

## Pharmaceutical Needs Assessment Equality Impact Assessment (EIA):

<b>Title of proposal</b>	Leicester City Pharmaceutical Needs Assessment
<b>Name of division/service</b>	Public Health
<b>Name of lead officer completing this assessment</b>	Amy Chamberlain
<b>Date EIA assessment completed</b>	28/09/2022
<b>Decision maker</b>	Director
<b>Date decision taken</b>	

<b>EIA sign off on completion:</b>	<b>Signature</b>	<b>Date</b>
<b>Lead officer</b>	Amy Chamberlain	28/09/2022
<b>Equalities officer</b>	Sukhi Biring	28/09/2022
<b>Divisional director</b>	Ivan Browne	06/10/2022

### 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 and based in evidence.
- 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.
- d) That the equality impact assessment is started at an early stage in the decision-making process, so that it can be used to inform the consultation, engagement and the decision. It should not be a tick-box exercise. Equality impact assessment is an iterative process that should be revisited throughout the decision-making process. It can be used to assess several different options.
- e) Decision makers must be aware of their duty to pay 'due regard' to the Public Sector Equality Duty (see below) and 'due regard' must be paid before and at the time a decision is taken. Please see the Brown Principles on the equality intranet pages, for information on how to undertake a lawful decision-making process, from an equalities perspective. Please append the draft EIA and the final EIA to papers for decision makers (including leadership team meetings, lead member briefings, scrutiny meetings and executive meetings) and draw out the key points for their consideration. The Equalities Team provide equalities comments on reports.

## **1. Setting the context**

Describe the proposal, the reasons it is being made, and the intended change or outcome. Will the needs of those who are currently using the service continue to be met?

Every Health and Wellbeing Board (HWB) in England has a statutory responsibility to publish and keep an up to date 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 and NHS Improvement Area Team to assess applications for new, additional or relocated premises. It will also be used by NHS England and NHS Improvement to make decisions in the commissioning of NHS funded services that can be provided by local community pharmacies. Additionally, Local Authorities and Integrated Care Boards (ICBs) may use the PNA when commissioning services to meet local health needs and priorities.

This is the fourth PNA for Leicester (previously published in 2011, 2015 and 2018) and this draft PNA is required to be approved by the Leicester Health and Wellbeing Board by October 2022.

The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the minimum information that

must be contained within a PNA and outline the process that must be followed in its development. The regulations require that a series of statements be contained in the PNA. In summary, the regulations require a series of statements of:

- the pharmaceutical services that the Health and Wellbeing Board has identified as services that are necessary to meet the need for pharmaceutical services
- the pharmaceutical services that have been identified as services that are not provided but which the Health and Wellbeing Board is satisfied need to be provided in order to meet a current or future need for a range of pharmaceutical services or a specific pharmaceutical service
- the pharmaceutical services that the Health and Wellbeing Board has identified as not being necessary to meet the need for pharmaceutical services but have secured improvements or better access
- the pharmaceutical services that have been identified as services that would secure improvements or better access to a range of pharmaceutical services or a specific pharmaceutical services, either now or in the future
- other NHS services that affect the need for pharmaceutical services or a specific pharmaceutical service

Other information to be included or taken into account:

- how the Health and Wellbeing Board has determined the localities in its area
- how it has taken into account the different needs of the different localities and the different needs of those who share a protected characteristic
- a report on the consultation
- a map that identifies the premises at which pharmaceutical services are provided
- Information on the demography of the area
- whether there is sufficient choice with regard to obtaining pharmaceutical services
- any different needs of the different localities
- the provision of pharmaceutical services in neighbouring Health and Wellbeing Board areas

Each HWB must also consult (for a minimum period of 60 days) with a number of statutory consultees including 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 (e.g. NHS England) and any neighbouring Health and Wellbeing Board about the provision of pharmaceutical services within its area and the PNA draft.

