

# North East and Yorkshire Inclusive Pharmacy Practice Manifesto



## Introduction and background

The national plan for Inclusive Pharmacy Practice (IPP) in England is a joint initiative between the General Pharmaceutical Council (GPhC), the Royal Pharmaceutical Society (RPS) and the Association of Pharmacy Technicians UK (APTUK) along with 13 other national partner organisations from across the pharmacy sector (see appendix 1).

IPP focuses on making the workplace more inclusive for all pharmacy staff, with staff in leadership roles that reflects our diverse communities, to improve health inequalities in the population. It involves embedding inclusive pharmacy professional practice into everyday care for people using our services, their families and carers, and members of the public to support the prevention and treatment of ill health, and address health inequalities within our diverse communities. IPP involves open conversations and meaningful actions to improve the experience of both people using our services and all pharmacy staff.

### Table 1: The Principles for Inclusive Pharmacy Practice

#### Theme 1: Leadership and Representation

Principle 1: Pharmacy professionals will strive towards being exemplar amongst UK health professionals for equality, diversity, inclusion, fairness and belonging.

Principle 2: As pharmacy professionals we are committed to promoting a culture of zero tolerance to all kinds of harassment, bullying, and discrimination in the workplace.

#### Theme 2: Education and Training

Principle 3: Proactively seeking knowledge and understanding the communities and cultures we serve will enable us to be more effective healthcare practitioners and providers.

#### Theme 3: Healthcare Service Delivery

Principle 4: To address health and workforce inequalities we will champion national and local policies and initiatives.

## Why Does it Matter?

The IPP Manifesto aims to support best practice, change behaviours and subsequently cultures to ensure all staff are listened to, understood and supported – and that leaders at every level truly reflect the talents and diversity of people working in it and the communities they serve.

It is known that staff who feel like they belong, feel cared for, and cared for staff provide better care for our patients. [The Francis Inquiry](#) highlighted that when staff are not cared for, poor care is delivered at the frontline. The only way to ensure patients receive high quality care is by caring for staff at every level within an organisation. This forms an important part of the equality, diversity and inclusion (EDI) agenda for the health service.



*Culture – ‘the way we do things around here’ – shapes the behaviour of everyone (in the organisation) and directly affects the quality of care they provide. Research shows the most powerful factor influencing culture is leadership. Leaders who model compassion, inclusion and dedication to improvement in all their interactions are the key to creating cultures of continuous improvement in health and care ([NHS - Developing people improving care](#)).*

The **pharmacy workforce is the 3rd single largest group of healthcare professionals** in our NHS, and our professions should lead the way.

- We have a duty to deal with discrimination and support our staff to use their skills and experience to offer the best patient care.
- We need to give people the best opportunities to have good careers and improve social mobility.
- We will promote North East and Yorkshire (NEY) as a great place to work, where skilled people from diverse backgrounds are welcomed and belong.
- Let us lead by example by being inclusive leaders.
- Let us speak up about discrimination and be an ally to those who have been marginalised for so long.
- Leaders are informed on the issues relating to EDI and continue to encourage those around us to be brave, build trust and seek to make meaningful and lasting change in our approach to EDI.

## Regional Context

North East and Yorkshire is the most northern NHS region in England, shown in blue on the map below, serving a population of more than 8.5 million people.

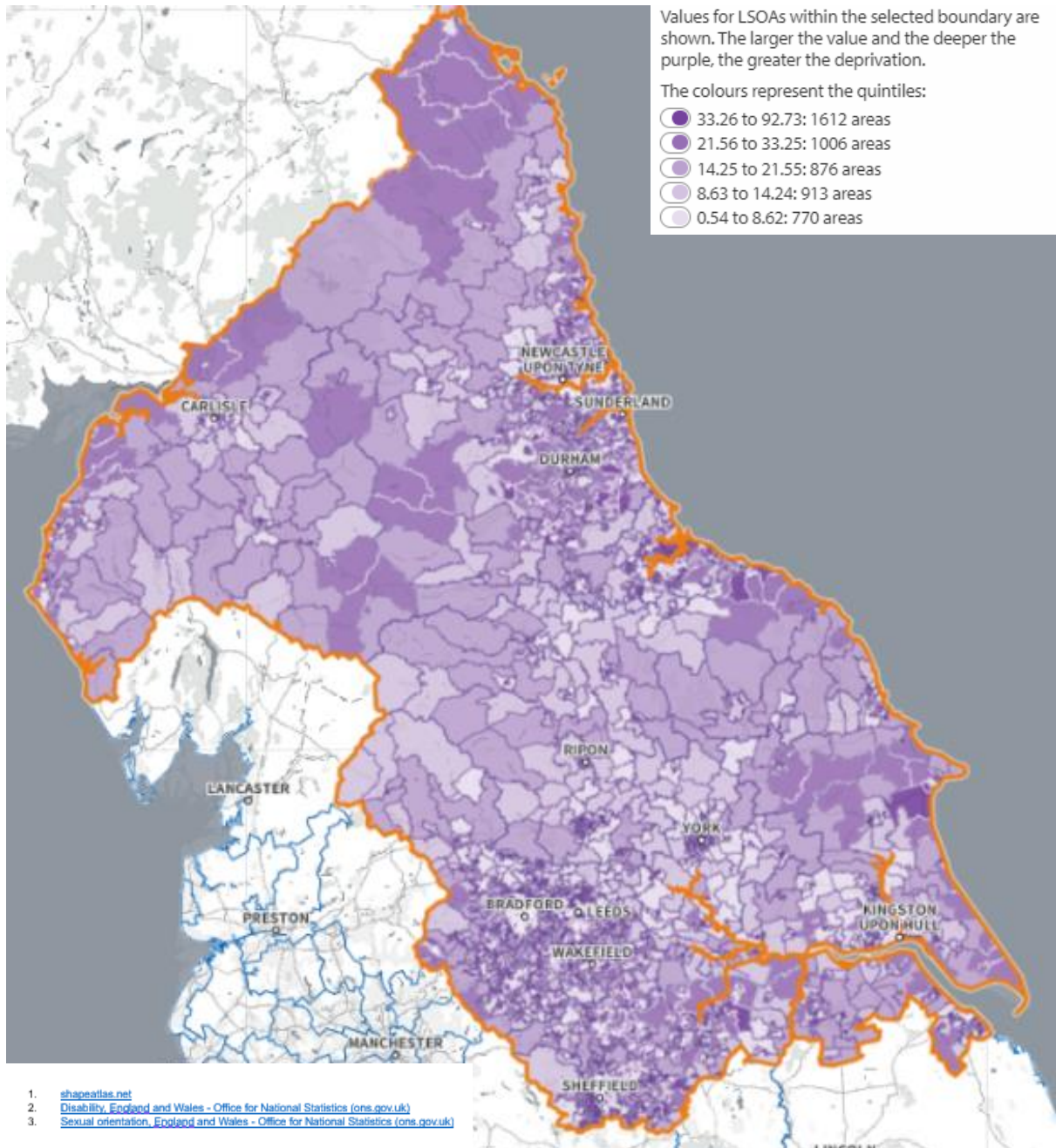
Integrated Care Systems (ICSs) are partnerships of NHS organisations, local authorities, charities, the voluntary and social enterprise sectors, and others to improve the health and well-being of local people within their local places.

