

GMCSU Equality Analysis Form

The following questions will document the effect of your activity on equality, and demonstrate that you have paid due regard to the Public Sector Equality Duty. The Equality Analysis (EA) guidance should be used read before completing this form.

To be completed at the earliest stages of the activity and before any decision making and returned via email to GMCSU Equality Diversity Human Rights Team for Quality Assurance:

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Section 1: Responsibility

EDHR Reference : Your ref: EA/Trafford/LA1

1 Name & role of person completing the EA:

Stephen Woods

2 Service/ Corporate Area

Medicines Management, Greater Manchester Commissioning Support Unit

3 Head of Service or Director (as appropriate):

Andrew White

4 Who is the EA for? Select from the drop down box.

Other

4.1 Name of Other organisation if appropriate

Health and Wellbeing Board at Trafford Local Authority

Section 2: Aims & Outcomes

5 What is being proposed? Please give a brief description of the activity.

Pharmaceutical Needs Assessment: Trafford. There is a Legal requirement which The Health and Social Care Act 2012 transferred responsibility for the development and updating of PNAs to HWBs.

6 Why is it needed? Please give a brief description of the activity.

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.

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.

7 What are the intended outcomes of the activity?

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 that area.
 The commissioners who would find it most useful are Clinical Commissioning Groups (CCGs), Local Authority Public Health and NHS England.
 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 regard to applications made under the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The public survey has disaggregated feedback by some of the protected groups i.e. age, gender, gender reassignment, disability, race religion or belief, sexual orientation, marriage and civil partnership. The findings are currently being analysed and should reveal any adverse impacts for those groups, in line with the questions asked e.g. usage of pharmacy services and a menu of potential services if made available.

8 Date of completion of analysis (and date of implementation if different). Please explain any difference

09/09/13

9 Who does it affect? Select from the drop down box. If more than one group is affected, use the drop down box more than once.

Service Users/Patients

Establishing Relevance to Equality & Human Rights

10 What is the relevance of the activity to the Public Sector Equality Duty? Select from the drop down box and provide a reason.

General Public Sector Equality Duties	Relevance (Yes/No)	Reason for Relevance
To eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by Equality Act 2010	Yes	The PNA document identifies groups of people by different factors e.g. their health needs, age ranges, or social demographics, whose health needs could be addressed by pharmaceutical providers to bring those with lower health outcomes more in line with the average for the area.

To advance equality of opportunity between people who share a protected characteristic and those who do not.	Yes	The PNA aims to scrutinise along with Equality Analysis process, for any significant gaps in pharmaceutical service provision for local vulnerable people. The patient survey also aims to give a voice to vulnerable people in shaping inclusive pharmaceutical services. The PNA document identifies groups of people by different factors e.g. their health needs, age ranges, or social demographics, whose health needs could be addressed by pharmaceutical providers to bring those with lower health outcomes more in line with the average for the area.
To foster good relations between people who share a protected characteristic and those who do not	Yes	The services which may be commissioned as a result of the PNA analysis by the Health and Wellbeing Board will generally be targeted to meet the needs of individual patients from feedback received. Cyclical opportunities are provided by CCGs Communications and Engagement team for patient and carer reps to come together to feedback their views on any barriers in accessing services and how these might be improved for increased take up by all sections of local communities and for improved patient experience. Protected groups want to be assured by healthcare organisations that their individual needs are understood and that any barriers in accessing & taking up pharmaceutical services are being recognised and addressed through opportunities for feedback to key decision makers in healthcare.

10.1 Use the drop down box and advise whether the activity has a positive or negative effect on any of the groups of people with protected equality characteristics and on Human Right

Protected Equality Characteristic	Positive (Yes/No)	Negative (Yes/No)	Explanation
Age	Yes	No	PNA is directing resources at various age groups where improvement in the school age children and aiming to achieve a more healthy population for the public survey received responses from people in all age categories.

Disability	Yes	No	The issues around access to pharmacy services and types of services provided were surveyed. There were 20% of respondents who described themselves as disabled. Issues raised are discussed within the document and can be identified and discussed by the HWBB. The survey will be published on the LA website. One out of the 41 respondents flagged up that they were unable to make their choice due to mobility issues. However good practice allows pharmacy collection and delivery (in liaison with local GP practices). However this is not a contract and is not consistently provided across the borough but is at the discretion of the GP practice. This results in some of our disabled patients receiving different services. This is a potential area for improvement by consideration and agreement but it may have an impact for some disabled patients. This could mean that disabled patients are not always available in their locality. This could involve promotion of service availability to meet the needs of disabled or older patients. The survey analysis does not provide data for each of the protected groups (where declared by patients responding) e.g. are disabled patients as satisfied as our non disabled patients. Disability awareness training for pharmacy staff is under consideration e.g. how to use text relay to provide access to deaf or hearing impaired patients. Induction Hearing Loops are a main counter for people using a hearing aid, which are not always accessible in alternative formats. An Accessibility Statement on the website is one way of addressing good practice and fair access for vulnerable people. A survey was asked about accessibility to pharmacy premises for disabled people.
Gender	Yes	No	29% Male and 71% female response rates to the Public survey. Some of the issues raised are directed to addressing female conception issues. It does raise the question of reaching male patients, and if not, why not? This should be explored further.
Pregnancy or maternity	Yes	No	One of the strategic needs for Trafford is to address antenatal assessment. The PNA may not be able to identify a direct way to help the PNA will raise the issue.
Race	No	No	5% of respondents to the public survey described themselves as a different race. 11% preferred not to say. Their views are taken into account throughout the survey.
Religion and belief	Yes	No	57% of respondents considered themselves to be Christian, with 22% not declaring a faith or religion and 16% preferring not to say. Although the commissioning is specifically aimed at different religions or beliefs, the surveys may highlight issues such as the need for medicines which are kosher or halal, or do not contain alcohol.

