


Appendix 5: Equality Impact Assessment (EIA) for Leicester City Pharmaceutical Needs Assessment 2018

Title of spending review/service change/proposal	Leicester City Pharmaceutical Needs Assessment
Name of division/service	Public Health
Name of lead officer completing this assessment	Helen Reeve
Date EIA assessment completed	
Decision maker	Director
Date decision taken	

EIA sign off on completion:	Signature	Date
Lead officer		28 February 2018
Equalities officer	Hannah Watkins	5 March 2018
Divisional director	Ruth Tennant	6 March 2018

Please ensure the following:

- (a) That the document is understandable to a reader who has not read any other documents, and explains (on its own) how the Public Sector Equality Duty is met. This does not need to be lengthy, but must be complete.

- (b) That available support information and data is identified and where it can be found. Also be clear about highlighting gaps in existing data or evidence that you hold, and how you have sought to address these knowledge gaps.
- (c) That the equality impacts are capable of aggregation with those of other EIAs to identify the cumulative impact of all service changes made by the council on different groups of people.

1. Setting the context

Describe the proposal, the reasons it is being made, and the intended change or outcome. Will current service users' needs continue to be met?

Every Health and Wellbeing Board (HWB) in England has a statutory responsibility to publish and keep an up to date a statement of the needs for pharmaceutical services of the population in its area, referred to as a Pharmaceutical Needs Assessment (PNA).

The PNA is a key document which is used by the local NHS England Area Team to assess applications for new, additional or relocated premises. It will also be used by NHS England to make decisions in the commissioning of NHS funded services that can be provided by local community pharmacies. Additionally, Local Authorities and Clinical Commissioning Groups may use the PNA when commissioning services to meet local health needs and priorities.

This is the third PNA for Leicester (previously published in 2011 and 2015) and this draft PNA is required to be approved by the Leicester Health and Wellbeing Board by April 2018. According to section 128A of the 2006 Act, the PNA must relate to all the pharmaceutical services provided under arrangements made by the NHS Commissioning Board and should make an assessment of the following:

- the demography of its area

- whether there is sufficient choice to obtaining pharmaceutical services within its area
- the different needs of different localities within the area
- whether pharmaceutical services provided in the area of any neighbouring HWB would secure improvements, or better access to pharmaceutical services within its area
- whether any other NHS services provided in or outside its area affect the need for pharmaceutical services in its area and would secure improvements or better access to pharmaceutical services within its area
- Future needs relating to the number of people in its area who require pharmaceutical services, the demography of its area and the risks to the health or wellbeing of people in its area

Each HWB must also consult (for a minimum period of 60 days) with a number of professional bodies about the provision of pharmaceutical services within its area.

This PNA finds that there is adequate provision of pharmaceutical services for the population of Leicester overall. However, it has been noted that there are more pharmacies concentrated in the central and eastern areas and fewer in the south and west of the city. However, all residents have a pharmacy within 1km of their home and should be able to reach their nearest pharmacy within 20 minutes. Where there are fewer pharmacies, there is less choice in accessing local community pharmaceutical services. This brief impact assessment aims to consider the equality issues that may be present, and address them where possible, however it should be noted that the PNA is a high level document and, as such, further work will need to be done, by all partners involved, to identify any equalities impacts as work progresses; for example as services are commissioned, procured, in the contract management of services and as operational decisions about service provision are made.