In the North East and Yorkshire Region, there are 4 ICSs (see map):

- Humber and North Yorkshire Health and Care Partnership
- North East and North Cumbria Integrated Care System
- South Yorkshire Integrated Care System
- West Yorkshire Health and Care Partnership.

Integrated  
Care Systems  
in England





There is wide variety in:

- **Population density; deprivation** (see map) with the Index of Multiple Deprivation average score for NEY 26.52 (the England-wide Index of Multiple Deprivation distribution is a mean value of 21.67).
- **Ethnicity**, overall the population in the 'White' ethnic group is 88.24% and 11.76% in 'Black, Asian and Minority Ethnic' group. Across the areas this ranges from 1.47% 'White' and 98.63% 'Black, Asian and Minority Ethnic' to areas with 100% 'White'<sup>1</sup>;
- **Disability**, with the North East having the highest proportion of disabled people in England (21.2%), Yorkshire and The Humber (18.9%)<sup>2</sup> and
- **Sexual orientation**, with an average of 90.39% identifying as 'straight/heterosexual', 3.05% identifying as gay or lesbian, bisexual, pansexual, asexual, queer or all other sexual orientations, with the latter figure likely to be higher as those who prefer not to say are not considered.<sup>3</sup>



## Regional Pharmacy Workforce Data

Different sources of workforce data are available which include the NHS staff survey, the Pharmacy Workforce Race Equality Standards (PWRES) and local data collection surveys. The NHS Staff Survey offers data across all protected characteristics whereas the PWRES predominantly focused on ethnicity. By using the data that is available comparisons can be made with the pharmacy workforce in particular in respect of ethnicity. It should be noted that these surveys are only representative of the managed sector (those on Electronic Staff Records) and other areas of pharmacy, for example, general practice and community pharmacy are not included in those responses. Even though the data set is not inclusive of all areas of pharmacy practice the principles of this manifesto can be applied to all sectors.

The PWRES data for 2023/2024 highlighted the national versus North East and Yorkshire distribution by ethnicity which showed the following:

Criteria	National (England)	North East and Yorkshire
Percentage of workforce self-declaring as white	62.8%	76%
Percentage of workforce self-declaring as Black, Asian or Minority Ethnic	33.6%	20.9%
Percentage of workforce self-declaring as from other ethnic groups	2.2%	1.8%
Percentage of workforce who did not declare their ethnicity	1.5%	1.4%

## Purpose of the NEY IPP Manifesto

The NEY IPP Manifesto has been developed to support employers and leaders across the region with the practical implementation of the principles set out in the national IPP plan.

The manifesto aligns with the [NHS equality, diversity and inclusion improvement plan](#), the [Chief Pharmaceutical Officer's Inclusive Pharmacy Practice Delivery Plan](#) and provides a set of principles and recommendations for pharmacy professionals and people working in pharmacy teams in NEY to benchmark against and to support pharmacy leaders to meet their commitment to the principles.

Developing culturally sensitive healthcare teams is vital to reducing health inequalities within our communities, preventing and treating ill health, increasing vaccine uptake and protection from disease, and managing long term conditions.

The manifesto has been designed with a focus on developing inclusive pharmacy practice within the pharmacy workforce and its leadership in the first instance.

The recommendation set out within the manifesto will support employers to:

- Create a culture where our people feel valued, heard, and able to be their best selves at work.
- Develop our leaders to be compassionate and inclusive in all they do.



- Recruit, develop, and retain a diverse workforce to ensure equitable representation.
- Support the creation of diverse leadership in Pharmacy that is reflective of our workforce and the populations we serve.
- Improve staff experience across all protected characteristics and beyond for example care leavers and or those coming from a deprived background to ensure the NEY region is the best place to work.
- Align with the requirements of the NHS Long Term Workforce Plan.