This PNA concludes that there is adequate provision of pharmaceutical services for the population of Leicester overall. It has been noted that there are differences in local provision of services across the city and it may be that residents in some areas have to travel a little further to access a particular service or out of normal working hours. 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.

## **2. Equality implications/obligations**

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.

### **a. Eliminate unlawful discrimination, harassment and victimisation**

- How does the proposal/service ensure that there is no barrier or disproportionate impact for anyone with a particular protected characteristic?
- Is this a relevant consideration? What issues could arise?

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.

### **b. Advance equality of opportunity between different groups**

- How does the proposal/service ensure that its intended outcomes promote equality of opportunity for people?
- Identify inequalities faced by those with specific protected characteristic(s).
- Is this a relevant consideration? What issues could arise?

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 area (six locality areas:

Central, East, North, North West, South and West Leicester) where data is available and relates this to local pharmaceutical service provision. Additionally a consultation with the public and individual pharmacies provided an opportunity to feedback on the availability and accessibility of local pharmacy services.

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 locally commissioned services, tailored to local population needs which include emergency hormonal contraception, C-Card (Condom provision and sexual health advice), needle exchange, supervised methadone consumption, palliative care and child influenza vaccination service. 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:

- 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.

### **c. 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?
- Is this a relevant consideration? What issues could arise?

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.

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 new medicine services, the health promotion campaigns or the services that are commissioned by LCC and the ICBs. They are a significant community asset.

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.

### **3. Who is affected?**

Outline who could be affected, and how they could be affected by the proposal/service change. Include people who currently use the service 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, equality monitoring etc.

This PNA has used ONS population counts to provide population numbers by six locality 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 the use of Census 2011, ONS Mid-2020 population estimates and Leicester Health and Wellbeing survey 2018 data. This has allowed consideration of different services that may be required in different local areas of Leicester:

- Broad age groups show that the East (15.1%), North (14.6%) and South (15.5%) of the city contain higher proportions of older people (65 years and over). A younger population is found in the central locality area (24.5% of central locality area population are under 19, 33.1% are 20-29 years).
- Just over half of Leicester's population is made up of White ethnic groups and 37% of the population are Asian/Asian British. Ethnic groups vary across the city with the North West (67.1%), South (78.6%) and West (76.4%) locality areas of the city having higher proportions of residents classified as white and the Central (68.9%), East (53.7%) and North (80.5%) locality areas having higher proportions of residents classified as BAME.
- Religion is diverse in Leicester with around one third Christian, 23% with no religion, 19% Muslim, 15% Hindu, 4% Sikh and 6% other. Christian residents are more likely to live in the South of Leicester (where 46% of residents are Christian) whilst residents with no religion are more likely to live in the West of the city (38% of residents here have no religion). There is a greater proportion of the population who identify as Muslim living in the centre of the city (49%) and a greater proportion of the population who identify as Hindu live in the North of the city (51%).
- There are over 100 languages spoken in Leicester. English is the main language spoken by 72% of Leicester's population, Gujarati is the language spoken most often by 18% of Leicester residents with Punjabi spoken most often by 4% of the population. Gujarati is spoken most widely in the North of the city (main language of 52% of population) followed by the Centre (18%) and East (17%) of the city. Punjabi is spoken as the main language most in the East (7%) and North (7%) of the city. Urdu is spoken most widely as the most common language in the East of the city (5%) with Somali most commonly the main language in the Centre of the city (4%). Polish is spoken more widely in the North West and West of the city (the main language of 4% of each population).
- Around one in five report living in overcrowded conditions in Leicester. This rate is highest in the centre (28%) and east (24%) of the city.

- Based on the 2011 census, provision of unpaid care is highest in the east and north locality areas of Leicester where almost 11% of residents in each area provide some level of unpaid care. North Leicester has the highest percentage of residents (2.8%) providing over 50 hours of unpaid care per week
- At the time of the 2011 census, car ownership was lowest in the centre of the city where 46.0% of households did not have a car or van available to them. The east of the city had the highest proportion of car ownership with 27.6% of households not having a car or van available to them. Overall 33.3% of Leicester residents did not have a car or van available to them.
- In Leicester, 84% of residents have some form of qualification or level of education, while a fifth (22%) of Leicester residents are degree educated. 20% of Leicester residents are educated to GCSE level with 17% of residents achieving A Level or equivalent qualifications. Amongst those most likely to have no formal qualifications are those residing in the East of Leicester (East: 22%, Leicester overall: 16%).