<p>2. Equality implications/obligations</p> <p>Which aims of the Public Sector Equality Duty (PSED) are likely be relevant to the proposal? In this question, consider both the current service and the proposed changes.</p>	
	<p>Is this a relevant consideration? What issues could arise?</p>
<p>Eliminate unlawful discrimination, harassment and victimisation</p> <p>How does the proposal/service ensure that there is no barrier or disproportionate impact for anyone with a particular protected characteristics</p>	<p>Pharmacies across Leicester City all aim to provide services which are accessible to all residents. For example, many pharmacies have staff who speak the languages of local residents and have facilities which are accessible for people who have a disability.</p>
<p>Advance equality of opportunity between different groups</p> <p>How does the proposal/service ensure that its intended outcomes promote equality of opportunity for users? Identify inequalities faced by those with specific protected characteristic(s).</p>	<p>Leicester's Joint Strategic Needs Assessment considers age, gender, ethnicity, religion and language across the city helps to indicate potential inequalities in access. The PNA considers the demographics of the population by local areas (middle super output areas) where data is available and relates this to local pharmaceutical service provision. Additionally a consultation with the pharmacies provided an opportunity to feedback on the availability and accessibility of local pharmacy services.</p> <p>Community pharmacies provide much more than a medicine dispensing services; they provide expertise in the use of medicines and promoting their safe and effective use. They can also provide a number of community based services, tailored to local population needs which include smoking</p>

	<p>cessation, emergency hormonal contraception, chlamydia screening, minor ailments, h-pylori testing, palliative care and substance misuse. By offering more services in local communities closer to people’s homes, pharmacists and their teams can improve patient care and reduce health inequalities through:</p> <ul style="list-style-type: none"> • personalised pharmaceutical services • expanding access and choice • more help with medicines; • reducing inappropriate hospital admissions • supporting patients as they move between hospital and the community • supporting healthy living and better care improving communications and relationships
<p>Foster good relations between different groups Does the service contribute to good relations or to broader community cohesion objectives? How does it achieve this aim?</p>	<p>Pharmacy services have a pivotal role in community cohesion. Community pharmacists are the most accessible health care professionals for the general public. Pharmacies can be particularly effective in providing services to more hard-to-reach groups as they offer a walk-in service and do not require an appointment. They also offer valuable advice and support for people in making lifestyle choices and in managing their own health conditions. The role of pharmacies in the delivery of the wider health agenda will be essential to supporting the health and care system going forwards.</p>

	<p>The community pharmacist is a hub where we can develop not just the relationship between the GP and the pharmacist to make access easier through electronic prescribing and other innovations, they are also somewhere that clients can access a whole range of holistic services to improve their health through all of the services that are commissioned from them, be this through medicines use reviews, the health promotion campaigns and the services that are commissioned by LCC and the CCGs. They are a significant community asset.</p> <p>Fostering good relations also involves promoting understanding between people who share a protected characteristic and others. By providing services which are accessible to all and meet the needs of the citizens of Leicester, regardless of protected characteristic, the likelihood of perceptions of unfair treatment of certain groups, in comparison to other groups, is minimised. This helps supports the basis for good relationships between groups of people who share a protected characteristic and those who do not.</p>
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3. Who is affected?

Outline who could be affected, and how they could be affected by the proposal/service change. Include current service users and those who could benefit from but do not currently access the service.

All residents of Leicester City are able to access community pharmacies. Local and national campaigns promote local pharmaceutical services and their benefits to the population.

4. Information used to inform the equality impact assessment

What **data, research, or trend analysis** have you used? Describe how you have got your information and what it tells you. Are there any gaps or limitations in the information you currently hold, and how you have sought to address this, e.g. proxy data, national trends, etc.

This PNA has used ONS population counts to provide population numbers by small geographical areas within Leicester. This has been used to estimate the number of pharmacies available to residents within their local area and highlight potential differences in provision. Population characteristics of Leicester residents have been taken into account through use of Census 2011 data, looking at a number of socio-economic variables. This has allowed consideration of different services that may be required in different local areas of Leicester:

- Broad age groups show there are higher numbers of older people (65 years and over) in the wards on the eastern outskirts of the city, from Abbey round to Aylestone. A younger population is found in the city centre.
- Half of Leicester's population is made up of White ethnic groups, 37% Asian/Asian British, 6% Black/Black British, 3.5% Mixed and 2.6% other ethnic groups. Ethnic groups vary across the city with predominantly White communities in the west and South Asian communities (mainly Indian) living in wards in the east of Leicester (Abbey round to Stoneygate). Religion is diverse in Leicester with around one third Christian, 23% with no religion, 19% Muslim, 15% Hindu, 4% Sikh and 6% other. Christian and residents with no religion are more likely to live in the west of Leicester whilst there is a greater proportion of the population who identify as Muslim living in Spinney Hills and Stoneygate and a greater proportion of the population who identify as Hindu live in Latimer, Belgrave and Rushey Mead.

