



Equality Impact Assessment (EIA)

1. Topic of assessment

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| EIA title | Pharmaceutical Needs Assessment |
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| EIA author | Jon Walker, Advanced Public Health Analyst |
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2. Approval

| | Name | Date approved |
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| Approved by | Julie George | 28/03/2018 |

3. Quality control

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| Version number | 2 | EIA completed | 19/02/2018 |
| Date saved | 19/02/2018 | EIA published | 29/03/2018 |

4. EIA team

| Name | Job title | Organisation | Team role |
|--------------|--------------------------------|-----------------------|------------------|
| Julie George | Public Health Consultant | Surrey County Council | Advisor/reviewer |
| Jon Walker | Advanced Public Health Analyst | Surrey County Council | Author |
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5. Explaining the matter being assessed

What policy, function or service is being introduced or reviewed?

From the 1st April 2013 Health and Wellbeing Boards (HWB) have a statutory responsibility to publish and keep up to date the Pharmaceutical Needs Assessment (PNA).

The PNA provides a statement of need for the pharmaceutical services for the population of the Health and Wellbeing Boards area.

The PNA must relate to all of the pharmaceutical services that may be provided under arrangements made by NHS England.

The PNA is a comprehensive document that considers the needs of all residents in Surrey including those with protected characteristics. In its development the PNA analyses local demographics, health needs, current service provision and identifies potential service needs. This information is further informed by a public survey and surveys carried out with community pharmacies, dispensing doctors, GPs and other health care professionals.

Under the NHS Regulations (2013), a person who wishes to provide NHS pharmaceutical services must 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 PNA is therefore an essential part of the process of making decisions about market entry for new service providers.

Additionally the PNA will be used as a commissioning tool by Clinical Commissioning Groups (CCGs) and the local authority (Public Health) who also commission pharmacy services in the HWB area. It will be published by 1 April 2018.

What proposals are you assessing?

The PNA is not a new policy, service or function but will be used in the decision making process when identifying new, or changes to pharmaceutical services. It will be primarily used by NHS England when considering pharmacy applications, which may include the opening of a new pharmacy, relocation of a pharmacy or change in hours and other commissioners such as CCGs and local authorities who commission other pharmacy services. This assessment therefore considers any impact the PNA has on access and pharmacy services for those with protected characteristics.

Who is affected by the proposals outlined above?

The PNA is a public document and is therefore accessible by anyone. The PNA will be primarily used by NHS England as commissioners of pharmaceutical services and other commissioners such as CCGs and local authorities who commission other pharmacy services.

Surrey pharmacies, Surrey residents as users of Surrey pharmacies and pharmaceutical services and other people accessing pharmaceutical services in Surrey, may be affected by any decisions made which have used the PNA. However, it is not possible to know what decisions may or not be approved in the future and therefore this is outside the scope of this EIA.

Any services which may be changed or new services implemented will carry out their own EIA where required.

6. Sources of information

Engagement carried out

A Steering Group was formed in February 2017 consisting of key professionals including representatives from the Local Pharmaceutical Committee, Local Medical Committee, NHS England, CCGs and Healthwatch to provide guidance, support and to oversee the production of the Surrey PNA.

Public survey: In March 2017 7000 questionnaires were distributed randomly using a sample frame of all Surrey addresses, meaning residents had an equal chance of being selected to participate. The survey consisted of questions on responder characteristics, pharmacy access, visiting times, services used and suggestions. The online survey was publicised through Twitter, Healthwatch and the Healthy Surrey website as well as through other media such as the PH news bulletin and patient engagement groups at the CCGs. The survey was also publicised through the Surrey Disability Network and Disability Alliance Network groups, commissioned groups as well as Local Valuing People Groups for people with learning disabilities and mental health focus groups. Help was requested from the Brighter Futures Project Officer to publicise the survey to the Gypsy, Roma and Traveller (GRT) community in the knowledge that the GRT community may not be represented among the random address list. 1,371 postal responses and 229 online responses were received.

Community pharmacies, dispensing doctors, GPs and healthcare providers were also invited to take part in a similar survey during the same period.

Consultation on the draft PNA: The process of publishing a Pharmaceutical Needs Assessment requires that the draft PNA be available for consultation for a minimum of 60 days. The Surrey PNA consultation ran from the 2nd October to 1st December 2017. The consultation was sent to key stakeholders across the county who were encouraged to distribute it further.

