

## **EQUALITIES POLICY STATEMENT**

### **Pharmaceutical Needs Assessment: Commitment to equality of opportunity**

We aim to create a culture where people of all backgrounds and experience feel appreciated and valued. We are committed to achieving equality of opportunity through the commissioning of services and in service delivery. All people who access services will be treated fairly and without discrimination. Discrimination on the grounds of age, disability, gender reassignment, marriage and civil partnership, maternity and pregnancy, race, religion or belief, sex and sexual orientation (or any other unjustifiable criterion) will not be tolerated.

We are opposed to all forms of unlawful and unfair discrimination (including harassment of any kind). The Council will take appropriate action wherever instances of discrimination and harassment occur, in the delivery of services and in the course of employment. It will work effortlessly with its partners to develop effective procedures and policies to combat all forms of unlawful discrimination and to share good practice.

We will fulfil our legal obligations under the Equality Act 2010 and the associated Public Sector Equality Duty by giving 'due regard' to the need to:

- eliminate discrimination, harassment and victimisation;
- advance equality of opportunity between people who share a protected characteristic and those who do not; and
- foster good relations between different people when carrying out their activities

This will include removing and/ or minimising disadvantages, taking steps to meet the needs of different people and encouraging people from protected groups to participate in society.

### **Delivery of Services**

We will ensure that all services are provided fairly and without discrimination. Reasonable adjustments will be made so that services are accessible to everyone who needs them. Peoples cultural and language needs will be recognised and services will be provided which are appropriate to these needs.

We will monitor the take up of services from different sections of the Leicestershire population. The information collected will be used to inform service planning and delivery.

An Equality and Human Rights Impact Assessments (EHRIAs) will also be carried out on this Pharmaceutical Needs Assessment and all commissioned services to assess how services are provided to individuals and different sections of the community. The results of the EHRIAs will highlight areas for improvement, which will be addressed through service plans.

We are aware that the following equalities issues will need to be fully considered:

	<b>Comments</b>
<b>Age</b>	<p>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.</p> <p>Pre PNA Engagement responses – 60% &gt; 60 years, 31% 35-49 years, 9% &lt; 35 years</p> <p>Consultation responses - 63% &gt; 60 years, 32% 35-49 years, 4.5% &lt; 35 years – targeted consultation events included sure start centres and specific events targeted at younger people to ensure better representation of this group in the feedback.</p> <p>Statutory consultation – identified issues with access to EHC at suitable times and locations for young people referred by school nurses</p> <p>Younger people (&lt;25 years) are less aware of the services offered by pharmacies and the services they provide (over and above essential services) – younger adults with young families would like to see increased promotion of the services that they can access through pharmacy – both advertised through the pharmacy itself but also using other community outlets</p> <p>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.</p>
<b>Disability</b>	<p>Pre PNA Engagement responses – 26% of respondents reported a disability.</p> <p>Easy read version identified issues around communication with seldom heard groups needs to be improved eg with deaf people who</p>

	<p>need an interpreter</p> <p>Statutory consultation – 15% of responses reported a disability</p> <p>87% of respondents completing the easy read questionnaire reported they had a disability, 10% reported that they did not. Higher proportion of people completing the easy read version travelled to pharmacist by walking (this could be due to this being a combined response for LLR) and there was a higher % of people that tried to access their pharmacy when it was closed.</p> <p>PNA Statutory consultation – some groups, particularly those with disabilities such as deafness would like better communication in the form of translation/ interpretation and availability of easy read materials.</p> <p>Role of pharmacy to support independent living – for example development of dementia friendly schemes or domiciliary medicines support - should be addressed in the PNA</p> <p>Statutory consultation – respondents would like pharmacies to make information available in easy read formats</p>
<b>Gender Reassignment</b>	
<b>Marriage and Civil Partnership</b>	
<b>Pregnancy and Maternity</b>	<p>A number of specific engagement events were held in sure-start centres to gather views from people with young families. This raised awareness of the fact that younger families would like to make more use of pharmacies but they are less aware than older people of the services that are available.</p>
<b>Race</b>	<p>Pre PNA Engagement responses – 91% white, 4% Asian or Asian British, 4% other or not stated</p> <p>PNA Statutory consultation – 88% white, 9% Asian or Asian British, 3% other or not stated</p>

	<p>Consultation responses - some groups, particularly those from ethnic minorities, would like better communication in the form of translation/ interpretation services</p> <p>The final PNA analysis will include an additional section looking at access by drive and walk times for people who live in deprived areas and people from BME communities to ensure they have the same levels of access as the overall population.</p> <p>Hindu community would like more translation available</p>
<b>Religion or Belief</b>	<p>Pre PNA Engagement responses – 63% Christian, 25% none, 5% prefer not to say, 7% Hindu, 2% other, 1% Buddhist, 1% Muslim</p> <p>Consultation responses – 60% Christian, 26% none, 4% prefer not to say, 8% Hindu</p> <p>Muslim community would like more female pharmacists available in the community and more publicity about when people can see a female pharmacist for a consultation – feedback through targeted events</p>
<b>Sex</b>	<p>Pre PNA Engagement responses – 61% female and 39% male</p> <p>Consultation – 60% female and 40% male</p>
<b>Sexual Orientation</b>	<p>Pre PNA Engagement responses – 87% heterosexual, 7% prefer not to say, 4.5% bisexual, 1% gay, 0.5% lesbian</p> <p>The consultation process included working with the LGBT community to gather feedback.</p>
<b>Other groups e.g. rural isolation, deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, deprived or disadvantaged communities</b>	<p>Pre PNA Engagement responses – identified rural isolation issues, particularly in the professionals questionnaire</p> <p>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.</p> <p>Specific issues around rural access have been highlighted in the PNA Statutory consultation,</p>

	<p>particularly around the Essential Small Pharmacy Contracts (Wymeswold and Houghton on the Hill) that will be addressed in more detail in the final report. Rural access issues were also identified in Bagworth.</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 in light of the changes to the ESPLPS contracts.</p> <p>Travellers – identified as a high risk population that pharmacy could support better. Travellers reported that they preferred accessing pharmacy for advice rather than the GP and difficulties accessing pharmacies from the fixed travellers site Bagworth (nearest pharmacy is in Ibstock, 6 miles away and this is not accessible by public transport). Medicines advice for the travelling population needs to be written in using more accessible language, with easy read available.</p> <p>Inequalities in North West Leicestershire and Charnwood identified as an issue by Healthwatch - The final PNA analysis will include an additional section looking at access by drive and walk times for people who live in deprived areas and people from BME communities to ensure they have the same levels of access as the overall population</p> <p>Cross border issues,, particularly in rural areas where services are provided and/ or commissioned by other areas – for example in Kegworth</p> <p>Issues around out of hours services and rural access. Transport concerns raised.</p> <p>Comments about delivery services</p>
<p><b>Community Cohesion</b></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</p>

	<p>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 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>
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Before awarding contracts enquiries will be made of potential contractors about their equalities policies and practices. Contract documents will contain terms requiring contractors to comply with their statutory equality obligations and the Council's equalities policies and practices.

The County Council takes complaints seriously. Members of the public, including job seekers, who feel they have been unfairly treated, have the right to use the County Council's complaints procedure.