- There are over 100 languages spoken in Leicester (Census 2011). English is the main language spoken by 73% of Leicester's population), South Asian languages are spoken more widely mainly in the east of Leicester (the main languages of 18% of Leicester's population) and 3% speak a European language. The main South Asian languages are Gujurati and Panjabi which are spoken by more than half the population in Belgrave and Latimer. Eastern European languages (Polish, Slovak and Lithuanian) are more prevalent in Leicester's west end.
- Around a quarter of households in Charnwood, St Matthews and Spinney Hill are overcrowded
- Health and provision of unpaid care is highest in Evington where nearly 13% of residents provide some level of unpaid care. Saffron has the highest percentage of residents (4.4%) providing over 50 hours of unpaid care per week
- Car ownership is lowest in the city centre where around 70% of households do not have a car or van available to them. Around half of households in St Matthews, Spinney Hill, New Parks, Charnwood, Newfoundpool, West End and Braunstone West do not have a car or van.
- Levels of educational qualifications are highest in Knighton and Clarendon Park where at least 55% of residents have the equivalent of 5+ GCSEs and lowest in Braunstone West and New Parks East where less than 15% of residents over 16 have no qualifications, and around 45% have no qualifications.

Consideration of differences in these characteristics will help pharmacies in planning how their services are delivered, and what services will be useful, with respect for different religious and cultural requirements.

Whilst Census data will help to inform some of the different population characteristics in Leicester relating to the time of the 2011 Census, many of these will not be updated in any regular on-going basis. Office for National Statistics (ONS) provide population projections by 5 year age bands, which will assist in estimating changes in population number and structure over the next 10 years for service planning. ONS also provide regular basic migration counts of movement in and out of Local Authorities but this is not broken down into any detail.

A survey was carried out to collate different languages spoken in each of the pharmacies. Whilst this can provide information on languages available at a point in time, it would need regular monitoring to maintain an up-to-date list.

There is no information available on sexual orientation and specific needs from pharmacy services. However, it may be possible for pharmacies to consider displaying a 'LGBT friendly' symbol on the door to indicate that people of all sexual orientations and gender identities are welcome.

Demographic information relating to age, sex and ethnicity is collected for some services including sexual health services for under 25s (Emergency Hormonal Contraception, C-card condom service) and smoking cessation. This will be used by commissioners to assess equity of access and uptake across different groups within the city.

5. Consultation

What **consultation** have you undertaken about the proposal with current service users, potential users and other stakeholders? What did they say about:

- What is important to them regarding the current service?
- How does (or could) the service meet their needs?
- How will they be affected by the proposal? What potential impacts did they identify because of their protected characteristic(s)?
- Did they identify any potential barriers they may face in accessing services/other opportunities that meet their needs?

Each Health and Wellbeing Board must consult the following bodies for its area about the contents of the assessment for a minimum period of 60 days:

- Local Pharmaceutical Committee (LPC)
- Local Medical Committee (LMC)
- Any persons in the pharmaceutical lists and any dispensing doctors
- Any LPS chemist in its area providing local services by arrangement with the NHS Commissioning Board

- Any Local Healthwatch organisation, any other patient, consumer or community group with an interest in provision of pharmaceutical services in the area
- NHS trust or NHS foundation trust
- NHS Commissioning Board
- Any neighbouring Health and Wellbeing Board

The consultation is required to make an assessment of whether the purpose of the PNA has been explained adequately and provides an accurate account of community pharmacy services currently available in Leicester and whether these services are reflective of the residents' needs. The consultation period ran from October 2017 to 2nd January 2018 and received 13 responses.

A survey was also carried out amongst pharmacy professionals to assess the services provided and adaptations for different population groups. There were 37 (out of 82) responses from pharmacies in Leicester.