This manifesto is an ambition we seek to implement across pharmacy employers in the North East and Yorkshire. We recognise that this will look different in different pharmacy workplaces, and that each will face their own challenge in implementation. For example, an NHS Trust will have a large Human Resources (HR) department with its own processes, and an independent community pharmacy may have little if any HR support.

We ask that:

- Employers of pharmacy professionals sign up to work with their teams towards implementing this manifesto.
- Individual pharmacy professionals aim to embed the manifesto principles into their work, supported by their employer.



## Principles Underpinning the NEY IPP Manifesto



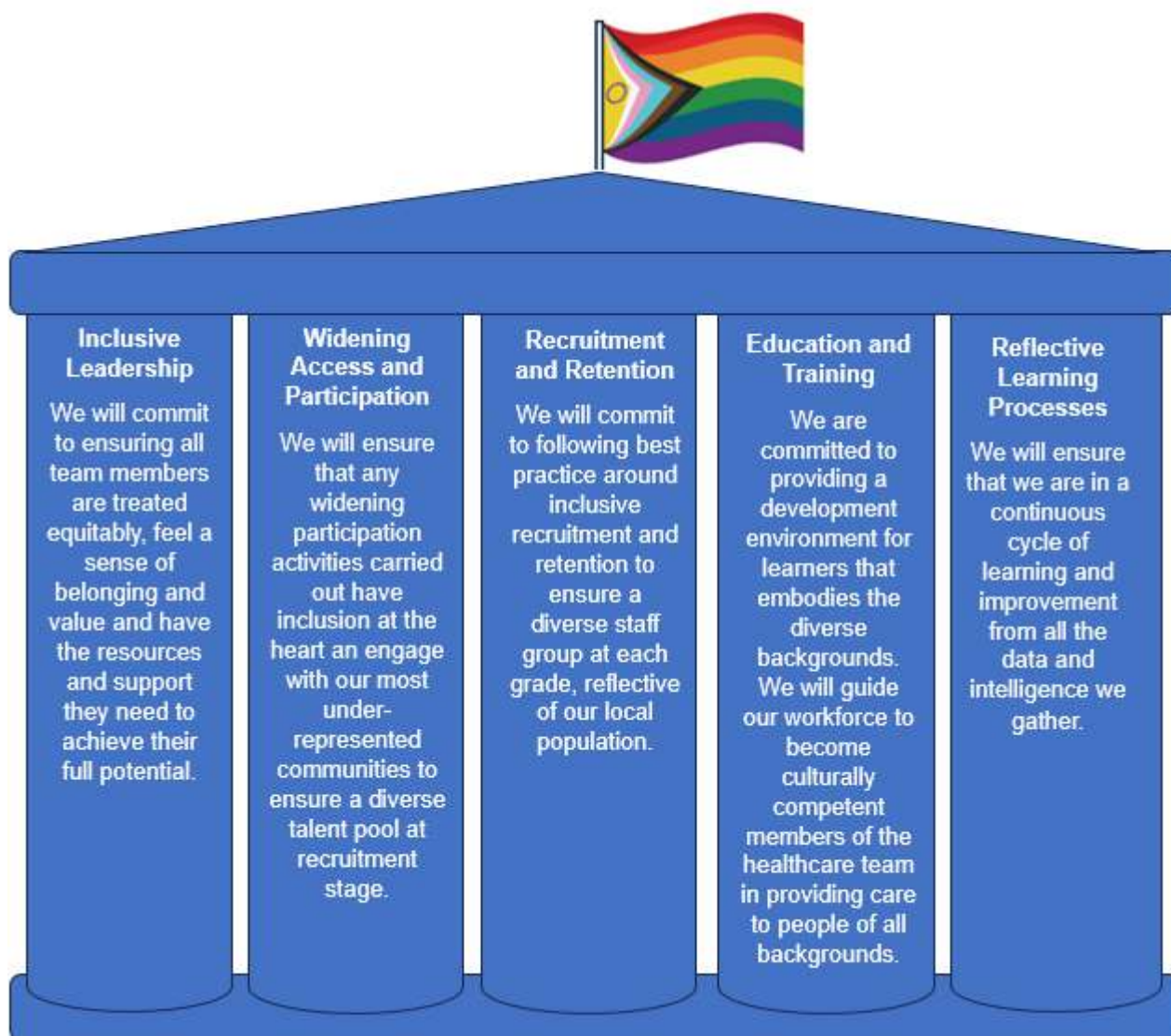
The principles within this manifesto can and should be applied to all protected characteristics and beyond. Pharmacy leaders should strive to understand which areas are more relevant to their teams and populations they serve and implement recommendations accordingly.

NHS Leadership Academy offers a free online course for NHS staff.

**[Inclusive Leadership in Health and Care Core Managers: Developing Inclusive Workplaces programme: Course 1 – Leadership Academy](#)**



## Summary of the NEY IPP Manifesto



These principles have been developed and agreed to support NEY pharmacy employers with fostering a culturally sensitive environment which attracts and develops a representative and diverse workforce.

Pharmacy leaders are strongly encouraged to commit to the principles and implement those recommendations that would enhance and improve current local practices.





