

The **public sector Equality Duty** (Section 149 of the Equality Act) requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people carrying out their activities.

The Equality Duty supports good decision making – it encourages public bodies to be more efficient and effective by understanding how different people will be affected by their activities, so that their policies and services are appropriate and accessible to all and meet different people’s needs. The Council’s Equality and Safety Impact Assessment (ESIA) includes an assessment of the community safety impact assessment to comply with section 17 of the Crime and Disorder Act and will enable the council to better understand the potential impact of the budget proposals and consider mitigating action.

<p>Name or Brief Description of Proposal</p>	<p>Pharmaceutical Needs Assessment (PNA) for Southampton.</p> <p>The Health and Social Care Act 2012 transferred responsibility for the development and updating of PNAs to Health and Wellbeing Boards (HWBs).</p> <p>A PNA will use the Joint Strategic Needs Assessment (JSNA) and other Board approved documents to identify the local health priorities. It should look at current demographics and future trends and developments which may impact on the health of the local population. The PNA will look at issues that may affect it across the 3 years it could be valid for.</p> <p>The PNA will also identify where pharmaceutical services are currently used to address these priorities and where changes may be required to fill any current identified gaps or to address possible future health needs.</p> <p>The PNA should be a tool which is used to inform commissioners of the current provision of pharmaceutical services and where there are any gaps, in relation to the local health priorities, which could be addressed by improving services or access to services in the area. The commissioners who would find it most useful are Clinical Commissioning Groups (CCGs), Local Authority Public</p>
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	<p>Health and NHS England.</p> <p>The PNA is of particular importance to NHS England who since 1 April 2013 has been identified in the Health and Social Care Act 2012 as responsible for maintaining pharmaceutical lists. The PNA is a key document in making decisions with regards to applications made under the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.</p> <p>Pharmaceutical contractors have been surveyed to verify information held by NHS England on their opening hours and the scope of services they currently provide.</p> <p>A public survey has also been undertaken, the findings of which are reflected in the draft PNA.</p> <p>From October 2014 to December 2014 there will be a 60 day public consultation on the draft PNA, feedback from which will be assessed and included as relevant.</p>
<p>Brief Service Profile (including number of customers)</p>	<p>The PNA is an assessment of pharmaceutical services provision across Southampton</p>
<p>Summary of Impact and Issues</p>	<p>The PNA reviews existing pharmaceutical service provision and assesses current and potential needs, identifying service gaps and opportunities for future provision.</p> <p>As such it is a key tool to be used by commissioners to make decisions about future services.</p>
<p>Potential Positive Impacts</p>	<p>The overall intention is to improve access to services which will impact disadvantaged groups in a positive manner.</p> <p>The PNA is expected to have a positive impact on protected groups as it seeks to highlight service gaps and encourage better provision of pharmaceutical services. It is unlikely to have a high differential impact on any</p>

	particular protected characteristic.
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Signature	
Date	15/10/2014

Potential Impact

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	<p>As stated above, the PNA is expected to have a positive impact on protected groups as it seeks to highlight service gaps and encourage better provision of pharmaceutical services.</p> <p>It is unlikely to have a high differential impact on any particular protected characteristic.</p> <p>The following considers how improving access to pharmaceutical services provision can benefit each protected characteristic.</p>	
Age	<p>Age has an influence on which medicine and method of delivery is prescribed.</p> <p>Older people have a higher prevalence of illness and take many medicines. The medicines</p>	<p>Community pharmacies can support people to live independently by supporting optimisation of the use of medicines, support with ordering, re-ordering medicines, home</p>