What is important to them regarding the current service?

Respondents identified the following services as the most important:

- Medicines Use Reviews
- Dispensing
- New Medicines Service
- Home delivery

How does (or could) the service meet their needs?

In the main consultation, 11 respondents (85%) were not aware of any pharmaceutical services that are available but not highlighted in the PNA. One respondent thought there should be more in here about supporting patients recently discharged from secondary care including ensuring that any changes in medication have been successfully communicated to primary care.

Two respondents in Spinney Hills (15%) highlighted gaps in provision relating to Blood Pressure checks, Diabetic blood checks, INR testing and remuneration of these services. Diabetes is more prevalent in the South Asian population in the east of Leicester and a quick check of pharmacy services on NHS choices shows within Spinney Hill and the surrounding area, 8 pharmacies offer blood pressure checks and 5 offer type 2 diabetes screening. Seven respondents (54%) did not think there were any issues or gaps in provision missing from the PNA; four (31%) were not sure.

In the professional questionnaire, over 60% described the current provision of pharmacies as excellent, and a further 35% as good. All respondents agreed there was no need for more pharmacies in the area. Respondents were also asked about services they are not currently providing but would be willing to provide in the future. These included:

- Alcohol screening / brief interventions
- NHS Health checks
- Language access reviews
- Anticoagulant monitoring services
- Care home service
- Emergency supply of medicines
- Needle and syringe exchange service
- Sexual health screening
- Chlamydia screening
- Contraception / Emergency contraception
- Stop smoking service
- Weight management
- Minor ailment scheme
- Palliative care
- Travel vaccinations

How will they be affected by the proposal? What potential impacts did they identify because of their protected characteristic(s)?

The professional questionnaire asked about facilities offered within the pharmacies. Potential impacts regarding protected characteristics relate to:

- Language barriers: Although many pharmacies have staff who speak additional languages (eg Gujarati, Panjabi) where patients can't speak the same language in a pharmacy, there are potential delays in gaining health advice, access to medicines and care.
- Disability access: Respondents were asked if they could adapt consultations for patients with disabilities:
 - 65% adapted for learning disabilities
 - 69% adapted for mental health
 - 77% adapted for physical disabilities
 - 54% adapted for sensory disabilities

Fifty-seven pharmacies in Leicester report wheelchair access facilities on NHS Choices. Most patients have a pharmacy with wheelchair access within 1km of their home with the exception of residents with areas of south west Knighton, Crown Hills/Humberstone and western area of New Parks. For patients unable to access local pharmacies not adapted for disabilities, this has the potential to cause delays in accessing services due to further travel to access suitable pharmacies, or to be dependent on friends/relatives to attend the pharmacy on their behalf.

6. Potential equality Impact

Based on your understanding of the service area, any specific evidence you may have on service users and potential service users, and the findings of any consultation you have undertaken, use the table below to explain which individuals or community groups are likely to be affected by the proposal because of their protected characteristic(s). Describe what the impact is likely to be, how significant that impact is for individual or group well-being, and what mitigating actions can be taken to reduce or remove negative impacts.

Looking at potential impacts from a different perspective, this section also asks you to consider whether any other particular groups, especially vulnerable groups, are likely to be affected by the proposal. List the relevant that may be affected, along with their likely impact, potential risks and mitigating actions that would reduce or remove any negative impacts. These groups do not have to be defined by their protected characteristic(s).