The consultation was available online at www.surreysays.co.uk/public-health/pna, where documents could be read and responded to online or downloaded. Hard copies of the draft PNA and questionnaire were posted to respondents as requested. The consultation was publicised on Twitter, through the Public Health Bulletin, on the Healthy Surrey website, and at the Surrey Health and Wellbeing Board Public Update in October 2017.

Public Health took the opportunity to promote it at the Local Pharmaceutical Committee Public Health Event in October, the Learning Disability Partnership Board, the East and South West Surrey Valuing People Groups and the North Surrey Disability Alliance Network (DAN) meetings. The two other DAN groups were also informed of the consultation through the engagement officer.

Patient, consumer and community groups were emailed directly and the consultation was also promoted through the Surrey Equality Group representing the Community, Faith and Voluntary sectors (Surrey Coalition of Disabled people/ Surrey Community Action/ SILC/ SDPP/ Outline) and the Older People Forums and Dementia Groups around Surrey together with Transitions Teams. The consultation was also posted on the Facebook pages of the Community Partnership Team and Surrey Disability

Network. The Brighter Futures Project Officer was asked to promote the consultation to the GRT community and to respond to the consultation with any relevant views.

Data used

The PNA has drawn on primary sources of information which have been used to inform current and future population needs and the current provision of pharmaceutical services in meeting these needs. These sources include:

- NHS England;
- NHS Digital;
- PHE;
- ONS;
- Surrey County Council;
- The Surrey Joint Strategic Needs Assessment (JSNA);
- Public survey on pharmaceutical service provision;
- Community pharmacy and dispensing doctors surveys on pharmaceutical service provision;
- GPs and Healthcare Providers surveys on pharmaceutical service provision;
- Synthesis from other national data sets and statistics.

The decision on which health needs to describe and map against local pharmaceutical services was determined by considering the functions of pharmacies and how they could address local health needs. The health needs data were drawn from:

- NHS Digital
- Mosaic
- ONS
- HES
- DCLG

7. Impact of the new/amended policy, service or function

7a. Impact of the proposals on residents and service users with protected characteristics

| Protected characteristic | Potential positive impacts | Potential negative impacts | Evidence |
|--------------------------------|--|---|--|
| Age | Low. The PNA assesses current provision and gaps in the provision of pharmaceutical services in Surrey. The PNA is used as a tool by NHS England when assessing pharmacy applications and by CCGs and Surrey County Council when commissioning additional local pharmaceutical services. Therefore the PNA could improve services and access to pharmaceutical services for the Surrey population. | No negative impacts foreseen or identified. | A number of commissioned services are targeted for specific age groups i.e. Chlamydia screening/emergency contraception services for under 25s and NHS Health Checks for 40-74 year olds which are both nationally mandated programmes. Neither the surveys nor consultation on the draft PNA identified negative impacts of the PNA on access or other service provision on the basis of age. |
| Disability | | No negative impacts foreseen or identified | The draft PNA consultation was distributed to interest groups and presented to the Disability Alliance Network, Learning Disability Partnership Board and Valuing People Groups. The surveys and consultation did not identify any negative impact of the PNA on people with disabilities in terms of access or service provision. |
| Gender reassignment | | No negative impacts foreseen or identified | The PNA did not identify any specific pharmaceutical services in relation to gender reassignment. Neither the surveys nor consultation identified any negative impacts of the PNA on access or service provision for those undergoing or having undertaken gender reassignment. |
| Pregnancy and maternity | | No negative impacts foreseen or identified | The PNA did not identify any specific pharmaceutical services in relation to pregnancy and maternity. Neither the surveys nor consultation identified any negative impacts of the PNA on access or service provision in relation to pregnancy or maternity. |

