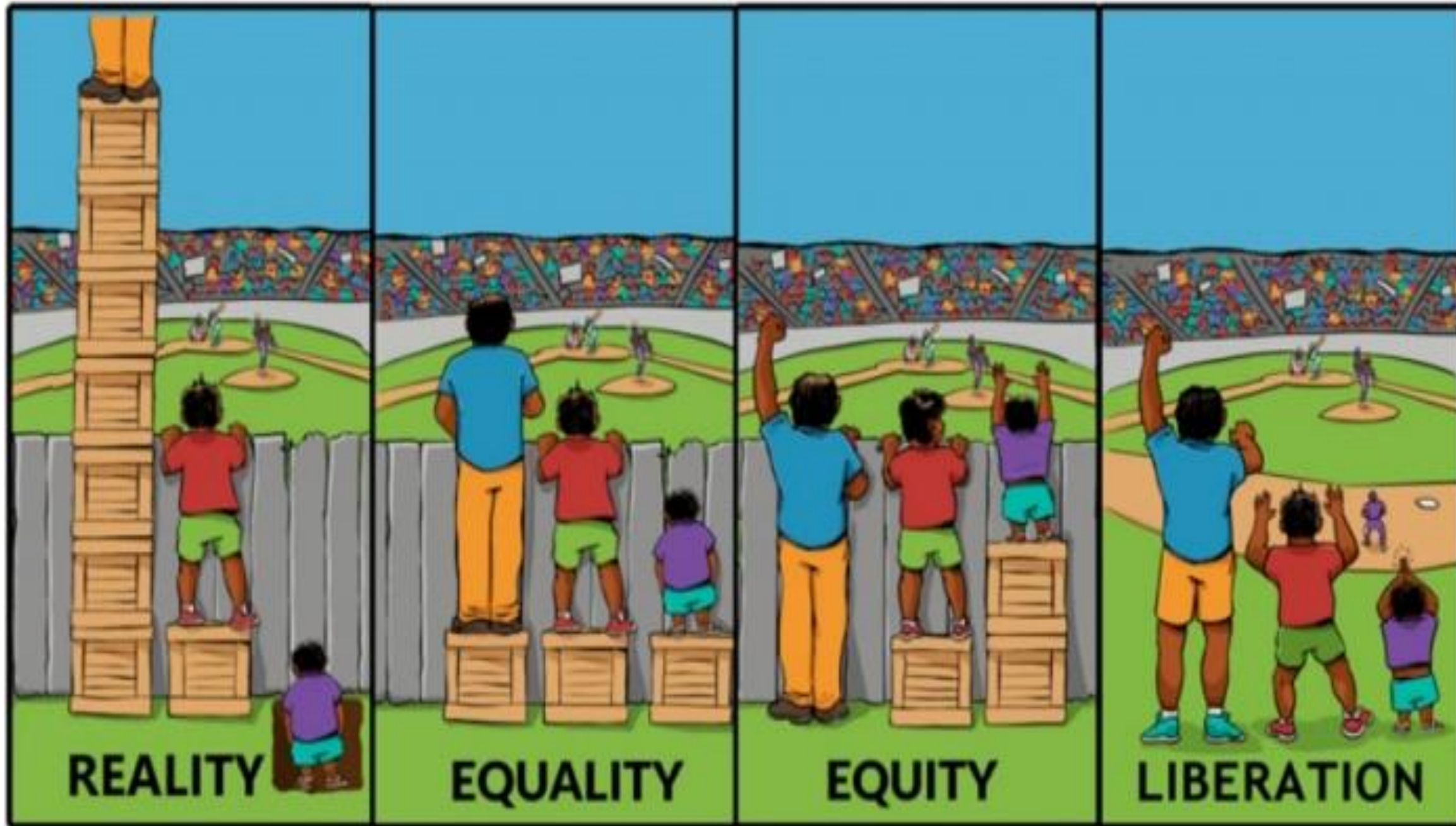
“ As a single parent, I feel that there wasn't enough flexibility to keep a healthy work-life balance and I felt I wasn't given enough support when I was struggling. ”

## Not just about our protected characteristics.....

- The Equality Act 2010 provides a framework to protect individuals and advance equality of opportunity for all
- Protecting individuals from unfair treatment and promoting a fair and more equal society
- The protected characteristics are:
  - Age
  - Disability
  - Gender reassignment
  - Marriage and civil partnership
  - Pregnancy and maternity
  - Race
  - Religion or belief
  - Sex
  - Sexual orientation
- We also consider the impact on
  - Carers
  - Welsh Language
  - Rurality impacts
  - Different socio-economic groups
- Diversity of working in different sectors and countries