Protected characteristics	Impact of proposal: Describe the likely impact of the proposal on people because of their protected characteristic and how they may be affected. Why is this protected characteristic relevant to the proposal? How does the protected characteristic determine/shape the potential impact of the proposal?	Risk of negative impact: How likely is it that people with this protected characteristic will be negatively affected? How great will that impact be on their well-being? What will determine who will be negatively affected?	Mitigating actions: For negative impacts, what mitigating actions can be taken to reduce or remove this impact? These should be included in the action plan at the end of this EIA.
Age¹	Pharmacies can tailor their services to meet local populations; eg pharmacies	Local services not offered by pharmacies may result in delays in obtaining health advice or	PNA includes recommendations to encourage greater uptake of medicines use reviews and new

¹ Age: Indicate which age group is most affected, either specify general age group - children, young people working age people or older people or specific age bands

	<p>serving a younger patient group may offer more childhood vaccinations and sexual health services, and with older populations, more monitored dosage, home delivery care home and palliative care services may be offered.</p>	<p>potential misuse of medicines (eg elderly patients experiencing a change in medication and not understanding proper use eg where new medicines service not offered.</p>	<p>medicines service which aims to give patients better understanding and health outcomes from their medication</p>
Disability²	<p>The professional pharmacy consultation (of 37 pharmacies) identified three-quarters of pharmacies adapted for physical disabilities, two thirds adapted for learning disabilities, 70% for mental health and 54% adapted for sensory disabilities.</p> <p>Disability facilities are also shown on NHS Choices. Data was not available for 13 of 83 pharmacies.</p>	<p>The potential risks of pharmacies not having disabled facilities are that patients may have further to travel, or be dependent on friend's or families to assist them, potentially delaying access to healthcare advice and services</p>	<p>Pharmacies not offering any facilities for people with a disability should use the information provided in the PNA as well as other information, such as complaints and feedback from service users to consider what adaptations can be made to make access easier.</p> <p>Pharmacies not reporting whether disability access facilities are available should be encouraged to complete this.</p>

² Disability: if specific impairments are affected by the proposal, specify which these are. Our standard categories are on our equality monitoring form – physical impairment, sensory impairment, mental health condition, learning disability, long standing illness or health condition.

	Disability facilities available						
	Yes	No	Not known				
	Braille translation	1	58	24			
	Disabled parking	25	35	23			
	Disabled WC	11	50	22			
	Induction loop	21	39	23			
	RNID typetalk	0	55	28			
	Signing Service	7	52	24			
	Disabled access	57	7	19			
	Step-free access	57	7	19			
Gender Reassignment³	This information was not collected in the consultation				It is not known whether patients within this group may experience difficulties in seeking health advice and medication from their local pharmacy	Pharmacies could consider whether they can be more inclusive of service users who have a range of different gender identities eg. use of an LGBT friendly sticker, reviewing policies and practises to ensure that they are fully inclusive, eg the use of gender neutral language in policies and staff LGBT or transgender awareness training	
Marriage and Civil Partnership	This information was not collected in the consultation				The Equality Act 2010 only protects you from discrimination at work (rather than in service provision) because you are married or in a civil partnership.	Not directly relevant to pharmaceutical service provision	
Pregnancy and Maternity	This information was not collected in the consultation				There is a potential risk of delay in obtaining health advice and medications with possible serious outcomes where patients have	Pharmacies could review their policies and practises using evidence such as service user feedback and complaints to see	

³ Gender reassignment: indicate whether the proposal has potential impact on trans men or trans women, and if so, which group is affected.

		difficulties in communicating with or accessing pharmacy services either due to the location, opening times, language or disabled access facilities available in their local pharmacy	whether there are any reported access issues in this area.
Race⁴	<p>The consultation was available in other languages by request. In the professional survey, 70% (9) respondents were Indian, 15% British, 7% Bangladeshi and 7% mixed heritage. Gujurati and Panjabi are spoken in the majority of these pharmacies, with Urdu, Arabic, Polish, Portugese also spoken in a few.</p> <p>Some diseases and long term conditions are more prevalent in certain races (eg diabetes is more prevalent in South Asian communities)</p>	<p>Language barriers could result in a potential risk of delay in obtaining health advice and medications with possible serious outcomes where patients have difficulties in communicating with or accessing pharmacy services</p> <p>If pharmacies do not cater for diseases more prevalent in their local communities there is a risk of patients not receiving health and lifestyle advice they need and potentially developing complications earlier</p>	<p>Pharmacies could review their service user feedback and complaints to see whether there are any reported access issues in this area to consider. Eg recruiting staff who speak a second language, use of interpretation services.</p> <p>At a strategic level, the PNA is used to help commissioners to make decisions about service provision. Gaps in service provision have been identified within the PNA -Two respondents to the consultation in Spinney Hills (15%) highlighted gaps in provision relating to Blood Pressure checks, Diabetic blood checks, INR testing and remuneration of these</p>

