

Equality & Human Rights Impact Assessment (EHRIA)

This Equality and Human Rights Impact Assessment (EHRIA) will enable you to assess the **new, proposed or significantly changed** policy/ practice/ procedure/ function/ service** for equality and human rights implications.

Undertaking this assessment will help you to identify whether or not this policy/ practice/ procedure/ function/ service** may have an adverse impact on a particular community or group of people. It will ultimately ensure that, as an Authority, we do not discriminate and we are able to promote equality, diversity and human rights.

Please refer to the EHRIA [guidance](#) before completing this form. If you need any further information about undertaking and completing the assessment, contact your [Departmental Equalities Group](#) or equality@leics.gov.uk

***Please note: The term 'policy' will be used throughout this assessment as shorthand for policy, practice, procedure, function or service.*

Key Details	
Name of policy being assessed:	Leicestershire's Pharmaceutical Needs Assessment 2018
Department and section:	Strategic Business Intelligence, Chief Executive's Department
Name of lead officer/ job title and others completing this assessment:	Caroline Boucher (Head of Business Intelligence and Economic Growth) Natalie Greasley (Public Health Business Partner), Donna Worship (Policy Manager), Andrew Jeffreys (Policy Officer)
Contact telephone numbers:	Natalie Greasley - 0116 3054266 Donna Worship - 0116 3055692 Andrew Jeffreys - 0116 3055501
Name of officer/s responsible for implementing this policy:	Mike Sandys (Director of Public Health)
Date EHRIA assessment started:	25/01/18
Date EHRIA assessment completed:	22/03/18

Section 1: Defining the policy

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You should begin this assessment by defining and outlining the scope of the policy. You should consider the impact or likely impact of the policy in relation to all areas of equality, diversity and human rights as outlined in Leicestershire County Council's [Equality Strategy](#).

1	<p>What is new or changed in the policy? <i>What has changed and why?</i></p> <p>The purpose of the Pharmaceutical Needs Assessment (PNA) is to:</p> <ul style="list-style-type: none">• identify the pharmaceutical services currently available and assess the need for pharmaceutical services in the future;• inform the planning and commissioning of pharmacy services by identifying which services should be commissioned for local people, within available resources, and where these services should be;• inform decision making in response to applications made to NHS England by pharmacists and dispensing doctors to provide a new pharmacy. The organisation that will make these decisions is NHS England. <p>This is the third PNA for Leicestershire, as previous documents were published in 2011 and 2015. The PNA is a statutory document that is used by NHS England to agree changes to the commissioning of local pharmaceutical services. The aim of the PNA is to review pharmacy coverage (excluding internet pharmacies) and dispensing GP in relation to the population health needs of the people of Leicestershire.</p> <p>The responsibility for producing the PNA rests with Health and Wellbeing Boards with the draft PNA required to be approved by the Leicestershire Health and Wellbeing Board by April 2018. 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.</p> <p>The relationships required to undertake and produce the PNA encompasses the whole of the health economy, from NHS England, the Leicestershire and Rutland Pharmaceutical Committee, Local Professional Network for Pharmacists and the Leicester, Leicestershire and Rutland Local Medical Committee, Clinical Commissioning Groups and the County Council.</p> <p>This PNA finds that there is adequate provision of pharmaceutical services for the population of Leicestershire overall. This brief impact assessment aims to consider the equality issues that may be present, and address them where identified.</p>
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2	<p>Does this relate to any other policy within your department, the Council or with other partner organisations? <i>If yes, please reference the relevant policy or EHRIA. If unknown, further investigation may be required.</i></p> <p>N/A</p>		
3	<p>Who are the people/ groups (target groups) affected and what is the intended change or outcome for them?</p> <p>All residents of Leicestershire are able to access community pharmacies. Local and national campaigns promote local pharmaceutical services and their benefits to the population. As the PNA is an assessment of the need and finds there is adequate supply of pharmacies given this need, there is no change for the local population.</p>		
4	<p>Will the policy meet the Equality Act 2010 requirements to have due regard to the need to meet any of the following aspects? (Please tick and explain how)</p>		
	Yes	No	How?
Eliminate unlawful discrimination, harassment and victimisation	✓		Pharmacies across Leicestershire 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.
Advance equality of opportunity between different groups	✓		<p>The PNA considers the demographics of the population at district level 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 cessation, emergency hormonal contraception, chlamydia screening, 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
	Foster good relations between different groups	✓	Providing pharmacy services that are accessible to all residents across Leicestershire will ensure equity of treatment between protected characteristic as well as other user groups and so contribute to community cohesion objectives.

