

## Appendix D: Equalities Screening Record for Pharmaceutical Needs Assessment

### Equalities Screening Record Form for Bracknell Forest Pharmaceutical Needs Assessment

Date of Screening: December 2017	Directorate: Adult Social Care, Health and Housing	Section: Public Health Services for Berkshire
1. Activity to be assessed	<p>The Pharmaceutical Needs Assessment (PNA) is an assessment of access to and need for pharmaceutical services. It is not a policy or service development, but aims to inform such.</p> <p>From the 1st April 2013 every Health and Wellbeing Board (HWB) in England has had a statutory responsibility to keep an up to date statement of the PNA. The first Bracknell Forest PNA was published in April 2015 and lasted for three years. The 2018 refresh provides an updated assessment of the pharmaceutical needs of residents and will last until 2021.</p> <p>This Equalities Screening Record Form assesses the process used to develop and publish the latest PNA for Bracknell Forest, as well as the impact that the conclusions of the PNA may have on people with protected characteristics.</p> <p>The PNA process involves data collection and analysis, including demographic data, data on service provision (including type of service, opening hours, and access) and surveys of the public and pharmacy staff. Following this analysis, a holistic assessment of the pharmaceutical needs of the population is undertaken by the PNA Steering Group and conclusions are stated in the draft PNA report. The draft report is then open for a formal consultation period of 60 days, to ensure that residents, health practitioners, health organisations and other key stakeholders have the opportunity to make comments about the report. After the consultation period, all the comments received are reviewed and the report is amended accordingly. Finally, the PNA report is formally agreed by the Health &amp; Wellbeing Board.</p>	
2. What is the activity?	<input type="checkbox"/> Policy/strategy <input checked="" type="checkbox"/> Function/procedure <input type="checkbox"/> Project <input type="checkbox"/> Review <input type="checkbox"/> Service <input type="checkbox"/> Organisational change	
3. Is it a new or existing activity?	<input checked="" type="checkbox"/> New <input type="checkbox"/> Existing	
4. Officer responsible for the screening	Jo Jefferies	
5. Who are the members of the screening team?	Jo Jefferies and Becky Taylor	
6. What is the purpose of the activity?	<p>A PNA is the statement of the needs of pharmaceutical services of a population in a specific area. It sets out a statement of the pharmaceutical services which are currently provided, together with when and where these are available to a given population.</p> <p>This PNA describes the pharmaceutical needs of the population of Bracknell Forest. It will be used by NHS England when making decisions on applications to open new pharmacies and dispensing appliance contractor premises or applications from current pharmaceutical providers to change their existing regulatory requirements. It will inform interested parties of the pharmaceutical needs in Bracknell Forest and enable work to plan, develop and deliver pharmaceutical services for the population. It can also inform commissioning of additional services from pharmacies by NHS England, Clinical Commissioning Groups (CCGs) and the local authority.</p>	

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7. Who is the activity designed to benefit/target?	All residents		
Protected Characteristics	Please tick yes or no	Is there an impact? What kind of equality impact may there be? Is the impact positive or adverse or is there a potential for both? If the impact is neutral please give a reason.	What evidence do you have to support this? E.g. equality monitoring data, consultation results, customer satisfaction information etc. Please add a narrative to justify your claims around impacts and describe the analysis and interpretation of evidence to support your conclusion as this will inform members decision making, include consultation results/satisfaction information/equality monitoring data
8. Disability Equality – this can include physical, mental health, learning or sensory disabilities and includes conditions such as dementia as well as hearing or sight impairment.	Y	There are both positive and negative impacts of the PNA process and for the conclusions in relation to disability.	<p>The PNA process included a public survey and a later consultation period, both of which were administered through an online portal. For residents with physical disabilities this may have impacted positively by increasing access. For residents with sight impairment, the portal used is compatible with software that enables the survey to be read aloud, which may also improve access for some of this group.</p> <p>For residents with Mental Health problems, Learning Disabilities or dementia this online method may have impacted negatively. However, other survey and consultation methods, such as paper-based or face to face group consultation would have had a similar impact.</p> <p>In the public survey, respondents were asked if they had any disabilities and, if so, what type. This information was considered when reviewing the survey feedback for inclusion in the PNA report. Amendments to the draft PNA report were made in response to comments regarding disability and access to pharmacy services.</p> <p>When making conclusions about the need for pharmaceutical services, the demographics of the population including prevalence of mental health problems and dementia was taken into account. However, robust data on the prevalence of other disability characteristics was not available at a local level. Similarly, when making assessment of average travel times, journeys by car and walking were based on recognised measures developed by the Department of Transport. These times may not reflect the experience of someone with one or more disabilities.</p>

