



**Bolton Council**  
**PHARMACEUTICAL NEEDS**  
**ASSESSMENT:**  
**APPENDIX 4**  
**2014/15**

**EQUALITY IMPACT ASSESSMENT**

# Equality Impact Assessment

## Part 1: Screening Form

<b>Title of report or proposal:</b>
Pharmaceutical Needs Assessment (PNA) 2014

<b>Department:</b>	Public Health
<b>Section/SIAP unit:</b>	Children's and Adults Department
<b>Date:</b>	June 2014

The PNA is for decision and is therefore subject to an Equality Impact Assessment. The following questions have been completed to ensure that this proposal, procedure or working practice does not discriminate against any particular social group. Details of the outcome of the Equality Impact Assessment have also been included in the main body of the report.

# Equality Impact Assessment Questions

## 1. Describe in summary the aims, objectives and purpose of the proposal, including desired outcomes:

If a pharmacist wants to provide NHS pharmaceutical services, they are required to apply to the NHS to be included on a pharmaceutical list. Pharmaceutical lists are compiled and held by NHS England. This is commonly known as the NHS “market entry” system. Under the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013, a person who wishes to provide NHS pharmaceutical services must generally apply to NHS England to be included on a relevant list by proving they are able to meet a pharmaceutical need as set out in the relevant PNA. The first PNAs were published by NHS PCTs and were required to be published by 1<sup>st</sup> February 2011. The Health and Social Care Act 2012 established Health and Wellbeing Boards. The Act also transferred responsibility to develop and update PNAs from PCTs to Health and Wellbeing Boards. Responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list transferred from PCTs to NHS England from 1<sup>st</sup> April 2013. This EIA pertains to the publication of Bolton Health and Wellbeing Board’s first PNA.

The pharmaceutical services to which each PNA must relate are all the pharmaceutical services that may be provided under arrangements made by the NHS England are:

- a. The provision of pharmaceutical services (including directed services) by a person on a pharmaceutical list;
- b. The provision of local pharmaceutical services under an LPS scheme (but not LP services which are not local pharmaceutical services);
- c. The dispensing of drugs and appliances by a person on a dispensing doctors list (but not other NHS services that may be provided under arrangements made by the NHS England with a dispensing doctor).

When publishing a PNA, the Health and Wellbeing Board must have regard, in so far as it is practicable to do so, to the following matters:

- a. The demography of its area;
- b. Whether in its area there is sufficient choice with regard to obtaining pharmaceutical services;
- c. Any different needs of different localities within its area;
- d. The pharmaceutical services provided in the area of any neighbouring Health and Wellbeing Board which affect:
  - (i) The need for pharmaceutical services in its area;
  - (ii) Whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area;

- e. Any other NHS services provided in or outside its area (which are not covered by subparagraph (d)) which affect:
  - (i) The need for pharmaceutical services in its area;
  - (ii) Whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.

When making an assessment for the purposes of publishing a PNA, each Health and Wellbeing Board must take account of likely future needs:

- a. To the extent necessary to make a proper assessment of the matters mentioned in paragraphs 2 and 4 of Schedule 1 of the Regulations 2013;
- b. Having regard to likely changes to:
  - i. The number of people in its area who require pharmaceutical services;
  - ii. The demography of its area;
  - iii. The risks to the health or wellbeing of people in its area.

## **2. Who are the main stakeholders in relation to the proposal?**

As part of the Regulations 2013 the following must be considered compulsory stakeholders and be consulted prior to the final draft being published by the Health and Wellbeing Board:

- a. Any Local Pharmaceutical Committee for its area;
- b. Any Local Medical Committee for its area;
- c. Any persons on the pharmaceutical lists and any dispensing doctors list for its area;
- d. Any LPS chemist in its area with whom the NHSCB has made arrangements for the provision of any local pharmaceutical services;
- e. Any Local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of the Board has an interest in the provision of pharmaceutical services in its area;
- f. Any NHS trust or NHS foundation trust in its area;
- g. NHS England;
- h. Any neighbouring Health and Wellbeing Board.

In addition to the above, other identified key stakeholders are Bolton's HOSC, a range of local voluntary, health, and community groups (CVS, CAB etc.), and the general public.