Section 2: Equality and Human Rights Impact Assessment (EHRIA) Screening

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The purpose of this section of the assessment is to help you decide if a full EHRIA is required.

If you have already identified that a full EHRIA is needed for a policy/ practice/ procedure/ function/ service, either via service planning processes or other means, then please go straight to Section 3 on Page 7 of this document.

Section 2

A: Research and Consultation

		Yes	No*
5.	Have the target groups been consulted about the following?		
	a) their current needs and aspirations and what is important to them;	✓	
	b) any potential impact of this change on them (positive and negative, intended and unintended);		✓
	c) potential barriers they may face	✓	
6.	If the target groups have not been consulted directly, have representatives been consulted or research explored (e.g. Equality Mapping)?		
7.	Have other stakeholder groups/ secondary groups (e.g. carers of service users) been explored in terms of		✓

	potential unintended impacts?		
8.	*If you answered 'no' to the questions above, please use the space below to outline either what consultation you are planning to undertake or why you do not consider it to be necessary.		
	The potential impact of this change has not been consulted on with stakeholders and the PNA is a Needs Assessment and is not recommending any change in policy or outcomes on the local population.		
	The PNA ran a statutory consultation 2 October 2017 until 2 January 2018. All statutory consultees were consulted during this period. In addition to a public questionnaire, an engagement exercise took place in the summer of 2017 seeking local professionals' views of how community pharmacies serve the public and what, if anything, could be done to improve the service. It was approved by the PNA Reference Group that no additional stakeholder groups would be consulted with during the PNA process.		

Section 2

B: Monitoring Impact

9.	Are there systems set up to:	Yes	No
	a) monitor impact (positive and negative, intended and unintended) for different groups;	✓	
	b) enable open feedback and suggestions from different communities	✓	

Note: If no to Question 9, you will need to ensure that monitoring systems are established to check for impact on the protected characteristics.

Section 2

C: Potential Impact

10.	Use the table below to specify if any individuals or community groups who identify with any of the ' protected characteristics ' may potentially be affected by the policy and describe any positive and negative impacts, including any barriers.			
		Yes	No	Comments
	Age	The age profile of people accessing services is weighted towards older people because these populations have the greater proportion of long term conditions and are in receipt of more prescriptions. Statutory consultation	Older people may find it difficult to access pharmacy services because of their immobility, lack of transportation and apprehensions about the weather especially in winter.	PNA includes recommendations to encourage greater uptake of medicines use reviews which aims to give patients better understanding and health outcomes from

		responses - 75% > 65 years, 25% 35-44 years		their medication
Disability	For the statutory consultation the draft PNA was made available in an easy read format. Statutory consultation responses – 50% of responses reported a long-standing illness, disability or infirmity		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	
Gender Reassignment	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	Further consultation within this patient group could help identify ways in which pharmacy services can be improved
Marriage and Civil Partnership	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	Further consultation within this patient group could help identify ways in which pharmacy services can be improved
Pregnancy and Maternity	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	Further consultation within this patient group could help identify ways in which pharmacy services can be improved
Race	The PNA has included a section looking at access by drive and walk times for people who live in deprived areas and people from		Language barriers could result in a potential risk of delay in obtaining health advice and medications with	Statutory consultation responses – technology is being used to provide

	<p>BME communities to ensure they have the same levels of access as the overall population.</p> <p>The PNA examines the percentage of the population who cannot speak English well or cannot speak English at all. It also examines the second most prevalent language spoken throughout each Middle Super Output Area in Leicestershire.</p> <p>Professional questionnaire responses – the following languages were spoken in all pharmacies that responded: Gujarati 80%, Punjabi 46% and Polish 9%. Of those who reported to speaking these languages, the opening hours were covered by a Gujarati speaker 78% of the time, a Punjabi speaker 73% of the time and a Polish speaker 61% of the time. Polish is spoken by staff in two pharmacies in Hinckley and Bosworth, one in Melton and one in Oadby and Wigston. A distance selling pharmacy is the other pharmacy where Polish was reported to be spoken by staff.</p> <p>Statutory consultation responses – 100% white</p>	<p>possible serious outcomes where patients have difficulties in communicating with or accessing pharmacy services</p>	<p>translation services, via electronic media such as Skype.</p> <p>Further consultation across all pharmacies could help identify coverage of languages spoken and any gaps in provision for the local population. The PNA includes a recommendation to investigate if barriers to access exist for individuals whose main language is not English.</p>
Religion or Belief	<p>Commissioned services are not targeted at specific religious groups</p>	<p>Lack of customer care appropriate to faith beliefs could be a barrier to access and</p>	<p>Further consultation on faith groups within local</p>