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. The results of the 2021 Census are yet to be published at a level of detail which would benefit this document. 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 between 28<sup>th</sup> February and 5<sup>th</sup> September 2022 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). 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 people who use the service or people affected, people who may potentially use the service 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)
- Pharmacy and dispensing appliance contractors included in the pharmaceutical list for the area of the Health and Wellbeing Board
- Dispensing doctors included in the dispensing doctor list for the area of the Health and Wellbeing board
- Any pharmacy contractor that holds a local pharmaceutical services contract with premises that are in the Health and Wellbeing Board's area
- Healthwatch, and any other patient, consumer, or community group in the area which the Health and Wellbeing Board believes has an interest in the provision of pharmaceutical services
- Any NHS trust or NHS foundation trust in the Health and Wellbeing Board's area
- NHS England and NHS Improvement
- 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 6<sup>th</sup> July 2022 to 4<sup>th</sup> September 2022 and received 48 responses.

In addition to the consultation, two surveys were also carried out amongst both the public and pharmacy professionals to assess the services provided and adaptations for different population groups. Both of the surveys opened on the 28<sup>th</sup> February 2022, the public survey closed on the 23<sup>rd</sup> August and the professional pharmacy survey closed on the 5<sup>th</sup> September 2022. There were 31 (out of 85, 36%) responses to the pharmacy professionals survey from pharmacies in Leicester and 111 Leicester City resident respondents to the public survey.

### **What is important to them regarding the current service?**

Respondents to the public survey identified the following as the most important:

- Availability of medication
- Quality of service
- Location
- Private area to speak to pharmacies

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

In the main consultation, 10 respondents (21%) were not aware of any pharmaceutical services that are currently provided in Leicester but have not been highlighted within the PNA. Of the four respondents (8%) who were aware of pharmaceutical services currently provided in Leicester that have not been highlighted within the PNA, two respondents either provided no comment or an unrelated comment, one respondent noted doset boxes and electronic medication dispensers and one respondent was referring to secondary care and secure settings and noted that these were specifically and appropriately excluded.

Five respondents (10%) identified gaps or issues in pharmaceutical provision in Leicester. These include the need for full access (including data input) to summary care records in order to further develop the clinical services within the community pharmacy and Type 1 Diabetes Mellitus services. Seven respondents (15%) did not think that there were any issues or gaps in pharmaceutical provision in Leicester that had not been reflected in the draft PNA; 29 respondents (60%) were not sure and seven respondents (15%) did not respond to the consultation question surrounding gaps/issues in provision which are not reflected within the PNA.

In the professional questionnaire, over 61% described the number of pharmacies in a three mile radius of their own pharmacy as excellent, and a further 26% as good. When asked about the range of services provided by pharmacies within a three mile radius of their own pharmacy, 48% and 32% of respondents suggested that provision was excellent and good respectively.

Respondents were also asked about services they are not currently providing but would be willing to provide in the future. These included NHS England, Local authority and CCG commissioned services as well as non-commissioned services. There were over 80 services listed.

### **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) or use language access services, 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 which facilities the pharmacy has to help people access services:
  - 52% have wheelchair ramp access
  - 55% have large print labels/leaflets
  - 45% have dementia-friendly space
  - 45% have automatic door assistance
  - 29% had a hearing loop
  - 13% had a disabled toilet facility
  - 13% had a bell at the front door

For patients unable to access local pharmacies 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 people who use the service and those who could potentially use the service 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. This could include indirect impacts, as well as direct 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 groups that may be affected, along with the 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? This may also include **positive impacts** which support the aims of the Public Sector Equality Duty to advance equality of opportunity and foster good relations.