## **3. In summary, what are the anticipated (positive or negative) impacts of the proposal?**

The PNA will inform local commissioners of the current local provision and identify any gaps in services. It will enable commissioners to improve pharmaceutical services across the different geographical areas and demographic groups of Bolton. In line with the values of this EIA process, the PNA scrutinises local pharmaceutical provision and health needs for any gaps in services, particularly those pertaining to protected and vulnerable groups. Thus, the PNA will inform more equitable commissioning of pharmaceutical services and ensure that any newly commissioned service fills a gap and is designed to improve local equity.

The overall impact will be improved access to pharmaceutical services which will positively impact disadvantaged groups.

**4. With regard to the stakeholders identified above and the diversity groups set out below:**

	Is there any potential for (positive or negative) differential impact?	Could this lead to adverse impact and if so what?	Can this adverse impact be justified on the grounds of promoting equality of opportunity for one group, or for any other reason?	Please detail what measures or changes you will put in place to remedy any identified adverse impact
<b>Race</b>	No. The commissioned services are not targeted at specific ethnicities, but the public survey may highlight a bias for particular questions regarding ethnicity, but this is unlikely.	It is not anticipated that the proposed amendments will have an adverse impact on the grounds of ethnicity.	It is not anticipated that the proposed amendments will have an adverse impact on the grounds of ethnicity.	It is not anticipated that the proposed amendments will have an adverse impact on the grounds of ethnicity.
<b>Religion</b>	No. The commissioned services are not targeted at specific religious groups, but the public survey may highlight a bias for particular questions regarding religion, but this is unlikely.	It is not anticipated that the proposed amendments will have an adverse impact on the grounds of faith.	It is not anticipated that the proposed amendments will have an adverse impact on the grounds of faith.	It is not anticipated that the proposed amendments will have an adverse impact on the grounds of faith.
<b>Disability</b>	Positive.	Following good practice, community pharmacies can provide delivery and telephone collection services to improve access to the disabled population. However, this is at the discretion of the pharmacy	The public survey will be specifically targeted to ETAGs and other local community groups to hopefully take account of the views of the disabled community.	In general, the PNA process is designed to improve equity for protected groups.

		and not made explicit in contracts – this may result in disabled clients receiving different levels of service dependent on where they live in Bolton.		
<b>Gender (including gender reassignment)</b>	Positive.	Emergency Hormonal Contraception services are targeted directly at women. This may indicate that services are not successfully reaching men about contraception to the same extent.	It is justified to encourage greater equality for the female population, especially the younger and more deprived population – teenage conceptions.	It is not anticipated that the proposed amendments will have an adverse impact on the grounds of gender.
<b>Age</b>	Positive.	Certain services are directed only at specific age groups – as a result those outside this range are much less likely to be offered such services.	It is justified as PNA is targeting services at specific age groups to reduce current inequalities that are experienced by those age groups compared to the general population, e.g. chlamydia screening 15-24.	It is not anticipated that the proposed amendments will have an adverse impact on the grounds of age.
<b>Sexuality</b>	No.	No services are targeted based on sexuality.	It is not anticipated that the proposed amendments will have an adverse impact on the grounds of sexuality.	It is not anticipated that the proposed amendments will have an adverse impact on the grounds of sexuality.
<b>Caring status (including pregnancy &amp; maternity)</b>	Positive.	No services are targeted based on caring status; however, by being located in community pharmacies across Bolton certain services are more	It is not anticipated that the proposed amendments will have an adverse impact on the grounds of caring status.	It is not anticipated that the proposed amendments will have an adverse impact on the grounds of caring status.

		accessible to those with added caring responsibilities – health promotion, screening etc.		
<b>Marriage and civil partnership</b>	No.	It is not anticipated that the proposed amendments will have an adverse impact on the grounds of marriage/civil partnership.	It is not anticipated that the proposed amendments will have an adverse impact on the grounds of marriage/civil partnership.	It is not anticipated that the proposed amendments will have an adverse impact on the grounds of marriage/civil partnership.
<b>Socioeconomic</b>	Positive.	A primary purpose of the PNA is to inform decisions to reduce current inequalities in access and outcome by socioeconomic status. As such certain services may be commissioned in particular areas to address specific needs to the exclusion of other areas.	It is justified to encourage greater equality for Bolton's more deprived communities.	In general, the PNA process is designed to improve equity across the socioeconomic gradient.
<b>Other comments or issues</b>				
<p><b>Please provide a list of the evidence used to inform this EIA, such as the results of consultation, service take-up, service monitoring, surveys, stakeholder comments and complaints where appropriate.</b></p> <p><b>If you have undertaken consultation as part of the proposal, the consultation manager will upload it on to the corporate database.</b></p>				