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<p><b>9. Racial equality</b></p>		<p><b>N</b> Neither the process nor conclusions of the PNA are likely to have an impact on an individual because of their race.</p>	<p>No impact as a result of the PNA process.</p> <p>Race refers to a person's physical characteristics, while ethnicity refers to cultural factors, such as nationality, regional culture, ancestry and language. For this equality screening tool, we used information about a person's ethnicity as an indicator of race, as this information was more readily available to make an assessment of equality.</p> <p>Black and minority ethnic (BME) groups generally have worse health than the overall population, with some BME groups having far worse health outcomes than others. Evidence suggests that the poorer socioeconomic position of BME groups is the main factor driving ethnic health inequalities. Language can also be a barrier to delivering effective advice on medicines, health promotion and public health interventions. In addition, some ethnic groups have a higher prevalence of specific long term conditions (for example: people from South Asian and Black communities are 2-4 times more likely to develop Type 2 diabetes than those from Caucasian backgrounds (Diabetes UK 2016, <a href="#">Facts and Stats</a>)).</p> <p>Survey respondents need to be interpreted with caution because the sample size is small. However, it should be noted that the vast majority of respondents (90%) identified as White-British, compared to 84.9% in Bracknell Forest's population overall.</p> <p>The PNA included information on the ethnicity of residents using data from the Office for National Statistics 2011 Census. This information was taken into account when making the assessment of need.</p> <p>Respondents were asked to state their ethnicity in the public survey. This information was considered when reviewing the survey feedback for inclusion in the PNA report.</p> <p>Three pharmacies in Bracknell Forest are Healthy Living Pharmacies (HLPs) and all others are working towards this accreditation. HLPs aim to enable community pharmacies to meet local need, improve the health and wellbeing of the local population and help to reduce health inequalities, including inequalities due to race and ethnicity. The number and location of HLPs were taken into account in the PNA.</p>
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<p><b>10. Gender equality</b></p>	<p><b>N</b></p>	<p>Neither the process nor conclusions of the PNA are likely to have an impact on an individual because of their gender.</p>	<p>Internet use is high for both men and women, so the online survey and consultation methodology is unlikely to have had a discriminatory impact on either male or female gender. An Office for National Statistics report (<a href="#">Internet Users in the UK: 2017</a>), shows that 90% of men have recently used the internet, compared to 88% for women in all age groups.</p> <p>Generally, use of health services is more common for women and this is also the case for pharmacies. The <a href="#">National Pharmacy Association</a> published a report in 2012, which stated that men visit a pharmacy four times a year on average, compared with an average of 18 for women.</p> <p>Gender distribution has been included in the demographic section of the PNA, and this has been taken into account when making conclusions.</p> <p>Three pharmacies in Bracknell Forest are Healthy Living Pharmacies (HLPs) and all others are working towards this accreditation. HLPs aim to enable community pharmacies to meet local need, improve the health and wellbeing of the local population and help to reduce health inequalities, including inequalities due to race and ethnicity. The number and location of HLPs were taken into account in the PNA.</p> <p>Transgender people who do not pursue medical treatment may still have significant health needs. According to charity <a href="#">Rethink Mental Illness</a>, LGBT+ individuals are more likely to suffer from mental health issues and substance abuse, which can make them regular visitors to a community pharmacy.</p> <p>Transgender people who undergo gender reassignment will require lifelong treatment, meaning pharmacy staff must have an understanding of their specific health and medication needs, as well as the more general requirements shared by all patients</p> <p>It is difficult to make an assessment of the impact of the PNA on people who identify as a gender other than male or female. Currently, data is only available for male and female at a local level. In the public survey, residents were able to identify as 'male', 'female', 'other' or indicate that they preferred not to say. All survey respondents identified as either male or female.</p>
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<p><b>11. Sexual orientation equality</b></p>		<p><b>N</b> Neither the process nor conclusions of the PNA are likely to have an impact on an individual because of their sexual orientation.</p>	<p>Whilst we recognise that this is an important characteristic and can be a source of discrimination, no robust data is available on the distribution of sexual orientation in the local population.</p> <p>Survey respondents were asked to state their sexual orientation in the public survey and consultation. It is important to interpret the responses with caution due to the sample size being small. Less than 5 respondents to the public survey identified as not being heterosexual.</p> <p>According to charity <a href="#">Rethink Mental Illness</a>, LGBT+ individuals are more likely to suffer from mental health issues and substance abuse, which can make them regular visitors to a community pharmacy.</p> <p>Although data is not robust, it is important that community pharmacy services do not impact adversely on individuals because of sexual orientation. No survey responses or consultation comments specifically mentioned sexual orientation.</p>
<p><b>12. Gender re-assignment</b></p>		<p><b>N</b> Neither the process nor conclusions of the PNA are likely to have an impact on an individual because of their gender re-assignment.</p>	<p>Whilst we recognise that this is an important characteristic and can be a source of discrimination, no robust data is available on gender re-assignment in the local population.</p> <p>Although survey respondents were not asked to state whether they were undergoing or had undergone gender reassignment in the public survey and consultation, no survey responses or consultation comments specifically mentioned this.</p> <p>People seeking gender reassignment may choose to undergo medical treatment, such as prescribed hormones in order to live as their chosen gender. Surgery may also be used as a way of expressing gender identity.</p> <p>It is difficult to make an assessment of the impact of the PNA on people who are undergoing or have undergone gender reassignment, however this group may have complex needs and pharmacy staff should be trained appropriately help them provide, sensitive high quality services to all residents, including those undergoing or have undergone gender reassignment.</p>