#### Risk of disproportionate negative impact:

How likely is it that people with this protected characteristic will be disproportionately negatively affected? How great will that impact be on their well-being? What will determine who will be negatively affected?

#### Mitigating actions:

For disproportionate negative impacts on protected characteristic/s, what mitigating actions can be taken to reduce or remove the impact? You may also wish to include actions which support the positive aims of the Public Sector Equality Duty to advance

equality of opportunity and to foster good relations. All actions identified here should also be included in the action plan at the end of this EIA.

### **a. Age**

Indicate which age group/s is/ are most affected, either specify general age group - children, young people working age people or older people or specific age bands

#### **What is the impact of the proposal on age?**

Pharmacies can tailor their services to meet local populations; eg pharmacies 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.

#### **What is the risk of disproportionate negative impact on age?**

Local services not offered by pharmacies may result in delays in obtaining health advice or potential misuse of medicines (eg elderly patients experiencing a change in medication and not understanding proper use eg where new medicines service not offered).

#### **What are the mitigating actions?**

PNA includes recommendations to maintain improved service provision of services such as new medicines service which aims to give patients better understanding and health outcomes from their medication.

### **b. 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.

#### **What is the impact of the proposal on disability?**

The professional pharmacy consultation (of 31 pharmacies) identified the number of pharmacies with facilities to help people access services. Seventeen respondents had large print labels/leaflets, 16 had wheelchair ramp access, 14 had dementia-friendly space, 14 had automatic door assistance, 9 had a hearing loop, 4 had a bell at the door, 4 had a disabled toilet facility and 2 pharmacies reported having none of the above.

**What is the risk of disproportionate negative impact on disability?**

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

**What are the mitigating actions?**

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.

Pharmacies not reporting whether disability access facilities are available should be encouraged to complete this.

**c. Gender reassignment**

Indicate whether the proposal has potential impact on trans men or trans women, and if so, which group is affected.

**What is the impact of the proposal on gender reassignment?**

This information was not collected in the consultation.

**What is the risk of disproportionate negative impact on gender reassignment?**

It is not known whether patients within this group may experience difficulties in seeking health advice and medication from their local pharmacy.

**What are the mitigating actions?**

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.

**d. Marriage and civil partnership**

**What is the impact of the proposal on marriage and civil partnership?**

This information was not collected in the consultation.

**What is the risk of disproportionate negative impact on marriage and civil partnership?**

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.

**What are the mitigating actions?**

Not directly relevant to pharmaceutical service provision.

**e. Pregnancy and maternity**

**What is the impact of the proposal on pregnancy and maternity?**

This information was not collected in the consultation

**What is the risk of disproportionate negative impact on pregnancy and maternity?**

There is 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 either due to the location, opening times, language or disabled access facilities available in their local pharmacy.

**What are the mitigating actions?**

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.

**f. 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.

**What is the impact of the proposal on race?**

The consultation was available in other languages by request. In the pharmacy survey in addition to English, the most commonly reported languages spoken by pharmacy staff were Gujarati (87%), Punjabi (74%) and Urdu (48%). Between 7 – 10% of respondents

reported Arabic (7%), Bengali (or Sylheti or Chatgaya) (10%), British Sign Language (7%), Somali (7%) and Polish (7%) as languages spoken by pharmacy staff.

Some diseases and long term conditions are more prevalent in certain races (eg diabetes is more prevalent in South Asian communities).

### **What is the risk of disproportionate negative impact on race?**

Language differences due to race differences 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.

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.

### **What are the mitigating actions?**

Pharmacies could review their service user feedback and complaints to see whether there are any reported access issues in this area to consider. They could consider recruiting staff who are of a variety of races, speak a second language, use of interpretation services.

## **g. 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.

### **What is the impact of the proposal on religion or belief?**

This information was not collected in the consultation. Commissioned services are not targeted at specific religious groups.