## Inclusive Leadership

**We will commit to ensuring all team members are treated equitably, feel a sense of belonging and value, and have the resources and support they need to achieve their full potential.**

### Recommendations that could support meeting this commitment.

- Ensuring that Inclusive Pharmacy Practice is explicitly included as part of any Pharmacy Strategy and workforce planning documents.
- Ensuring reflective representation in senior leadership positions across the system and being loud and proud about this. This includes having sight of these roles as “faces” of the organisation; “You can’t be what you can’t see.”
- Commitment to use the different sources of data that are available, for example, PWRES and staff survey, to deliver on the IPP action plan that has been set out for the region.
- Taking positive action for talent management / leadership development by implementing programmes such as reciprocal mentoring.
- Ensuring inclusive leadership within pharmacy teams using appropriate training resources as a foundation to build upon.
- Representation should be considered in senior pharmacy team meetings – caution to be “truly inclusive” not tick boxes or tokenism.
- The role of inclusivity should be considered in agendas for senior pharmacy team meetings, with meaningful conversations around the subject, which may include discussions regarding the impact of our decisions on our wider population.
- Having improved visibility of staff in leadership roles from LGBTQ+, ethnic minority and disability backgrounds and empowerment for these staff to openly share and represent their diverse characteristics.
- Creating a safe psychological environment for staff to be comfortable discussing discrimination in the workplace and “calling it out.”
- User data, for example in the managed sector Electronic Staff Records and PWRES, to evaluate the impact of initiatives that have been implemented to identify positive impacts and areas for development.
- Ensuring that pharmacy staff interested in being members of Staff Inclusion Network(s) of Equality, Diversity and Inclusion (EDI Champions) are supported with protected time and given the appropriate forum within pharmacy to share learning.



**The Newcastle Upon Tyne Hospitals NHS Foundation Trust** set up an EDI working group in pharmacy which links to the trust's staff networks (pride, Race Equality and Enabled) with actions from PWRES.

- Including regular education and celebration sessions on EDI, e.g. presenting on topics around multi-faith as part of any pharmacy communication or celebrating PRIDE. This could be new sessions or embedded within other staff meetings. This should include learning outcomes for each session and EDI metrics you wish to measure from sessions over time e.g., feedback, engagement from staff members, number of people attending.
- Having a noticeboard (physical or virtual via Microsoft Teams) where EDI is celebrated, and experiences can be shared. This can be Pharmacy specific or linked into the wider organisational structures.
- Encouraging use of inclusive language. This can be done through various ways including, but not limited to:
  - Awareness of unconscious bias, the impact of language on inclusivity and sense of belonging, for example the use of pronouns.

*“As I need to pray during the day, the Pharmacy Management Team have been very flexible around this. The team have ensured that meetings do not happen at that time or that the agenda facilitates a natural break to allow me to pray.”*

*“Within the pharmacy department we have had several education sessions covering Eid and Easter as well as celebration sessions covering subjects such as South-Asian heritage.”*



The **West Yorkshire Integrated Care System valproate group** recognised that inclusive language should be considered when referring to people taking valproate. It was decided to remove the term female and replace with people with female reproductive organs when referring to those who should follow the pregnancy prevention programs.

- Share the concept of including pronouns in email signoffs and an explanation such as [What Are Personal Pronouns and Why Do They Matter?](#) as a measure to support an inclusive environment.
- Encouragement of any gendered language to only be used when necessary / certain, feedback in meetings and appraisals. As an example, use the word partner or spouse instead of husband or wife.
- Avoid referring to age in terms of old or young and using age-related comparisons.
- Awareness about language that is appropriate to use when talking with, and referring to, people with disabilities and encouraging applications of the “people-first” language principles as outlined in the [Disability Inclusive Language Guidelines](#).
- Avoidance of any assumptions about the gender of individuals or their partners.
- Having clear mechanisms to cascade EDI concerns – this can be directly to the pharmacy managers or forums such as Freedom to Speak Up (FTSU) or wider organisational groups, GPhC or ICB.
- Ensuring that pharmacy team values emphasise respecting and understanding the diverse backgrounds, cultures, and experiences of all members of the team.
- Ensuring that the cultural and religious differences within teams are acknowledged and respected when organising any social events. Social events should aim to be inclusive and the views and needs of different members of the team should be considered in the planning. Avoid making assumptions about what colleagues may or may not want to take part in.
- Consider organising specific events that celebrate the diverse cultures and backgrounds reflected within the team e.g. foods of the world. The role of inclusivity should be considered in agendas for senior pharmacy team meetings, with meaningful conversations around the subject, which may include discussions regarding the impact of our decisions on our wider population.
- Ensure social events or team away days are moved around with regard to times and venue to allow different people to attend. Consider the venue for access and facilities.
- Signing the RPS Pledge for Inclusion and Wellbeing [Pledge-For-Business.pdf](#) including creating three actions to work on when signing the pledge, sharing this with your and other organisations.

Many organisations have introduced the NHS “Rainbow Badge” (lanyard or equivalent) – Just one way to show that we are an open, non-judgemental, and inclusive place for people that identify as LGBTQ+ (Lesbian, gay, bisexual, transgender, queer or questioning, or another diverse gender identity). It simply means that we are inclusive of all identities regardless of how people define themselves.