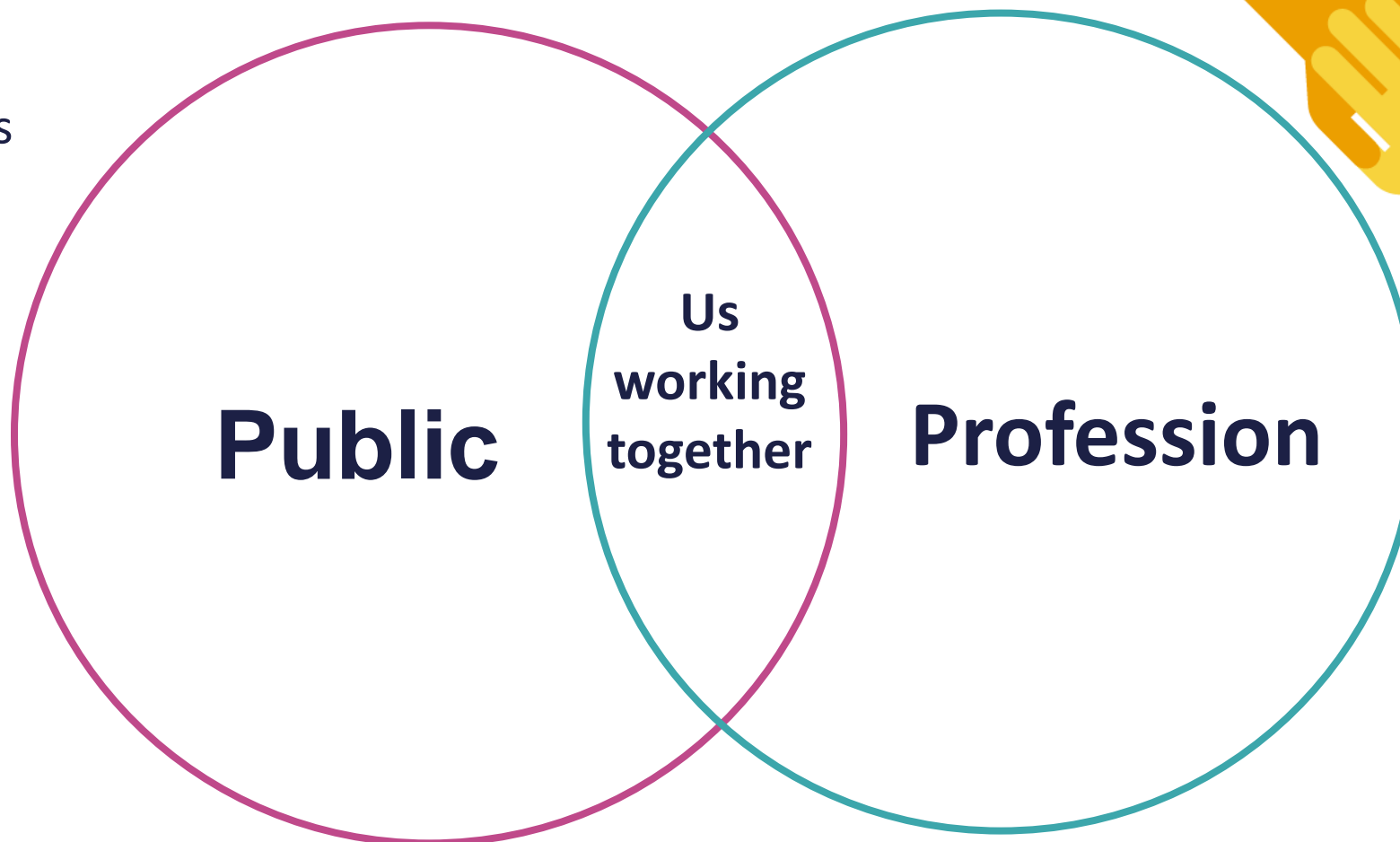








Pharmacists and their teams can play an active role in addressing health inequalities for patients and public



Improving Inclusion and Diversity amongst the profession will in turn improve patient care

1. Representation in decision making
2. Staff engagement
3. Cultural competence training

## Why is Inclusion and Diversity important for patient care?

- England – there is a 19 year gap in healthy life expectancy between most and least affluent areas of the country.
- The length of time spent in ill health is also rising as the incidence of health problems increases with age.
- Older people in our society are particularly vulnerable to poverty and forms of social exclusion and there is a widening gap between older people with good pensions and a substantial minority who live in poverty
- Communities such as Trans people, Asylum seekers and refugees face a range of barriers when accessing most mainstream health services and often avoid accessing services at all.