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<p><b>13. Age equality</b></p>	<p>Y</p>	<p>There are both positive and negative impacts of the PNA process and for the conclusions in relation to age.</p>	<p>The online method of the public survey may have impacted on age groups differently. An Office for National Statistics report (<a href="#">Internet Users in the UK: 2017</a>) indicates that almost all adults aged 16 to 34 had accessed the internet recently. Therefore, the online nature of the survey and consultation is unlikely to have had a negative impact on younger adults, including parents of young children.</p> <p>The usage of the internet for older age groups is increasing. Recent internet use in the 65 to 74 age group was estimated to be 78% in 2017, but usage in adults aged 75 and over was lower at 41%. The online method of the survey may therefore have discriminated against some older people who did not have access to the internet. However, the online method of the survey may have impacted positively on those older people who lack access to transport for example. 41% of respondents to the online public survey in Berkshire were aged 65 and over, compared to 14% in Bracknell Forest's population overall.</p> <p>The PNA included information on the age of residents using data from the ONS mid-year population estimates. This information was taken into account when assessing the availability of pharmacy services, with particular attention being given to wards within Bracknell Forest that had higher proportions of young children or older adults. The need for pharmacy services can differ across age groups, with young children and older adults likely to have higher levels of need than the rest of the population. The provision of delivery services across the local area was also included in the assessment, as many pharmacies provide these to people who are house-bound, elderly or infirm.</p> <p>Similarly, when making assessment of average travel times, journeys by car and walking were based on recognised measures. These times may not reflect the experience of all older people. However, Age UK's (2015) report on <a href="#">The Future of Transport in Ageing Society</a> indicated that 68% of people aged 70 and over had access to a car. This was the main mode of transport used to access pharmacies in Bracknell Forest, according to the responses received through the public survey.</p>
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<p><b>14. Religion and belief equality</b></p>		<p>N</p>	<p>Neither the process nor conclusions of the PNA are likely to have an impact on an individual because of their religion or beliefs.</p>	<p>Survey respondents were asked to state their religion in the public survey. It is important to interpret the responses with caution due to the sample size being small. No survey responses or consultation comments specifically mentioned religion or belief.</p> <p>The General Pharmaceutical Council published new guidance in 2017 titled '<a href="#">In Practice: Guidance on religion, personal values and beliefs</a>', which help pharmaceutical professionals when their beliefs might impact on their willingness to provide certain services.</p>
<p><b>15. Pregnancy and maternity equality</b></p>		<p>N</p>	<p>Neither the process nor conclusions of the PNA are likely to have an impact on an individual because they are pregnant or a mother</p>	<p>National initiatives ensure services are responsive to meet the needs of pregnant women and mothers (and fathers). An example of this is the flu vaccine for pregnant women, which is included in the pharmacy contract.</p> <p>Although survey respondents were not asked to state whether they were pregnant or already had children in the public survey and consultation, no survey responses or consultation comments specifically mentioned pregnancy.</p> <p>The need for pharmacy services can differ across age groups, with young children and older adults likely to have higher levels of need than the rest of the population. When using the sum of information to make a holistic assessment of the pharmaceutical needs of Bracknell Forest, the age and gender distribution of wards was taken into account including consideration of wards with a higher prevalence of women of child-bearing age.</p>
<p><b>16. Marriage and civil partnership equality</b></p>		<p>N</p>	<p>No</p>	<p>Survey respondents were asked to state their marital status in the public survey and consultation. It is important to interpret the responses with caution due to the sample size being small. No survey responses or consultation comments specifically mentioned marital status.</p>
<p><b>17. Please give details of any other potential impacts on any other group (e.g. those on lower incomes/carers/ex-offenders, armed forces communities) and on promoting good community relations.</b></p>	<p><b><i>Migrants and people who do not speak or understand English</i></b>  The public survey, consultation and report were all published and promoted in the English language. Migrants and others who may not have English as a first language may have been negatively impacted by this.</p> <p><b><i>Deprivation</i></b>  Deprivation may also mean less access to the internet and could therefore mean that residents in more deprived areas were negatively impacted by the online methodology of the PNA survey and consultation. Recent national or local data on internet access and socio-economic status is not available, however data from the <a href="#">2014 Scottish</a></p>			