## Widening Access and Participation

**We will ensure that any pre-employment activities carried out have inclusion at the heart and engage with our most under-represented communities to ensure a diverse talent pool at recruitment stage.**

### Recommendations that could support meeting this commitment.

- As part of plans to promote the pharmacy profession to children and young people, take opportunities to engage with a wide range of people. This might include school visits, work experience (face-to-face or virtual). Ensure this includes under-represented communities and that staff attending are from a range of backgrounds.
- Having an active outreach plan to local schools of pharmacy and training providers, with a focus on inclusion; ensuring this is fair and equitable to encourage all to apply.
- Engaging in the creation of roadshows showcasing “life in the North East and Yorkshire” and other recruitment initiatives for recruiting staff into the NEY from other areas of the UK.
- Having a digital and social media presence, reflective of our diversity, showcasing the inclusion work around the NEY / individuals ICSs, for those looking to work in the NEY.
- Demonstrating innovation around where we do recruitment e.g. having stands at PRIDE or other cultural events etc.
- Widening job advertisements to not exclude those from a particular sector of pharmacy but this would apply to all the protected characteristics and beyond. Advertise jobs through wider networks e.g. specialist groups such as the UK Black Pharmacist Association.
- Establish a mentoring scheme for potential applicants to support them in developing towards and applying for roles at any stage of their pharmacy career.



## Recruitment and Retention

**We will commit to following best practice around inclusive recruitment and retention to ensure a diverse staff group in each role at each grade, reflective of our local populations.**

### Recommendations that could support meeting this commitment.

- Retiring gender marking in job titles, roles, and descriptions ([Gender-Decoder.Katmanfield](#)).

The Inclusive Pharmacy Practice Delivery (NHS England) and the National Institute for Health and Care Excellence (NICE) have developed a recruitment checklist. Traditional recruitment techniques are susceptible to influence from biases, with behavioural science identifying that job descriptions dissuade applicants from some demographics from applying. The checklist covers best practice in job description / person specification, advertisement, shortlisting, and interview.

- Asking interviewing panellists to share their pronouns in documentation.
- Considering having an observer / inclusion champion on interview panels to provide objective feedback to the panel, this is to ensure the interview is fair and highlights areas of bias. An inclusion champion represents the diversity of the organisation and its community, and asks questions related to values and EDI. They aim to challenge and encourage.
- Review the accessibility of the interview process. Are there things that may disadvantage people? For example, step-free physical access, highlighting travel options including public transport and active transport, option of a virtual interview for remote / hybrid roles, sending questions to participants in advance.
- Ensuring reasonable adjustments are offered to disabled applicants, as part of the whole recruitment process, NHS Employers have provided some useful guidance on understanding workplace adjustments.
- Ensuring that all panellists have undertaken recruitment training including EDI. Other best practice includes training on active bystander, unconscious bias, hidden disability etc.
- Ensuring inclusive interview panels; to think differently during the process and challenge decisions where they feel these are biased or disregard cultural differences and by including questions that highlight the organisations EDI values and commitments and explore the candidates' approach to EDI.
- Ensuring that Human Resources (HR) / recruitment systems routinely anonymise candidates during the electronic short and long listing stages. This includes the removal of professional body registration numbers to ensure a person cannot be identified until the latter stages of the process.



- Supporting equity of access to opportunities for all pharmacy professionals across the sectors to participate and engage with research. In particular, how to support some sectors of pharmacy, for example community pharmacy, where it is currently more challenging to access research opportunities.
- Developing more collaborative working with Higher Education Institutes (HEIs) to involve current workforce in research – this is almost impossible for community pharmacists with this interest to participate in research easily in the current landscape – collaboration with HEIs could support this.
- Target support to local high deprivation areas and ensure recruitment is equitable. For example, local careers promotion and recruitment campaigns in areas of high deprivation to support social mobility such as apprenticeships linked to pharmacy roles.
- Agreeing a NEY inclusivity statement to include in all adverts.
- Considering using a variety of platforms to advertise any pharmacy roles to maximise a diverse group of applicants. Seek to establish what platforms are used across the pharmacy sector and create a distribution list that will be shared across the region.
- Engaging with existing workforce on what will be helpful for inclusive recruitment.
- Difficult conversations require psychological safety and trust. Develop skills in having difficult conversations for example by completing [Compassionate Conversations: A guide to holding compassionate conversations with colleagues](#) as a strong foundation to support breaking down barriers.
- Thinking creatively to offer flexible working options at all stages from recruitment through employment. Have a transparent and equitable process in supporting flexible working opportunities.



## Education and Training

**We are committed to providing a development environment for learners that embodies the diverse backgrounds. We will guide our workforce to become culturally competent members of the healthcare team to provide care to people of all backgrounds.**

### Recommendations that could support meeting this commitment.

- Ensuring all staff complete training on cultural competence e.g. Centre for Postgraduate Pharmacy Education (CPPE) (for all pharmacy professionals) or the e-learning for health module [Cultural Competence and Cultural Safety](#) accessible by anyone who has an NHS email address.
- Where appropriate, consider other training for staff such as unconscious bias training, privilege, Race Equality (WRES), Active bystander, Allyship, and neurodivergence training, particularly for supervisors, identifying department advocates and champions where appropriate.
- Ensuring equity of access to training and development support, regardless of contract type (part-time, full-time, rotational, fixed term etc). Actively support staff from under-represented groups to apply for training to further their professional development and career aspirations.
- Ensuring that those who need to work flexibly are not disadvantaged in terms of progression, so as not to exclude those with families, caring or other commitments.
- Encouraging leadership development training for all staff in management or mentorship positions (ensuring EDI is addressed within the course content).
- Improving delivery of religiously, culturally sensitive counselling of people using our services including more awareness of e.g. medicines derived from pigs that have become standard in many hospitals and how to navigate this with certain religious or cultural beliefs.
- Ensuring all managers received appropriate training in how to respond to racial harassment and bullying complaints or incidents.
- Reflect diversity in educational Supervisor / Lead positions, ensuring training teams are representative of the workforce they support.
- Improving knowledge around gender transitioning and medicines that may be affected e.g. talks to be delivered to staff from persons who have transitioned, to improve understanding.
- Ensuring equity of access to relevant and appropriate training and education for all staff groups, including funding. Ensuring equity of access to supervision and support, regardless of professional status or banding.
- Consider utilising specialist facilitators to support pharmacy team education and learning events in relation to the EDI agenda for example, [Yorkshire MESMAC](#) can support sessions around LGBTQ+ awareness.
- All members of the pharmacy team should seek to understand what we mean by IPP and EDI and the different terms associated with EDI. The NEY Leadership Academy has some great resources [Leadership Learning Zone Modules](#).



