

Equality Impact Assessment form

An impact needs assessment was carried out in 2013 following the completion of a Pharmaceutical needs assessment (PNA). The present needs assessment (PNA 2015-2018) has not identified any new issues or challenges that are likely to have an impact on the population or services. As per the equality and diversity manager's advice, there is no need for another equality and diversity assessment

*Changes have been made to reflect the consideration

A. Description

Name of service, function, policy (or other) being assessed

Herefordshire PCT¹ Pharmaceutical Needs Assessment (PNA) 2015

Directorate or organisation responsible (and service, if it is a policy)

NHS Herefordshire (Primary Care Trust)

Date of assessment (DD/MM/YY)

20/04/2015*

Date next assessment due

20/04/2018*

Names and/or job titles of people carrying out the assessment

- Jimmy Cheung, North West Commissioning Support Unit*
- Latha Unny Research & Intelligence Lead, Herefordshire Council*
- Alison Rogers, Governance Pharmacist, Clinical Commissioning Group
- Carol Trachonitis- Equality and Diversity Manager, Herefordshire Council

Accountable person (e.g. Head of Service)

Professor Rod Thompson – Interim Director of Public Health *

¹As of April 2013 PCTs no longer exist, now known as Health and Wellbeing Boards

Date EINA Form approved by accountable person (e.g. Head of Service)

**1. What are the aims or main purpose of the service, function or policy?
What does it provide and how does it provide it?**

The PNA will support commissioning by:

1. Developing the role of community pharmacies in promoting health and wellbeing as outlined in the 2008 White Paper Pharmacy in England: Building on strengths-delivering the future
2. Managing the nationally commissioned elements of the community pharmacy contractual framework particularly ensuring that the framework is fully utilised so that the benefits are available to our population
3. Determining which local enhanced services should be commissioned and where they are most likely to be required based on need
4. Supporting the decisions made by the Herefordshire PCT FHS Contractor panel
 - a) determine if a new contract is required- either in response to an application to provide services or where NHS Herefordshire believes there is a gap in service
 - b) determine, in certain types of application, whether the provider should be required to provide certain enhanced services as a condition of granting an application e.g. 100 hour applications
 - c) determine whether an application for change in the location or type of community pharmacy services should be approved.

The PNA will provide an evidence base for commissioning future pharmaceutical services

2. Location or any other relevant information

The Pharmaceutical Needs Assessment sits as a Technical Appendix to the Joint Strategic Needs Assessment for Herefordshire.

3. List any key policies or procedures to be reviewed as part of this assessment

N/A

4. Who is intended to benefit from the service, function or policy?

The whole of Herefordshire's resident population and others accessing pharmaceutical services in the county especially those with poor health, for whom poor health in future can be minimised and those who are the subject of health

inequalities.

5. Who are the stakeholders? What is their interest?

The pharmaceutical needs assessment is shared with our public, private and third sector partners in Herefordshire. There is a shared interest to:

- Improve health outcomes for local people
- Ensure safe and appropriate medicines management support for patients
- Promote the regular review of medication given to individuals
- Improve patients experience of pharmaceutical services
- Monitor quality and cost effective pharmaceutical services outcomes for patients in Herefordshire.

6. Partnerships and Procurement

If you contract out services or work in partnership with other organisations, Herefordshire Health and Wellbeing Board² remains responsible for ensuring that the quality of provision/delivery meets the requirements of the **Equality Act 2010**, that is to:

- Eliminate discrimination, harassment, victimisation
- Advance equality of opportunity
- Foster good relations

What information do you give to the partner/contractor in order to ensure that they meet the requirements of the Act? What information do you monitor from the partner/contractor in order to ensure that they meet the requirements of the Act?

Community pharmacies operate under NHS contracts with national requirements in relation to the above points.