## How it impacts Pharmacy?

- Community pharmacies provide accessible health services, including being located in areas of higher deprivation, which can put them at the front line of improving inequalities.
- Hospital pharmacy, we're interacting with patients from a range of backgrounds
- We see a range of patients across our care settings:
  - Medication advice – fasting
  - Women's Health
  - Access to medication
  - Care a patient receives in hospital
  - Understanding medications



# Health inequalities in ethnic minority groups

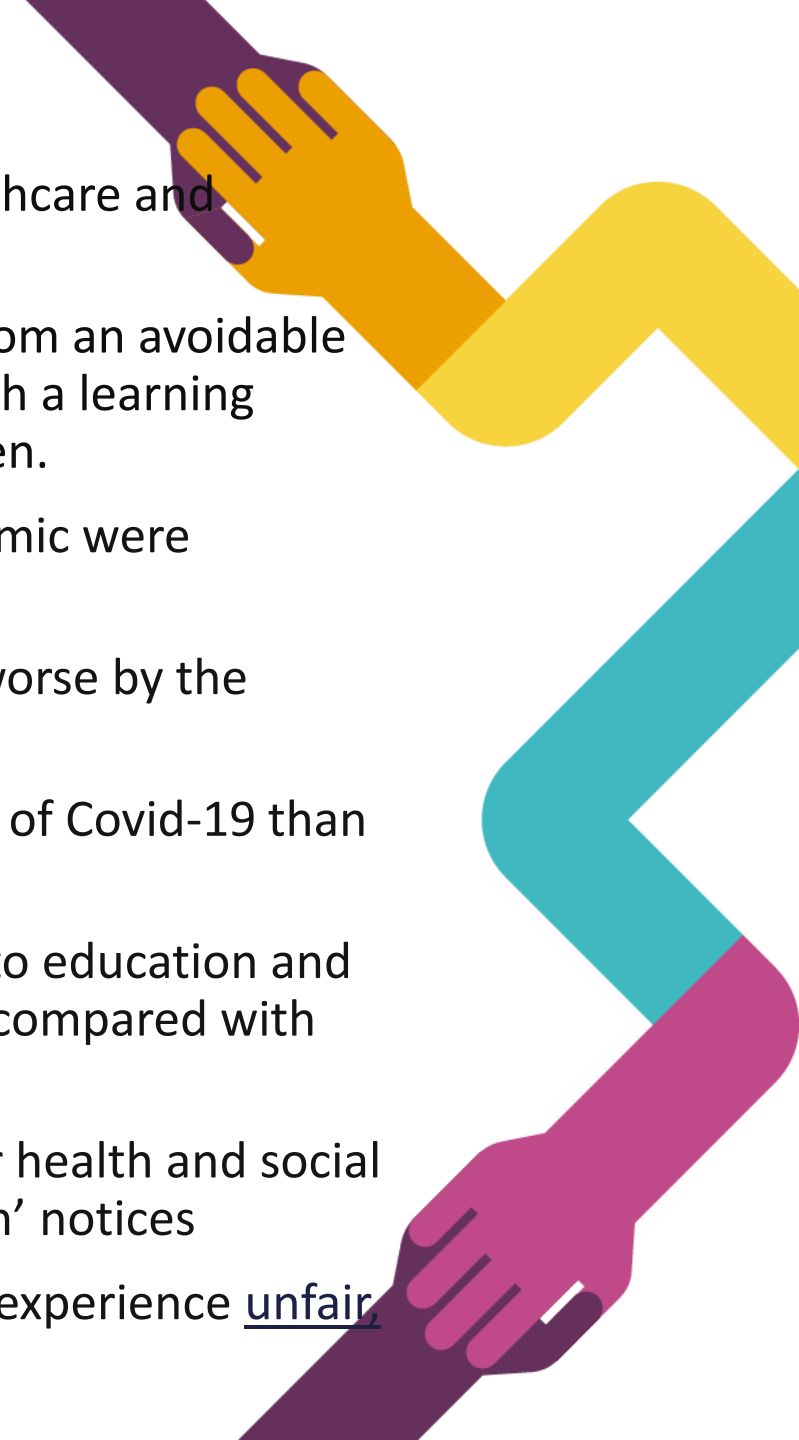
- Health inequalities between:
  - ethnic minority and white groups,
  - between different ethnic minority groups.
- The picture is complex, both between different ethnic groups and across different conditions.
- Access to primary care health services is generally equitable for ethnic minority groups
- Some ethnic minority groups are more likely to report being in poorer health and Report poorer experiences of using health services.
- Significant differences between ethnic groups e.g. White Gypsy or Irish Traveller, Bangladeshi & Pakistani communities have the poorest health outcomes
- Rates of infant and maternal mortality, cardiovascular disease (CVD) and diabetes are higher among Black and South Asian groups than white groups
- Mortality from cancer, and dementia and Alzheimer's disease is highest among white groups.
- COVID 19 had a disproportionate impact on most ethnic minority communities.