### **What is the risk of disproportionate negative impact on religion or belief?**

Lack of customer care appropriate to faith beliefs could be a barrier to access and as a result could 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.

### **What are the mitigating actions?**

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.

### **h. Sex**

Indicate whether this has potential impact on either males or females

#### **What is the impact of the proposal on sex?**

In the formal consultation, 40% (19) of respondents were female and 42% male (20).

#### **What is the risk of disproportionate negative impact on sex?**

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.

#### **What are the mitigating actions?**

Pharmacies should ensure appropriate male/female staff are available to assist with gender specific services eg sexual health related services.

### **i. Sexual orientation**

#### **What is the impact of the proposal on sexual orientation?**

This information was not collected in the consultation.

#### **What is the risk of disproportionate negative impact on sexual orientation?**

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.

### **What are the mitigating actions?**

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.

## **7. Summary of protected characteristics**

### **a. 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. These pharmaceutical services may be required and/or accessed by a range of people with a variety of protected characteristics. Some services such as sexual health services and substance misuse services collect data on protected characteristics to assess equity of access and uptake separately.

### **b. 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. The PNA focuses solely on service provision.

## **8. Other groups**

### **Other groups**

#### **Impact of proposal:**

Describe the likely impact of the proposal on children in poverty or any other people who we may consider to be vulnerable, for example people who misuse substances, ex armed forces, people living in poverty, care experienced young people, carers. 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 disproportionate 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. You may also wish to use this section to identify opportunities for positive impacts.

**a. Children in poverty****What is the impact of the proposal on children in poverty?**

Children in poverty is a big issue in Leicester with around 30% of children living in relative low income families.

**What is the risk of negative impact on children in poverty?**

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.

**What are the mitigating actions?**

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.

### **b. Other vulnerable groups**

**What is the impact of the proposal on other vulnerable groups?**

**What is the risk of negative impact on other vulnerable groups?**

**What are the mitigating actions?**

### **c. Other (describe)**

**What is the impact of the proposal on any other groups?**

**What is the risk of negative impact on any other groups?**

**What are the mitigating actions?**

## **9. Other sources of potential negative impacts**

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.

This PNA finds that overall provision of pharmaceutical services in Leicester is adequate for the population. The housing plan for Leicester is still underway with the 2022 consultation document yet to be released. However, current knowledge

of housing developments is included to highlight any potential gaps in pharmacy provision. The Community Pharmacy Contractual Framework for 2019/20 to 2023/24 was published in 2019 setting out how community pharmacy will support the delivery of the NHS Long Term Plan. The NHS Long Term Plan describes the development of local Primary Care Networks (PCN) with general practices coming together to form networks typically covering 30,000-50,000 patients. PCNs will build on existing primary care services and develop more integrated health and social care services in response to the needs of the patients they serve. The key elements of the Community Pharmacy development plan include the introduction of pharmaceutical services in response to urgent care, prevention and medicines optimisation and safety. Provision of the service types that make up the contractual framework are reviewed throughout the document.

## **10. Human rights implications**

Are there any human rights implications which need to be considered and addressed (please see the list at the end of the template), if so please outline the implications and how they will be addressed below:

## **11. 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.

If you want to undertake equality monitoring, please refer to our [equality monitoring guidance and templates](#).

Protected characteristics such as age, gender and ethnicity are collected in relation to pharmaceutical services including sexual health (emergency hormonal contraception and C-Card) and substance misuse 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.

The PNA includes a recommendation for NHS England and Improvement (and Leicester City Council / Leicester, Leicestershire and Rutland Integrated Care Board) to review service quality and uptake, including consideration of cultural and equalities needs.

## 12. 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 NSH Improvement and Leicester City Council	Review by March 2024
Equality of access to pharmaceutical services for all Leicester residents.	Equality Impact Assessment to be reviewed before the next PNA in 2024 to assess whether additional survey work relating to facilities available at pharmacies for patients with protected characteristics is required.	Helen Reeve	March 2024

# 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