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	<p><a href="#">Household Survey</a> showed that 31% of households in the 20% most deprived areas did not have access to the internet, compared to only 16% in the rest of Scotland.</p> <p>Areas of deprivation were considered when making the assessment and conclusions for the PNA, with special consideration given to areas where pharmacy access was less available.</p> <p><b>Rurality</b></p> <p>Only 2% of Bracknell Forest's population live in a rural area, according to the 2011 Census. This is much lower than the national average of 18%. The online method of the public survey will not have affected involvement for people living in more rural settings, and may have increased the ability to be involved in the survey and consultation. Areas of rurality were considered when making the assessment and conclusions for the PNA, with special consideration being given to areas where pharmacy access was less available.</p> <p><b>Carers</b></p> <p>Survey respondents were not asked to state whether they were carers in public survey or consultation and robust data on the number and distribution of carers within Bracknell Forest was not included in the PNA. It is recognised that those caring for others may have higher levels of need for Pharmaceutical Services than some other population groups and therefore may be negatively impacted by the PNA conclusions if their needs have not been appropriately considered. Future PNAs should attempt to elicit and use this information.</p> <p>Locally Commissioned Services and Healthy Living Pharmacy services are outside the scope of the formal PNA conclusions; however these both have potential to have a positive impact on residents who have any of the protected characteristics. This is clearly stated on pg. 52 of the final report. Public Health campaigns form an element of essential pharmaceutical services. The conclusions of the PNA state that campaigns have the potential to positively impact on groups with the protected characteristics if targeted appropriately.</p>
<p><b>18. If an adverse/negative impact has been identified can it be justified on grounds of promoting equality of opportunity for one group or for any other reason?</b></p>	<p>The potential for some negative impacts of the PNA process and the conclusions have been identified. However due to lack of robust estimates of numbers and distribution of gender re-assignment, sexual orientation and gender other than male or female, the impact of these cannot be quantified.</p>
<p><b>19. If there is any difference in the impact of the activity when considered for each of the equality groups listed in 8 – 14 above; how significant is the difference in terms of its nature and the number of people likely to be affected?</b></p>	<p><b>Disability</b> – 771 adults in Bracknell Forest were recorded as having serious mental health problems in 2016 and 649 were recorded as having dementia (<a href="#">Public Health England</a> 2017). Any impact of the PNA process or conclusions due to mental health problems and dementia could therefore impact on this number of people. Robust data on the prevalence of other disability characteristics was not available at a local level meaning numbers of people likely to be affected cannot be calculated.</p> <p><b>Age</b> - Any impact of the PNA process or conclusions on people based on older age (those aged 65 and over) could affect around 16,669 people in Bracknell Forest. Although some aspects of the PNA could impact negatively on some members of this group, impacts would not solely be due to age but rather due to other confounding factors that are more common among older people such as lack of mobility, reduced access to transport, higher prevalence of health conditions and lower levels of internet access.</p>