Sexual Orientation	No	No	87% stated they were heterosexual/straight with 14% preferring not to say, the survey stated they were Lesbian, Gay or Bisexual. There are no specific services or health needs arising as part of a person's sexual orientation. Sexual orientation should be a consideration for pharmacy staff.
Other vulnerable group			
Marriage or Civil Partnership	No	No	Marital status was a question in the equality section of the public survey with 22% single, 16.22% preferred not to say. There are no specific services or health needs arising as part of a person's marital status but the views of the respondents will be taken into account via the public survey. Civil partnership awareness and information for staff should also be a consideration.
Gender Reassignment	No	No	One respondent out of 41 to the public survey said they identified with a different gender to that which they were assigned at birth and one respondent preferred not to say. There are no specific services put in place to address any health needs arising as part of a person's sexual orientation but the views of the respondents will be taken into account via the public survey.
Human Rights	Yes	No	No human rights concerns from feedback received.

If you have answered No to all the questions above and in question 10, explain below why you feel your activity has no relevance to Equality and Human Rights.

Section 4: Equality Information and Engagement

11 What equality information or engagement with protected groups has been used or undertaken to inform the activity. Please provide details.

Details of Equality Information or Engagement with protected groups	Internet link if published & date last published

pharmacy survey - this enquired with the pharmacy providers what services their pharmacy offered. It included questions related to customer access, including facilities for disabled customers and provision of targeted services, languages spoken by staff , **Public survey**- This asked about what services they liked or didn't like, how they accessed pharmacy services, what other services would the public like to be provided, amongst other questions. An equality survey to assess the demographic profile of respondents was also carried out.

The survey analysis will be published with the Pharmaceutical Needs Assessment in April 2014 on the Local Authority / Health and Wellbeing website

11.1 Are there any information gaps, and if so how do you plan to address them

The PNA does not currently look in any detail at each of the 9 local protected characteristic groups and any associated health inequalities. More specific research to look at the health needs and recognise the specific health inequalities of these protected groups may be undertaken in the JSNA or other document which will help inform future PNAs. Local councils sometimes have the resources to work with the voluntary sector to carry out such research on healthcare needs of local communities of interest eg Salford City Council and the local Orthodox Jewish communities needs.

Section 5: Outcomes of Equality Analysis

12 Complete the questions below to conclude the EA.

What will the likely overall effect of your activity be on equality?

The overall effect would be improved access to services which will impact disadvantaged groups in a positive manner

What recommendations are in place to mitigate any negative effects identified in 10.1?

The PNA will make recommendations which the HWB will consider to determine how services will be shaped.

What opportunities have been identified for the activity to add value by advancing equality and/or foster good relations?

PNA presents an opportunity to add value for equality and inclusion for local vulnerable people from protected groups. By consulting and engaging with the harder to reach, more marginalised groups we can improve our knowledge of the needs the pharmacies can meet through re-shaping of services such as location, services available, Equality Diversity and Human Rights aware staff who are confident in dealing with the needs of different groups who are often more vulnerable in many different ways. Also an awareness of the anticipatory duty to provide reasonable adjustments for vulnerable patients linked to fair access to information, services and premises is required.

What steps are to be taken now in relation to the implementation of the activity?

We have taken into account the findings of the patient survey for any adverse impacts on local vulnerable people from protected groups. We would ask that HWB take into account any adverse impacts / feedback detailed in this Equality Analysis when shaping future pharmacy services to be more inclusive to local protected group identified needs. It is important to give vulnerable groups a voice in re-shaping local services.

Section 6: Monitoring and Review

13 If it is intended to proceed with the activity, please detail what monitoring arrangements (if appropriate) will be in place to monitor ongoing effects? Also state when

The PNA must legally be reviewed every 3 years to assess the new pharmacy provision has addressed local health needs and will discuss up new areas for improvement. There is a significant change to service provision in the area before the 3 year deadline then the PNA will be redone at the earliest opportunity. The Local Authorities current communications systems with the public and specifically the protected groups to identify if there are any ongoing issues around the service provision from communities of interest patient reps should be encouraged to provide feedback to their local CCG on any barriers they perceive in accessing pharmacy services for

CCG commissioners, Local Authority
commissioners, NHS England.

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and available in the pharmacy
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of are pharmacy services

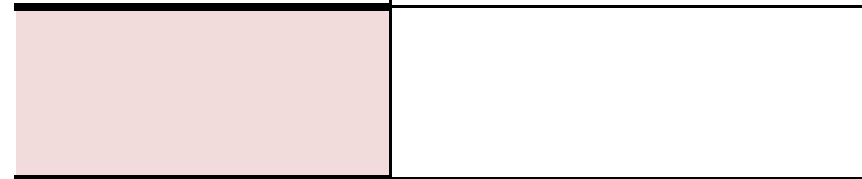
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PNA

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or local vulnerable people.