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| Race | <p>Low. The PNA assesses current provision and gaps in the provision of pharmaceutical services in Surrey. The PNA is used as a tool by NHS England when assessing pharmacies applications and by CCGs and Surrey County Council when commissioning additional local pharmaceutical services. Therefore the PNA could improve services and access to pharmaceutical services for the Surrey population.</p> | No negative impacts foreseen or identified. | The PNA did not identify any specific pharmaceutical services in relation to race. Neither the surveys nor consultation identified any negative impacts of the PNA on access or service provision for any specific ethnic group. |
| Religion and belief | | No negative impacts foreseen or identified | The PNA did not identify any pharmaceutical services for a particular religion or belief. Neither the surveys nor consultation identified any negative impacts of the PNA on access or service provision in relation to religion and belief. |
| Sex | | No negative impacts foreseen or identified | While some commissioned services are targeted to specific genders i.e. emergency contraception services, neither the surveys nor consultation identified any negative impacts of the PNA on access or service provision in relation to gender. |
| Sexual orientation | | No negative impacts foreseen or identified | The PNA did not identify any pharmaceutical services for a particular sexual orientation. Neither the surveys nor consultation identified any negative impacts of the PNA on access or service provision in relation to sexual orientation. |
| Marriage and civil partnerships | | No negative impacts foreseen or identified | The PNA did not identify any difference in access or provision of pharmacy services by marital status. No negative impacts of the PNA have been identified for this group from either the surveys or consultation. |
| Carers (protected by association) | | No negative impacts foreseen or identified | The PNA did not identify any pharmaceutical services provided for carers. The surveys and consultation on the draft PNA did not identify any negative impacts of the PNA on access or service provision for carers. |

7b. Impact of the proposals on staff with protected characteristics

| Protected characteristic | Potential positive impacts | Potential negative impacts | Evidence |
|--|-----------------------------------|-----------------------------------|-----------------|
| Age | N/A | N/A | |
| Disability | N/A | N/A | |
| Gender reassignment | N/A | N/A | |
| Pregnancy and maternity | N/A | N/A | |
| Race | N/A | N/A | |
| Religion and belief | N/A | N/A | |
| Sex | N/A | N/A | |
| Sexual orientation | N/A | N/A | |
| Marriage and civil partnerships | N/A | N/A | |
| Carers (protected by association) | N/A | N/A | |

8. Amendments to the proposals

| Change | Reason for change |
|--------|-------------------|
| N/A | N/A |
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9. Action plan

| Potential impact (positive or negative) | Action needed to maximise positive impact or mitigate negative impact | By when | Owner |
|--|--|---|--------------------------------------|
| Positive Impact: Improve services and access to pharmaceutical services for all Surrey residents | Ensure that when published, the PNA is promoted to commissioners including NHS England, CCGs and local authority (Public Health) for use when commissioning pharmaceutical services in Surrey. | PNA available for use by 1 April 2018 | All Commissioners |
| Positive impact: Promote PNA to Stakeholders | Following publication share Surrey link to the PNA with stakeholders and commissioners. | Following publication, by end of April 2018 | PNA Steering Group |
| Positive impact: Use Healthy Surrey website to promote PNA publication | Create news page on Healthy Surrey website to provide background on PNA and direct to published location. | By 1 April 2018 | PNA Operational Group |
| Positive impact: Use NHS Choices to signpost residents to information about their local community pharmacies and the services they offer | The PNA recommends that local health partners should promote NHS Choices to residents to improve local understanding and use of existing services | Ongoing | Pharmacies and local health partners |

10. Potential negative impacts that cannot be mitigated

| Potential negative impact | Protected characteristic(s) that could be affected |
|---------------------------|--|
| N/A | N/A |
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11. Summary of key impacts and actions

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| <p>Information and engagement underpinning equalities analysis</p> | <p>The PNA has used a wide range of data sources in its development:</p> <ul style="list-style-type: none"> • NHS England; • NHS Digital; • PHE; • ONS; • Surrey County Council; • The Surrey Joint Strategic Needs Assessment (JSNA); • Public survey on pharmaceutical service provision; • Community pharmacy and dispensing doctors surveys on pharmaceutical service provision; • GPs and Healthcare Providers surveys on pharmaceutical service provision; • Synthesis from other national data sets and statistics. • NHS Digital • Mosaic • ONS • HES • DCLG <p>60 day consultation on the draft PNA with key stakeholders and promoted widely</p> |
| <p>Key impacts (positive and/or negative) on people with protected characteristics</p> | <p>Low positive impact through improvements to services and access to pharmaceutical services for all residents.</p> <p>No negative impacts identified.</p> |
| <p>Changes you have made to the proposal as a result of the EIA</p> | <p>N/A</p> |
| <p>Key mitigating actions planned to address any outstanding negative impacts</p> | <p>N/A</p> |
| <p>Potential negative impacts that cannot be mitigated</p> | <p>N/A</p> |