⁴ Race: given the city's racial diversity it is useful that we collect information on which racial groups are affected by the proposal. Our equalities monitoring form follows ONS general census categories and uses broad categories in the first instance with the opportunity to identify more specific racial groups such as Gypsies/Travellers. Use the most relevant classification for the proposal.

			services. In particular, diabetes prevalence is higher in the east of Leicester and in the South Asian population. Community pharmacies should offer services to meet local need. Whilst the City Council have little/ no control over operational decisions, by highlighting a gap in provision to commissioners this is more likely to be effectively addressed.
Religion or Belief⁵	This information was not collected in the consultation. Commissioned services are not targeted at specific religious groups	Lack of customer care appropriate to faith beliefs could be a barrier to access and as a result be a potential risk of delay in obtaining health advice and medications with possible serious outcomes where facilities within the pharmacy are not appropriate for different cultures or religions.	Pharmacies could review their policies and practises using evidence such as service user feedback and complaints to see whether there are any reported access issues in this area to consider. Eg any religious or cultural barriers to groups accessing the service.
Sex⁶	In the formal consultation, 38% (5) of respondents were female and 62% male (8).	Patients may experience difficulties or delays in seeking health advice and medication from their local pharmacy where it does not have staff or a pharmacist of the same sex	Pharmacies should ensure appropriate male/female staff are available to assist with gender specific services eg sexual health related services.

⁵ Religion or Belief: If specific religious or faith groups are affected by the proposal, our equalities monitoring form sets out categories reflective of the city's population. Given the diversity of the city there is always scope to include any group that is not listed.

⁶ Sex: Indicate whether this has potential impact on either males or females

Sexual Orientation⁷	This information was not collected in the consultation	Pharmacy customer care that is not fully inclusive of lesbian, gay and bisexual (LGB) + (the plus sign represents sexual orientations not included in the term LGB) service users may result in inappropriate advice and information being provided to patients within this group or may result in people choosing not to access these pharmacy services which may result in difficulties seeking health advice and medication from staff at their local pharmacy	Pharmacies could review their policies and practises using evidence such as service user feedback and complaints to see whether there are any reported access issues in this area to consider. eg. relating to sexual health services
<p>Summarise why the protected characteristics you have commented on, are relevant to the proposal? The PNA is a high level assessment of pharmaceutical services across Leicester. Some services such as sexual health services, substance misuse and STOP smoking services collect data on protected characteristics to assess equity of access and uptake separately.</p> <p>Summarise why the protected characteristics you have not commented on, are not relevant to the proposal? There are no anticipated impacts in relation to marriage and civil partnership. The Equality Act only protects people at work on the basis of their marriage or civil partnership states. The PNA focuses solely on service provision.</p>			

⁷ Sexual Orientation: It is important to remember when considering the potential impact of the proposal on LGBT communities, that they are each separate communities with differing needs. Lesbian, gay, bisexual and transgender people should be considered separately and not as one group. The gender reassignment category above considers the needs of trans men and trans women.