**5.a Are there any gaps in your evidence or conclusions that make it difficult for you to quantify the potential adverse impact?**

Consultation is required to be undertaken with both those on the pharmaceutical list and the general public, as set out earlier in this EIA. This will inform the final draft of the Pharmaceutical Needs Assessment 2014.

**5.b If so, please explain how you will explore the proposal in greater depth or please explain why no further action is required at this time.**

Please see above.

**You may wish to consider undertaking secondary data analysis, further consultation or research or investigating best practice. If you are planning to undertake further consultation or research as a result of this EIA, please contact the Consultation Manager on ext. 1083.**

**This EIA form and report has been checked and countersigned by the Departmental Equalities Officer before proceeding to Executive Member(s)**

Please confirm the outcome of this EIA:

No major impact identified, therefore no major changes required – proceed	<input type="checkbox"/>
Adjustments to remove barriers / promote equality (mitigate impact) have been identified – proceed	<input type="checkbox"/>
Continue despite having identified potential for adverse impact/missed opportunities for promoting equality – this requires a strong justification	<input type="checkbox"/>
Stop and rethink - the EIA identifies actual or potential unlawful discrimination	<input type="checkbox"/>

**Report Officer**

Name: Mark Cook

Signature: \_\_\_\_\_

Date and Contact No: June 2014; 01204337133

**Departmental Equalities Lead Officer**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date and Contact No: \_\_\_\_\_

## Equality Impact Assessment

### Part 2: Consultation Form

**(To be completed where consultation has been undertaken)**

The Pharmaceutical Needs Assessment is for decision and is therefore subject to an Equality Impact Assessment. The process requires consultation and this Equality Impact Assessment (Consultation Form) provides details of the consultation results.

The following questions have been completed to ensure that this proposal, procedure or working practice does not discriminate against any particular social group. This has been ensured by undertaking consultation. Details of the outcome of the consultation have also been included in the main body of the report.

**This form asks you to provide details of all the consultation undertaken specific to the proposal you are making, either prior to the EIA or as part of it and the results of this.**

#### **1. Consultation with staff**

- a. Please summarise the consultation undertaken with staff and their Trades Unions regarding this proposal.

##### Contractor survey

The views of local pharmacy contractors are to be gathered by primarily via surveymonkey and the Bolton's Health Matters website in collaboration with the Local Pharmacy Committee.

##### Formal consultation

The formal consultation begins prior to final publication and involves the distribution of a draft of the final document amongst those on the pharmaceutical list and the Local Pharmacy Committee. Comments will be sought based on this draft.

Please summarise the results of this consultation, including key issues arising and any changes being made to the proposal as a result of the consultation

- b. The findings of both the contractor survey and the formal consultation will be analysed and published as appendices of the PNA; the key findings will be discussed in the PNA itself.

## 2. Consultation with customers and other stakeholders

Please summarise the consultation undertaken with customers and other stakeholders regarding this proposal (refer back to the stakeholders identified in your screening form)

### Public survey

- a. The views of the general public are to be gathered by public survey, conducted primarily via surveymonkey and the Bolton's Health Matters website and will include ETAGS and Citizen's Panel.

### Formal consultation

The formal consultation begins prior to final publication and involves the publication of a draft made available for the general public to make comments upon.

Please summarise the results of this consultation, including key issues arising and any changes being made to the proposal as a result of the consultation

- b. The findings of both the public survey and the results of the consultation will be analysed and published as appendices of the PNA; the key findings will be discussed in the PNA itself.



**This EIA form and report has been checked and countersigned by the Departmental Equalities Officer before proceeding to Executive Member(s)**

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Stop and rethink - the EIA identifies actual or potential unlawful discrimination	<input type="checkbox"/>

**Report Officer**

Name: Mark Cook

Signature: \_\_\_\_\_

Date and Contact No: June 2014; 01204337133

**Departmental Equalities Lead Officer**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date and Contact No: \_\_\_\_\_