		Statutory consultation responses – 100% Christian	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.	communities could help identify ways in which pharmacy services can be improved
	Sex	Statutory consultation responses – 50% female and 50% male	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	Further investigation into the gender of staff within pharmacies could identify those which do not operate with both male and female staff
	Sexual Orientation	Statutory consultation responses – 100% heterosexual	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 patient's 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	Further consultation within this patient group would determine any gaps within pharmacy provision
	Other groups e.g. rural isolation, deprivation, health inequality,	Rural access issues were well considered in the PNA in the walk and drive time analysis and the designated rural areas section and the dispensing GPs.	Cross border issues were raised in the statutory consultation, particularly in rural areas where services are provided and/or commissioned by other	

	<p>carers, asylum seeker and refugee communities, looked after children, deprived or disadvantaged communities</p>	<p>Transport concerns were raised around public services available in rural areas.</p> <p>Students in Leicestershire have specific access to services through the University Pharmacy which is an essential small pharmacy and the future needs of this population needs to be reviewed upon expiry of the LPS contract in August 2018.</p>	<p>areas.</p>	
	<p>Community Cohesion</p>	<p>Pharmacy services have a pivotal role in community cohesion. Community pharmacists are the most accessible health care professionals for the general public. Locally, they are highly valued by their customers. The role of pharmacy 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</p>		

		<p>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>		
11.	<p>Are the human rights of individuals <i>potentially</i> affected by this proposal? Could there be an impact on human rights for any of the protected characteristics? (Please tick)</p> <p>Explain why you consider that any particular article in the Human Rights Act may apply to the policy/ practice/ function or procedure and how the human rights of individuals are likely to be affected below: [NB: include positive and negative impacts as well as barriers in benefiting from the above proposal]</p>			
		Yes	No	Comments
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: The First Protocol				
	Article 1: Protection of property/ peaceful enjoyment		✓	
	Article 2: Right to education		✓	
	Article 3: Right to free elections		✓	
Section 2				
D: Decision				
13.	Is there evidence or any other reason to suggest that:	Yes	No	Unknown
	a) the policy could have a different affect or adverse impact on any section of the community;		✓	
	b) any section of the community may face barriers in benefiting from the proposal		✓	
13.	Based on the answers to the questions above, what is the likely impact of the policy			
	No Impact <input checked="" type="checkbox"/>	Positive Impact <input type="checkbox"/>	Neutral Impact <input type="checkbox"/>	Negative Impact or Impact Unknown <input type="checkbox"/>
Note: If the decision is 'Negative Impact' or 'Impact Not Known', an EHRIA Report is required.				
14.	Is an EHRIA report required?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	

Section 2: Completion of EHRIA Screening

Upon completion of the screening section of this assessment, you should have identified whether an EHRIA Report is required for further investigation of the impacts of this policy.

Option 1: If you identified that an EHRIA Report *is required*, continue to Section 3 on Page 7 of this document.

Section 4: Sign off and scrutiny

Upon completion, the Lead Officer completing this assessment is required to sign the document in the section below.

It is required that this Equality and Human Rights Impact Assessment (EHRIA) is scrutinised by your Departmental Equalities Group and signed off by the Chair of the Group.

Once scrutiny and sign off has taken place, a depersonalised version of this EHRIA should be published on Leicestershire County Council's website. Please send a copy of this form to the Digital Services Team via web@leics.gov.uk for publishing.

Section 4

A: Sign Off and Scrutiny

Confirm, as appropriate, which elements of the EHRIA have been completed and are required for sign off and scrutiny.

Equality and Human Rights Assessment Screening

Equality and Human Rights Assessment Report

1st Authorised Signature (EHRIA Lead Officer): 

Date: 27/03/2018

2nd Authorised Signature (~~DEG~~ Chair): D.P.H. 

Date: 27/03/2018