Other groups	Impact of proposal: Describe the likely impact of the proposal on children in poverty or any other people who we consider to be vulnerable. List any vulnerable groups likely to be affected. Will their needs continue to be met? What issues will affect their take up of services/other opportunities that meet their needs/address inequalities they face?	Risk of negative impact: How likely is it that this group of people will be negatively affected? How great will that impact be on their well-being? What will determine who will be negatively affected?	Mitigating actions: For negative impacts, what mitigating actions can be taken to reduce or remove this impact for this vulnerable group of people? These should be included in the action plan at the end of this EIA.
Children in poverty	Children in poverty is a big issue in Leicester with around 30% of children living in low income families	Difficulties in readily accessing a pharmacy near to their homes because of lack of transport and opening times, could result in a potential risk of delay in obtaining health advice and medications with possible serious outcomes.	Pharmacies offer a more accessible service for minor ailments, where patients can drop-in for advice and medication without the need for an appointment. Travel analysis shows Leicester residents should be able to reach their nearest pharmacy within 10-20 minutes by foot, car and public transport.
Other vulnerable groups			
Other (describe)			
<p>7. Other sources of potential negative impacts</p> <p>Are there any other potential negative impacts external to the service that could further disadvantage service users over the next three years that should be considered? For example, these could include: other proposed changes to council services that would affect the same group of service users; Government policies or proposed changes to current provision by public agencies (such as new benefit arrangements) that would negatively affect residents; external economic impacts such as an economic downturn.</p>			

This PNA finds that overall provision of pharmaceutical services in Leicester is adequate for the population. Future housing developments are included to highlight any potential gaps in pharmacy provision. In December 2016, new policy *Community pharmacy in 2016/17 and beyond*⁸ came into effect with the intention of more effectively integrating community pharmacy with primary and urgent care, and to reduce the costs of community pharmacy overall - including reducing the close proximity of community pharmacies. These will be reviewed and reported to the Health and Wellbeing board with appropriate advice.

8. Human Rights Implications

Are there any human rights implications which need to be considered (please see the list at the end of the template), if so please complete the Human Rights Template and list the main implications below:

9. Monitoring Impact

You will need to ensure that monitoring systems are established to check for impact on the protected characteristics and human rights after the decision has been implemented. Describe the systems which are set up to:

- monitor impact (positive and negative, intended and unintended) for different groups
- monitor barriers for different groups
- enable open feedback and suggestions from different communities
- ensure that the EIA action plan (below) is delivered.

Protected characteristics such as age, gender and ethnicity are collected in relation to pharmaceutical services including sexual health (emergency hormonal contraception, chlamydia screening), substance misuse and STOP smoking services. This data is used by commissioning leads to assess any gaps in access/uptake of services. (Data is not routinely collected for all services).

Patients may also use customer feedback or complaints processes to inform pharmacies of specific barriers they experience.

⁸ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/561495/Community_pharmacy_package_A.pdf

The PNA includes a recommendation for NHS England (and Leicester City Council / Leicester City Clinical Commissioning Group) to review service quality and uptake, including consideration of cultural and equalities needs.

10. EIA action plan

Please list all the equality objectives, actions and targets that result from this Assessment (continue on separate sheets as necessary). These now need to be included in the relevant service plan for mainstreaming and performance management purposes.

Equality Outcome	Action	Officer Responsible	Completion date
Equality of access to pharmaceutical services for all Leicester residents.	Potential barriers to access and inequalities in access of pharmaceutical services in Leicester have been identified in the PNA through consideration of the demographics across Leicester and through consultation. Recommendations to improve equality of access are included in the PNA	NHS England and Leicester City Council	Review by April 2019
Equality of access to pharmaceutical services for all Leicester residents.	Equality Impact Assessment to be reviewed before the next PNA in 2021 to assess whether additional survey work relating to facilities available at pharmacies for patients with protected characteristics is required.	Helen Reeve	March 2020

Human Rights Articles:

Part 1: The Convention Rights and Freedoms

- Article 2:** Right to Life
- Article 3:** Right not to be tortured or treated in an inhuman or degrading way
- Article 4:** Right not to be subjected to slavery/forced labour
- Article 5:** Right to liberty and security
- Article 6:** Right to a fair trial
- Article 7:** No punishment without law
- Article 8:** Right to respect for private and family life
- Article 9:** Right to freedom of thought, conscience and religion
- Article 10:** Right to freedom of expression
- Article 11:** Right to freedom of assembly and association
- Article 12:** Right to marry
- Article 14:** Right not to be discriminated against

Part 2: First Protocol

- Article 1:** Protection of property/peaceful enjoyment
- Article 2:** Right to education
- Article 3:** Right to free elections