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<b>20. Could the impact constitute unlawful discrimination in relation to any of the Equality Duties?</b>		N	We do not believe the impacts identified would constitute unlawful discrimination.	
<b>21. What further information or data is required to better understand the impact? Where and how can that information be obtained?</b>	<p>More robust estimates on the number and distribution of residents undergoing or having completed gender reassignment and on sexual orientation together with more evidence on any specific needs that these residents may have in relation to pharmaceutical service would help to improve the impact of the PNA on these groups.</p> <p>Inclusion of ward level information on prevalence of new births would potentially improve understanding of the impact of the PNA conclusions on this group. Unfortunately 2016 data on new births was not available to the PNA authors at the time of writing and therefore was not considered in the holistic assessment. In future years it is expected that this data will be available and should therefore be considered when assessing the impact of the PNA on the basis of pregnancy and maternity.</p>			
<b>22. On the basis of sections 7 – 17 above is a full impact assessment required?</b>  <i>Please explain your decision. If you are not proceeding to a full equality impact assessment make sure you have the evidence to justify this decision should you be challenged.</i>		N	<p>The PNA is an assessment of need and not a service. The conclusions within the PNA are made to inform NHS England and other public sector commissioners of pharmacy services. Any commissioning of pharmacy services should consider the impact of changes to service provision or access to services on the protected groups and adhere to the Equality Act 2010.</p>	
<b>23. If a full impact assessment is not required; what actions will you take to reduce or remove any potential differential/adverse impact, to further promote equality of opportunity through this activity or to obtain further information or data?</b>				
<b>Action</b>	<b>Timescale</b>	<b>Person Responsible</b>	<b>Milestone/Success Criteria</b>	
PNA Public Survey included questions on age, gender, race/ethnicity, religion, sexual orientation and disability.	22/06/2017 – 15/09/2017	PNA Steering Group		
The PNA includes information on protected characteristics where available. Some of this information is shown as a ward level, such as age, gender and ethnicity. Aggregated data is shown at a local authority level for ethnicity, religion and belief and mental health prevalence. This information was considered by the PNA Steering group when making an assessment of the need for and access to Pharmaceutical Services in Bracknell Forest.	By 31/03/2018	PNA Steering Group		
<b>24. Which service, business or work plan will these actions be included in?</b>	Public Health Services for Berkshire			

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<b>25. Please list the current actions undertaken to advance equality or examples of good practice identified as part of the screening?</b>	Section C of the final Bracknell Forest Pharmaceutical Needs Assessment (2018-2021) will be enhanced to ensure that the different prevalence and mortality rates for people with protected characteristics are clearly stated.
<b>26. Chief Officers signature.</b>	Signature: Jo Jefferies Date: Jan 2018

Please note: Section C of Bracknell Forest's Pharmaceutical Needs Assessment (2018-2021) includes detailed information about the demographics of the local area and refers to groups with protected characteristics.