7. Are there any concerns at this stage that indicate the possibility of inequalities/negative impacts? For example: complaints, comments, research, and outcomes of a scrutiny review. Please describe

The INA highlights major health inequalities between different parts of the county. Implementation in reducing these and how community pharmacy based services can assist through national contractual framework or be commissioned to provide locally designed and delivered services is described within the PNA

² Formerly known and PCT before April 2013

B. Relevance – Note: if not relevant, do not complete this form

Select all that apply

Scale of Relevance

- 8. Service or function that people use.
- 9. Discretion is exercised, or potential for people to experience different outcomes or level of satisfaction.
- 10. Employment policy – where discretion is not exercised.
- 11. Employment policy – where discretion is exercised (e.g. recruitment or disciplinary process).
- 12. Concerns at a local, regional or national level of discrimination/inequalities.
- 13. Major change such as the closure, removal or transfer of a service/provision
- 14. Community and regeneration strategies, local area agreements and organisational or directorate/partnership strategies/plans.

	low	Section C applies
	Medium	
	Medium	Section C and E applies
	High	
	High	
	High	
	High	

Other

State why it is relevant

How relevant (high, medium, low)

Mark “X” to confirm which strands are relevant to the review

Age	X	Disability	X
Gender (men and women)	X	Race/Ethnicity	X
Transgender	X	Religion/Belief	X
Sexual Orientation	X	Other	X

Any other (such as Human Rights, people on low incomes and specific sub-strands requiring particular focus such as Travellers and Gypsies, Deaf people):

Homeless people, patients whose first language is not English have been consulted during the production of the PNA (2013).³

³ The current PNA has not consulted on any other groups such as homeless and people whose first language is not English, however no issues have been identified to have an impact on these groups

C. Information

15. What information (monitoring or consultation data) have you got and what is it telling you? Required where relevance is Medium or High.

D) Assessment

16. Describe any NEGATIVE impacts (actual or potential): N/A

17. Describe any POSITIVE impacts:

Strand/community	Impact (how they may be affected)
Age	This needs assessment identified access to services as a consideration which is of particular relevance to older people, mothers with young children and secondary school pupils.
Disability	Local needs assessments and regional and national policy and research documents have not identified disabled people as a priority group. There is no data to suggest that the needs of this cohort differ from those of the general populace. It is reasonable to conclude that as long as access issues are addressed the services available to the general populace therefore meet the needs of this cohort.
Gender	Men have been identified as traditionally having poor access to services nationally.
Race	Priority group for action. The policy includes the projected outcome of ensuring that the adult population of Herefordshire has access to the full range of pharmaceutical services, with a particular focus on people from the most vulnerable groups.

18. Provide any information about NEUTRAL impacts that have been identified (there is neither a positive or negative impact):

<i>Strand/community</i>	Why there is 'no differential impact'
Religion	<p>Local needs assessments and regional and national policy and research documents have not identified those from particular religious backgrounds as groups who require specific services. There is no data to suggest that the needs of such cohorts differ from those of the general populace. It is reasonable to conclude that as long as cultural issues are addressed the services available to the general populace therefore meet the needs of these cohorts.</p>
Sexual orientation	<p>Local needs assessments, regional and national policy documents have not identified sexual orientation as a group who require specific services.</p> <p>There is no data to suggest that the need relating to sexual orientation differ from those of the general populace. It is reasonable to conclude that the services available to the general populace therefore meet the needs of this cohort.</p>

E) Consultation

19. Did you carry out any consultations? Required where relevance is High.

YES NO

20. Who was consulted? Include your findings in boxes 16, 17 and 18.

Patient Questionnaire – completed Public Involvement Team, 60 day public facing consultation period.

21. Describe other research, studies or information used to assist with the assessment and your findings in boxes 16, 17 and 18.

Demographic data and other statistics, including census findings

Recent research findings including studies of deprivation

Results of recent consultations and surveys- including annual community pharmacy patient questionnaire findings, Comparisons between similar functions/policies elsewhere

Analysis of PALS, complaints and public enquiries information.

Specific consultations with stakeholders

60 day formal consultation exercise.

22. Do you use diversity monitoring categories? Yes x No

(if No you should use this as an action as we are required by law to monitor diversity categories)

If yes, which categories?

x Race x Gender x Sexual Orientation x Religion & Belief x Disability

x Age

What do you do with the diversity monitoring data you gather?

The categories used above are identified within the PNA Formal public consultation exercise and used to inform the PNA. ***Is this information published? And if so, where?*** (I.E. website, service plan) Information in terms of outcomes and conclusions is summarised within the pharmaceutical needs assessment itself.

F) Conclusions

Action/objective/target OR Justification	Resources required	Timescale	I/R/S/J
a) A 60 day consultation process followed by revision of the document.	Health and wellbeing Board led ⁴	Completed	I/S/J
b) The PNA will be reviewed every 3 years.	Health and wellbeing Board led*	2018*	S

⁴ Responsibilities change from the PCT to the Health and Wellbeing Board.