# Health Inequalities in disabled groups

- People with a learning disability are under served in access to healthcare and experience high levels of health inequality.
- People with a learning disability were 3 to 4 times as likely to die from an avoidable medical cause of death. Most of the avoidable deaths in people with a learning disability were because timely and effective treatment was not given.
- 60% of those who died from Covid-19 in the first year of the pandemic were disabled.
- The health inequalities disabled people already faced were made worse by the pandemic and a decade of austerity.
- People with learning disabilities were eight times more likely to die of Covid-19 than the general population.
- Disabled people are more likely to live in poverty, have less access to education and employment, and experience poorer ratings of personal wellbeing compared with non-disabled people.
- Inaccessible public health communications, cancellations of regular health and social care services and inappropriate use of 'do not attempt resuscitation' notices
- Disabled people continue to die avoidable deaths, and many more experience unfair, poor outcomes.



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### NHS failing people with disabilities, says report

People with learning disabilities are dying because of poor diagnosis and treatment



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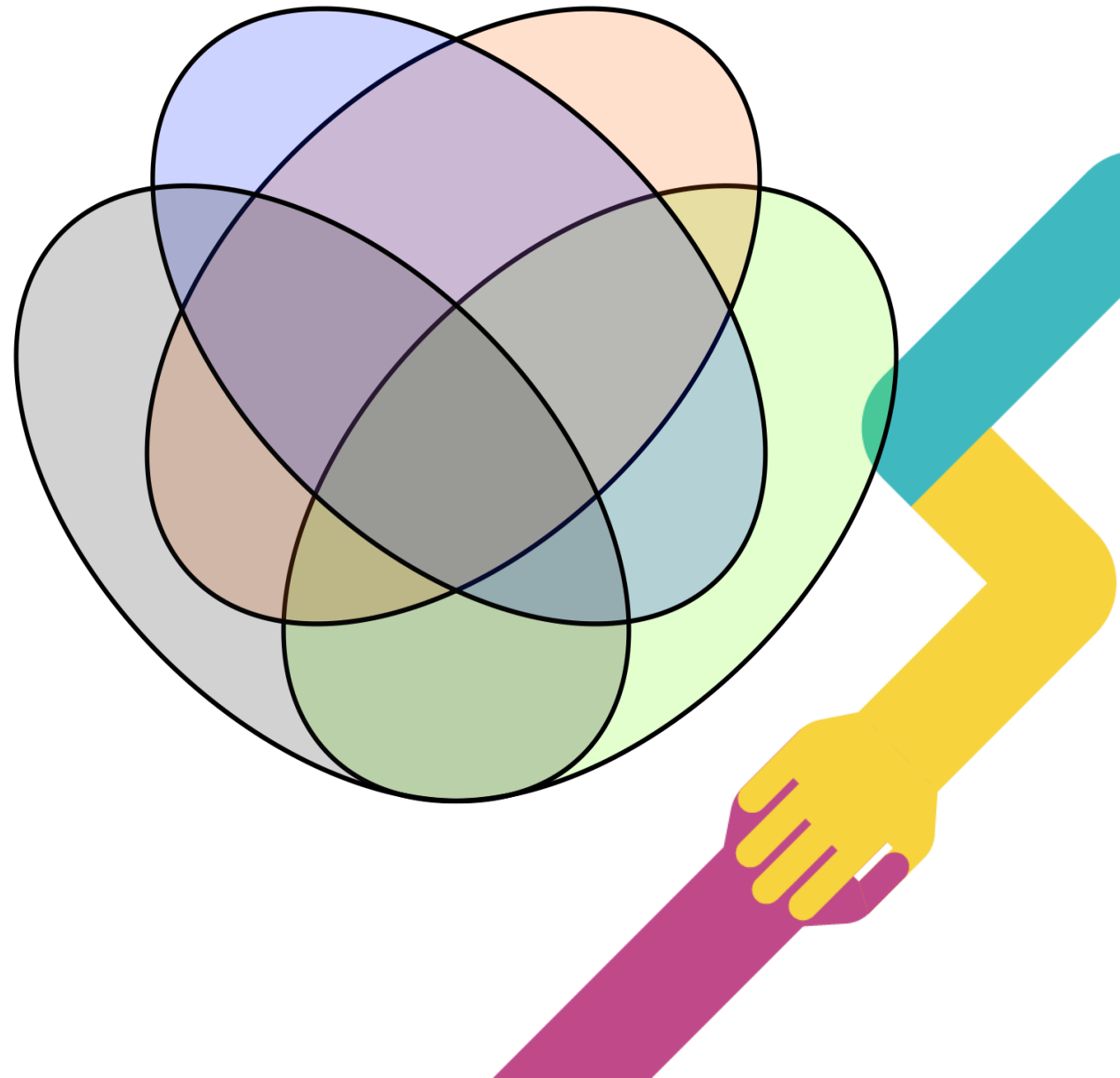
**What can you do?**