	<p>management of older people is complicated by multiple disease, complex medication regimes and the aging process affecting the body's capacity to metabolise and eliminate medicines from it.</p> <p>Over half the respondents to the patient survey (60.35%) were aged over 56, with 30.71% being over 66 years old.</p> <p>Correspondingly, only 0.36% of respondents were under 25 years old.</p> <p>Younger people, similarly, have different abilities to metabolise and eliminate medicines from their bodies.</p>	<p>delivery to the housebound and appropriate provision of multi-compartment compliance aids and other interventions such as reminder charts to help people to take their medicines.</p> <p>Supporting independence by offering:</p> <ul style="list-style-type: none"> •Re-ablement services following discharge from hospital •Falls assessments •Supply of daily living aids •Identifying emerging problems with peoples health •Signposting to additional support and resources <p>Advice can be given to parents on the optimal way to use the medicine or appliance and provide explanations on the variety of ways available to deliver medicines.</p> <p>Pharmacy staff provide broader advice when appropriate to the patient or carer on the medicine, for example, its possible side effects and significant interactions with other substances.</p> <p>The safe use of medicines for children and older people is one where pharmacies play an essential role.</p>
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<p>Disability</p>	<p>Issues around access to pharmacy services and types of services provided were asked in the public survey. 18.15% of respondents described themselves as disabled with 1.47% describing themselves as housebound. Issues raised are discussed within the document and outcomes relating to these can be identified and discussed by the HWBB. The survey will be published alongside the PNA.</p>	<p>When patients are managing their own medication but need some support, pharmacists and dispensing doctors must comply with the Equality Act 2010.</p> <p>Where the patient is assessed as having a long term physical or mental impairment that affects their ability to carry out every day activities, such as managing their medication, the pharmacy contract includes funding for reasonable adjustments to the packaging or instructions that will support them in self-care.</p> <p>The first step should be a review to ensure that the number of medications and doses are reduced to a minimum. If further support is needed, then compliance aids might include multi-compartment compliance aids, large print labels, easy to open containers, medication reminder alarms/charts, eye dropper or inhaler aids.</p> <p>Each pharmacy should have a robust system for assessment and auxiliary aid supply that adheres to clinical governance principles.</p>
<p>Gender Reassignment</p>		<p>Provision of necessary medicines and advice on adherence and side effects.</p>

Marriage and Civil Partnership	No specific needs are identified.	
Pregnancy and Maternity	Pharmacies can provide advice to pregnant mothers on medicines and self-care. They have the expertise on advising which medicines are safe for use in pregnancy and during breast feeding.	Pharmacies can provide advice to pregnant mothers on medicines and self-care. They have the expertise on advising which medicines are safe for use in pregnancy and during breast feeding.
Race	<p>Black and minority ethnic (BME) groups generally have worse health than the overall population, although some BME groups fare much worse than others, and patterns vary from one health condition to the next. Evidence suggests that the poorer socio-economic position of BME groups is the main factor driving ethnic health inequalities. Language can be a barrier to delivering effective advice on medicines, health promotion and public health interventions.</p> <p>Within the patient survey, 90.68% of respondents described themselves as white British. 99.31% of respondents indicated that they could talk to a pharmacist in English and 99.65% could understand information that was written in English.</p>	<p>There are opportunities to access translation services that should be used when considered necessary.</p> <p>Community pharmacy is consequently a socially inclusive healthcare service providing a convenient and less formal environment for those who cannot easily access or do not choose to access other kinds of health service.</p>

Religion or Belief	Pharmacies can provide advice to specific religious groups on medicines derived from animal sources and during periods of fasting.	
Sex	<p>Responses to the survey were split as 35.94% male and 62.99% female, with 0.36% transgender and 0.71% non-committal. Some of the services discussed are solely directed to addressing female conception issues which may be reflected in the response ratio across the genders. Also, more women are visiting the pharmacy possibly due to caring responsibilities for older and younger relatives.</p> <p>It is well documented that men are often more unlikely to access healthcare services.</p>	<p>Community pharmacies are ideally placed for self-care by providing advice and support for people to derive maximum benefit from caring for themselves or their families.</p> <p>When necessary, access to advice, provision of over the counter medications and signposting to other services is available as a walk in service without the need for an appointment.</p> <p>Community pharmacy is a socially inclusive healthcare service providing a convenient and less formal environment for those who do not choose to access other kinds of health service</p>
Sexual Orientation	No specific needs are identified.	
Community Safety	No specific needs are identified.	
Poverty	The PNA takes account of health inequalities and that some population groups may have greater needs than others. Any differential impact will be in relation to tackling these health inequalities. The PNA seeks to	

	<p>improve access to pharmaceutical services for everybody.</p> <p>In terms of survey responses, 38.93% stated that they pay for their prescriptions whereas the majority, 60.36% indicated that they do not have to pay.</p>	
Other Significant Impacts		