- Consider sharing simple infographics such as the one shown below taken from [Home - Disabled by Society](#) to support understanding of basic EDI terms that are often misused.







## Reflective Learning

**We will ensure that we are in a continuous cycle of learning and improvement from all the data and intelligence we gather around inclusive pharmacy practice.**

### Recommendations that could support meeting this commitment.

- Ensuring we learn from exit interviews via a thematic analysis and action plan. Consider, where possible, a specific question in exit interview questionnaires on inclusivity – feedback explicitly actioned.
- Offer flexibility with exit interviews to make them meaningful e.g., who to have the interview with, digital anonymous forms etc.
- Improving methods of gathering information on how people are feeling. More openness from senior pharmacy staff on interpretation of e.g. workplace surveys – not to be challenging and defensive but listen to issues staff are facing and work with them to find a pathway through.
- Promoting the FTSU Guardian role with a focus on ensuring staff know this includes offering help if the encounter racism, discrimination, or bullying.
- Commit to ensure FTSU Guardians do an annual visit to the department / staff meeting to make their roles more understandable.
- Encouraging the use of advocates and champions within the department who can support and speak on behalf of colleagues where this is helpful, for example, wellbeing advocates, mental health first aiders or neurodiversity champions.
- Ensuring we learn from any additional data or surveys including NHS England Workforce Training and Education (NHSWTE) trainee and other surveys, National Education and Training Survey (NETS), NHSEWTE exit surveys, NHS staff survey, community pharmacy survey, PWRES reports etc.
- Encouraging participation in national roundtable discussions e.g., GPhC, RPS, APTUK.
- Link in with inclusion leads and the work that is already being done locally at system and beyond.
- Commit to identifying a wider range of options to allow pharmacy staff to provide feedback recognising the NHS staff survey is not inclusive itself. Commit to acting on the feedback provided and sharing what those actions have been.
- Encouraging the use of Equality and Health Inequalities Impact Assessments (EHIA) in service development.



## Best Practice Care Studies

We will share best practice case studies across all sectors of pharmacy within the region to allow others to see the opportunities and programmes that can be adopted to make the profession more inclusive for all.

## Reciprocal Mentoring Programmes

NHS Organisations have implemented reciprocal mentoring programmes which aim to provide senior leaders in organisations with mentoring by staff who are from Global majority backgrounds. The programme provides senior leaders with the opportunity to gain greater insight into the lived experience and development needs of minority ethnic colleagues, as well as providing Global majority colleagues the opportunity to develop their skills and network through partnership. It should be noted that reciprocal mentoring is different to reverse mentoring.

*“Participating in reciprocal mentoring has broadened my understanding of diverse perspectives, enhanced my leadership skills and enabled me to grow through an equal partnership with a senior colleague, promoting both personal development and organisational engagement.”*

Mid Yorkshire Teaching NHS Trust

*“With my mentor, I have had conversations that somehow allowed me to see a mirror image of myself, revealing ideas and thoughts that were lying within me like a seed, unnoticed and underappreciated. This seed has sprouted and although I know my mentor did not plant it, she has managed to help me take note, appreciate, and build upon what already existed within me.”*

Mid Yorkshire Teaching NHS Trust

*“Participating in the Trust reciprocal mentorship programme provided me the opportunity to hear the lived experience of colleagues from a BAME background and the everyday prejudices they face in a workplace setting. Whether this be annual leave around religious festivals, travel to see family in another country, racial prejudice by staff and patients or barriers to carer progression. This has made me reflect on my role as a senior leader and ally for staff with protected characteristics to ensure they have equal and fair opportunities and that all colleagues are treated with respect.”*

Harrogate and District NHS Foundation  
Trust



## Examples of EDI initiatives that have been adopted by organisations.

### Airedale NHS Foundation Trust

- In the pharmacy department religious holidays are now viewed as a bank holiday from a staffing perspective to support as many staff to be off as possible. (e.g. Eid is included with all the other bank holidays when organising staffing allocations).
- As the trust prayer room is a 10-minute walk from the pharmacy department, to support staff wishing to pray the team has allowed colleagues to pray in an unoccupied room within the department.
- The trust pharmacy team have signed up to the RPS inclusion and wellbeing pledge, which they have then advertised across the department with the pledge being displayed in the pharmacy tearoom.

### Harrogate and District NHS Foundation Trust

- Pharmacy clinical education sessions have been designed to raise awareness around cultural and religious beliefs affecting medicines management.

### Humber and North Yorkshire Health and Care Partnership

- Approximately 75-80% of the workforce are people with female reproductive organs and consequently, at any one time, a significant proportion of workers with female reproductive organs will experience symptoms of menopause. In July 2022, Humber and North Yorkshire Health and Care Partnership received “Menopause Friendly Accreditation”, working together with their partner organisations to support the collective workforce. Further information can be found here [HNY Health and Care Partnership Achieve Our Ambition of Becoming a Menopause Friendly ICS](#).