## Intersectionality - Seeing the whole person

- Equality issues can't be addressed in isolation
- Individuals will have multiples characteristics and experiences
- Disability is not a standalone issue: disabled people come from all sorts of different backgrounds, ethnicities, genders and sexualities.
- Need to consider how these characteristics interact with each other
- And we interact with them e.g stereotypes, biases
- Where these characteristics intersect, it can have an impact on access to services and make being heard even more of a challenge.





# How can you deliver inclusive professional practice?

- **Person Centred Care approach – No decision about me, without me**
- Need to involve people who are impacted through collaboration and co-creative design of services and policies.
- We need to value the expertise people with lived experience hold
- Many benefits to listening to and learning from people and communities.
- Services can start to address inequalities by understanding the barriers that people face to accessing services and co-designing person-centred, effective, sustainable solutions.
- Once services are in place, it is the people using those services who are best placed to know what is working and what could be improved



## Person centred approach - disability

- Need to understand the broad diversity of disabled people's identities and experiences
- Need to also ensure there is a diversity of disability represented, it is not a homogenous experience.
- Adopt a social model approach to disability, understanding that people are disabled by barriers in society, rather than by impairments or health conditions.
- A social model approach would also mean health and care organisations working with other sectors



## Considerations of cultural issues

- Need to be able to effectively interact and provide appropriate care to culturally and ethnically diverse patient population.
- Cultural competence and communication; be culturally aware:
  - Awareness of your own cultural worldview
  - Attitude towards cultural differences
  - Knowledge of different cultural practices and worldviews
  - Cross cultural skills
- Consideration of how culture influences an individuals choices, preferences and decision making
- Who does it impact? Who do you have in your team to deliver care
- Take into consideration individuals cultural, religious and varying needs within a protected characteristic group as appropriate when considering treatments



## Considerations of cultural issues

- Collaboration:
  - Working with others; MDT, working with community groups, charities, patient groups and faith groups
  - Working with DPOs and people with lived experiences
  - Ensure there is diversity from ethnic minority groups
- Proactively engage and address local health inequalities:
  - Using local public health data
  - **There are no hard to reach communities – we need to reach out to them**
- Consider how different skin conditions will present on different skin colours
- Formulation of medicines – e.g. bovine products, gelatine capsules from a religious perspective.
- Public health campaigns
- ***Be open and considerate – there is no one size fits all***
- ***Sharing good practice cases***
- ***Be comfortable with the uncomfortable***





## Inclusive Leadership

- Create a culture of belonging
- Have an inclusive approach when working with your teams
- Celebrate the diversity in your team – a better understanding of each others cultures and preferences
- Ensure team members are actively included in decision making
- Treat your colleagues and peers fairly and without prejudice, discrimination and bias
- Psychological safety - create a culture in which people can raise issues
- Be an Ally
- Be aware of your unconscious bias
- Consider the language being used in & assumptions being made
- Could you be inclusive in your approach e.g. social occasions
- Is there diversity in the decision making room?



## How can you get involved and learn more?

- Sign the RPS Inclusion and Wellbeing Pledge
- RPS Health Inequalities position statement
- Microaggressions references – Race, Gender, Disability and LGBTQIA+
- YouTube lives discussing different topics
- Read our blogs on lived experiences
- Join ABCD meetings
- [CPPE – Seeing you better: Culturally Competent person-centred care learning campaign](#)
- [An Inclusive Pharmacy Practice Resource for all pharmacy professionals](#)
- [Training and Education Resources](#) on cultural understanding and awareness – a list of current training and resources on culturally competent healthcare delivery.



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## Join us:

Action in Belonging, Culture  
and Diversity Group