### Hull University Hospitals NHS Trust

- The pharmacy team ran a race equality week in pharmacy and had forums and resources to support discussions and fed back to the trust EDI group. Feedback posters were displayed in the department.

### The Newcastle Upon Tyne Hospitals NHS Foundation Trust

- The team set up an EDI working group in pharmacy which links to the Trust staff networks (Enabled, Pride, Race Equality) with actions from the PWRES.
- The team are developing an inclusive recruitment guide (currently in the development phase).
- Are using some of the initiatives suggested in the National Inclusion Week [Inclusive Employers](#) including:
  - A local EDI survey.
  - Changes to email signatures
  - Socialising the nine protected characteristics
  - Promoting conversations about EDI within teams
- Staff are encouraged to undertake the inclusive leadership offer from the NHS leadership Academy [Leadership Academy Inclusive Leadership in Health and Care](#)



## NEY IPP Group

Name	Role	Organisation
<b>Amna Khan-Patel</b>	Clinical Fellow – Chief Pharmaceutical Officer’s Clinical Fellow Scheme	NHS England
<b>David Smith</b>	Chief Pharmacist	NHS West Yorkshire Integrated Care Board
<b>Gavin Miller</b>	Chief Pharmacist	Airedale NHS Foundation Trust
<b>Helena Gregory</b>	Strategic Head of Medicines Optimisation	NHS North East and North Cumbria Integrated Care Board
<b>Jaspreet Sohal</b>	Clinical Director of Pharmacy and Physical Health and Wellbeing Services	Bradford District Care NHS Foundation Trust
<b>Joanne Wragg</b>	Chief Pharmacist	Sheffield Children’s NHS Foundation Trust
<b>Kate Woodrow</b>	Chief Pharmacist	Harrogate and District NHS Foundation Trust
<b>Kelly O’Flynn</b>	Principal Pharmacy Technician	York and Scarborough Teaching Hospitals NHS Foundation Trust
<b>Laura Angus</b>	Chief Pharmacy Officer	NHS Humber and North Yorkshire Integrated Care Board
<b>Lindilu Gombakomba</b>	Advanced Clinical Pharmacist	Mid Yorkshire Teaching NHS Trust
<b>Lis Street</b>	Clinical Director of Pharmacy	Calderdale and Huddersfield Hospitals NHS Foundation Trust
<b>Lynsey Curry</b>	Lead Clinical Pharmacist for Surgery	Gateshead Health NHS Foundation Trust
<b>Mutiba Khan</b>	Advanced Clinical Pharmacist	Leeds Teaching Hospitals NHS Trust
<b>Osman Chohan</b>	Chief Pharmacist	The Rotherham NHS Foundation Trust
<b>Phil Deady</b>	Director of Pharmacy	Mid Yorkshire Teaching NHS Trust
<b>Prabhdeep Sidhu</b>	Deputy Clinical Director of Pharmacy	Bradford District Care NHS Foundation Trust
<b>Richard Nendick</b>	Project Manager	North of England Commissioning Support Unit
<b>Sami Choudhry</b>	Head of Medicines Optimisation	NHS West Yorkshire Integrated Care Board – Wakefield Place.
<b>Sarah Zarroug</b>	EDI Lead Pharmacist	Hull University Teaching Hospital NHS Trust
<b>Stuart Parkes</b>	Chief Pharmacist	York and Scarborough Teaching Hospitals NHS Foundation Trust

**With special thanks to the work of the Southwest Inclusive Pharmacy Practice Group for allowing us to use their IPP Manifesto in the development of our NEY version.**





## Appendix 1 – Organisations signed up to the National Inclusive Pharmacy Practice Plan

- Association of Pharmacy Technicians UK
- Community Pharmacy England
- Company Chemists' Association
- General Pharmaceutical Council
- Guild of Healthcare Pharmacists
- Independent Pharmacies Association
- National Pharmacy Association
- NHS England
- NHSE Workforce Training and Education formerly Health Education England (HEE)
- Office for Health and Improvement and Disparities
- Pharmacy Defence Association
- Pharmacy Schools Council
- Primary Care Pharmacy Association
- Royal Pharmaceutical Society
- UK Black Pharmacists' Association
- UK Clinical Pharmacy Association



## Appendix 2 - Glossary Of Terms

Initialisms	Meaning	What it is.
APTUK	Association of Pharmacy Technicians UK	The national professional leadership body for pharmacy technicians working in all pharmacy sectors across all countries in the UK
BAME	Black, Asian and Minority Ethnic	An umbrella term used to describe non-white ethnic minority / world majority communities.
EDI	Equality Diversity and Inclusion	Equality means offering the same rights and opportunities to all people. Diversity is understanding that each person is unique. It means embracing people's differences, including their beliefs, abilities, preferences, backgrounds values, and identifies. Inclusion is an extension of quality and diversity.
EHIAS	Equality and Health Impact Assessments	EHIA is the systematic identification and evaluation of the potential health impacts (effects) of proposed projects, plans, programs, policies or legislation actions on a particular group, groups or community.
FTSU	Freedom to Speak Up	Policy and guidance for the NHS encouraging staff to speak up about anything that gets in the way of the care of people using our service or affects staff members working life.
GPhC	General Pharmaceutical Council	The regulator for pharmacists, pharmacy technicians and pharmacies in Great Britain.
HEIs	Higher Education Institutions	Post secondary education institutions such as colleges and universities.
HR	Human Resources	A team of people responsible for looking after people and support with recruitment, training, development of employees. They may also be involved in processing staff wages and other benefits.
ICB	Integrated Care Board	NHS organisations responsible for planning health services for their local population.
ICS	Integrated Care System	Partnership of NHS organisations, local authorities, charities, the voluntary and social enterprise sectors and others to improve the health and wellbeing of the local population.
IMD	Index of Multiple Deprivation	A dataset used in the UK to classify the relative deprivation (a measure of poverty) of small areas. The small areas are 33,755 areas which England has been divided into for statistical purposes.



<b>Initialisms</b>	<b>Meaning</b>	<b>What it is.</b>
IPP	Inclusive Pharmacy Practice	IPP focuses on making the workplace more inclusive for pharmacy professionals with a senior leadership that reflects our diverse communities, to improve health inequalities in the population.
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer or Questioning and Plus	Initialism used to refer to people who identify as lesbian, gay, bisexual, transgender, queer or who are questioning their sexual or gender identity as well as those who are part of the community, but for whom LGBTQ does not accurately capture or reflect their identify
NETS	National Education and Training Survey	Survey providing a multi-professional insight into the experience of current and future healthcare workforce working and learning in services across the country.
NEY	North East and Yorkshire	An NHS Region encompassing areas of North Cumbria, the North East, Yorkshire and North Lincolnshire
NHS	National Health Service	The publicly funded healthcare system in the UK
NHSWTE	NHS Workforce Training and Education	An NHS team responsible for planning, commissioning, recruiting, and developing healthcare staff in a range of healthcare and community settings.
PWRES	Pharmacy Workforce Race Equality Standard	A snapshot of where NHS organisations in England are at the time of assessment on addressing race inequalities.
RPS	Royal Pharmaceutical Society	The professional membership body for pharmacists and pharmacy.





## Appendix 3 – Links Used in This Manifesto

Title	Website address
The Francis Inquiry	<a href="https://www.healh.org.uk/about-the-francis-inquiry">https://www.healh.org.uk/about-the-francis-inquiry</a>
NHS – Developing people improving care	<a href="https://www.england.nhs.uk/2016/12/new-nhs-leadership-framework/">https://www.england.nhs.uk/2016/12/new-nhs-leadership-framework/</a>
NHS EDI Improvement plan	<a href="https://www.england.nhs.uk/publications/nhs-edi-improvement-plan/">https://www.england.nhs.uk/publications/nhs-edi-improvement-plan/</a>
Chief Pharmaceutical Officer's Inclusive Pharmacy Practice Delivery Plan	<a href="https://www.england.nhs.uk/long-read/cpo-ipp-delivery-plan/">https://www.england.nhs.uk/long-read/cpo-ipp-delivery-plan/</a>
Inclusive Leadership in Health Care – Core Managers: Developing Inclusive Workplaces Programmes: Course 1 Leadership Academy	<a href="https://leadershipacademy.nhs.uk/programme-course-1-inclusive-leadership-in-health-and-care/">https://leadershipacademy.nhs.uk/programme-course-1-inclusive-leadership-in-health-and-care/</a>
What Are Personal Pronouns and Why Do They Matter	<a href="https://pronouns.org/what-and-why">https://pronouns.org/what-and-why</a>
Disability Inclusive Language Guidelines	<a href="https://www.ungeneva.org/sites/default/files/2021-01/Disability-Inclusive-Language-Guidelines.pdf">https://www.ungeneva.org/sites/default/files/2021-01/Disability-Inclusive-Language-Guidelines.pdf</a>
Pledge for Business.pdf	<a href="https://rpharms.com/recognition/inclusion-diversity">https://rpharms.com/recognition/inclusion-diversity</a>
Gender Decoder Katmanfield	<a href="https://gender-decoder.ketmatfield.com">https://gender-decoder.ketmatfield.com</a>
Compassionate Conversations: A guide to holding compassionate conversations with colleagues	<a href="https://www.england.nhs.uk/long-read/compassionate-conversations-a-guide-to-holding-compassionate-conversations-with-colleagues/">https://www.england.nhs.uk/long-read/compassionate-conversations-a-guide-to-holding-compassionate-conversations-with-colleagues/</a>
Cultural Competence and Cultural Safety	<a href="https://www.e-lfh.org.uk/programmes/cultural-competence/">https://www.e-lfh.org.uk/programmes/cultural-competence/</a>
Yorkshire MESMAC	<a href="https://mesmac.co.uk">https://mesmac.co.uk</a>
Leadership Learning Zone Modules	
Home Disabled by Society	<a href="https://disabledbysociety.com">https://disabledbysociety.com</a>
HNY Health and Care Partnership Achieve Our Ambition of Becoming a Menopause Friendly ICS	<a href="https://humberandnorthyorkshire.org.uk/humber-and-north-yorkshire-health-and-care-partnership-becomes-the-first-ics-to-receive-independent-menopause-friendly-accreditation/">https://humberandnorthyorkshire.org.uk/humber-and-north-yorkshire-health-and-care-partnership-becomes-the-first-ics-to-receive-independent-menopause-friendly-accreditation/</a>
Inclusive Employers	<a href="https://www.inclusiveemployers.co.uk">https://www.inclusiveemployers.co.uk</a>
Leadership Academy Inclusive Leadership in Health and Care	<a href="https://leadershipacademy.nhs.uk/programme-course-1-inclusive-leadership-in-health-and-care/">https://leadershipacademy.nhs.uk/programme-course-1-inclusive-leadership-in-health-and-care/</a>

## Appendix 4 - References

1. [shapeatlas.net](https://shapeatlas.net)
2. [Disability, England and Wales - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)
3. [Sexual orientation, England and Wales - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)