

# Integrated Impact Assessment (IIA)

## Informing our approach to fairness

Proposal: Pharmaceutical Needs Assessment 2022 to 2025

Date of assessment: 29.06.22

Lead Officer: Claire Toas, Public Health Portfolio Lead Epidemiology and Intelligence

Assessment team: Jessica Hamilton, Public Health Analyst.

Version: 1

Planned review date: 2025

## **Section A: Current service**

### **1. What does the service / function / policy do?**

A Pharmaceutical Needs Assessment (PNA) describes the health needs of the population, current pharmaceutical services provision, and any gaps in that provision. It also identifies potential new services to meet health needs and help achieve the objectives of current and future strategic plans, while taking account of financial constraints.

The PNA aims to determine if there are sufficient community pharmacies to meet the needs of the population. The document will be used to ensure that decisions about applications for market entry for pharmaceutical services are based on robust evidence, as well as inform commissioning plans about services that could be provided by community pharmacists and other providers to meet local need. Additionally, the PNA will support the commissioning of high-quality pharmaceutical services which reflect the health needs and ambitions outlined within the Joint Strategic Needs Assessment (JSNA).

### **2. Who do we deliver this service / function / policy for?**

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 Clinical Commissioning Groups (CCGs) and Local Authorities who commission other pharmacy services. NHS England will use this PNA to help inform decisions related to applications for new pharmacies to determine the need for new pharmacies and/or extended hours. City Futures Board partners will use this PNA to inform the commissioning of services from Newcastle pharmacies to meet the needs of our local population. Community pharmacies are responsible for delivering the services discussed, including dispensing and repeat dispensing; support for self-care; signposting patients to other healthcare professionals; participation in set public health campaigns; and disposal of unwanted medicine.

### **3. Why do we deliver this service / function / policy?**

The Health Act 2009<sup>1</sup> introduced a legal requirement for all Primary Care Organisations (PCOs) to publish an updated PNA by 1<sup>st</sup> February 2011. The Health and Social Care Act 2012 transferred the responsibility for developing and updating PNAs to Health and Wellbeing Boards (HWBs). All HWBs were required to produce a PNA by 1<sup>st</sup> April 2015 and subsequently every 3 years. Due to the Covid-19 pandemic there was a national agreement to delay the refresh of the 2021 PNA to October 2022.

### **4. How much do we currently spend on this service / function / policy?**

Not applicable. The PNA is a statutory obligation for Local Health and Wellbeing Boards to complete and publish every 3 years. There is no expenditure or income attached that directly comes to the Local Authority in relation to this duty, the Public Health team received pharmaceutical expertise from North England Commissioning Support Unit (NECS) to ensure the legislation and clinical aspects of the PNA were correct. For NECS' time, the Public Health team paid £6,841.

### **5. How many people do we employ to deliver this service / function / policy?**

Not applicable. This needs assessment is part of the statutory duty of the City Futures Board and therefore is a part of their workplan. There are no officers employed specifically to fulfil this duty, the

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<sup>1</sup> <https://www.legislation.gov.uk/ukpga/2009/21/contents>

Public Health team have completed this function on behalf of the City Futures Board with input from a steering group of key stakeholders.

## **Section B: Proposal for future service**

### **1. How do we proposed to change the service / function / policy?**

The PNA is not a new policy, service or function but will be refreshed as per legislation to 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.

If any gaps are identified between now and the next version of the PNA being produced in 2025 through pharmacy closure or change in service, the City Futures Board has a process to issue a supplementary statement and attach it to the PNA as per the legislation.

The PNA provides a conclusion and recommendations for future services around pharmacy provision. These are recommendations and suggestions and are up to NHS England and business authority who commission and approve new pharmacy/pharmacy services.

### **2. What evidence have we used to inform this proposal?**

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
- Office for Health Improvement and Disparities (OHID) (formally PHE)
- Office for National Statistics (ONS)
- Newcastle City Council
- Newcastle Future Needs Assessment (JSNA)
- Public survey on pharmaceutical service provision
- Community pharmacy surveys on pharmaceutical service provision
- Synthesis from other national data sets, legislation and statistics

### **3. What will be the financial impact of this proposal?**

There will no financial impacts as a result of this proposal.

### **4. What will be the impact upon our employees of this proposal?**

There will be no impact upon our employees.

## Section C: Consultation

### 1. Who did we engage with to develop this proposal?

**Who have we engaged with to develop this proposal:** PNA Steering Group (Public Health Pharmacist, Public Health Intelligence Specialist, Clinical Commissioning Group rep, NHS England rep, Local Pharmaceutical Committee rep, Local Medical Committee rep, Healthwatch rep, LA Planning rep, Hospital Trust rep).

**When/how:** Regular steering group meetings (online) and email correspondence.

**Main issues raised:** No negative impacts/issues foreseen or raised

**Who have we engaged with to develop this proposal:** Members of the public

**When/how:** A pharmacy provision survey ran 9<sup>th</sup> February to 9<sup>th</sup> April, shared through various channels. Paper formats were available, but no requests were received. Connected Voice, a Newcastle-based organisation offering advice and support to the voluntary sector and communities, publicised the consultation to their members through their email bulletin. Additionally, a video of Newcastle City Council's Specialist Pharmacy Advisor was posted on Facebook and Twitter, encouraging the public to take part in the consultation. The video reached 1,600 people across the two platforms.

**Main issues raised:** No negative issues/impacts raised. Feedback was generally positive on pharmacy services in the area.

**Who have we engaged to develop this proposal:** Local Community Pharmacies.

**When/how:** Survey shared with Newcastle pharmacies via Pharmoutcomes (online platform for communication to pharmacies).

**Main issues raised:** No negative impacts/issues raised

### 2. Who do we want / need to engage with during consultation?

**Who want to engage with during consultation:** The draft PNA will be shared publicly with the following statutory stakeholders:

- North of Tyne Local Pharmaceutical Committee
- Newcastle and North Tyneside Local Medical Committee
- All persons on the pharmaceutical lists, including dispensing appliance contractors
- Newcastle Gateshead Clinical Commissioning Group
- Newcastle Healthwatch
- Newcastle-Upon-Tyne Hospitals NHS Foundation Trust, and CNTW Mental Health NHS Foundation Trust
- NHS England
- Neighbouring HWBs in Gateshead, South Tyneside, Northumberland and North Tyneside
- General Practitioners
- General public via the Council website and Healthwatch

- North East and North Cumbria Integrated Care Board

**When / how:** The draft PNA will be shared via the Let's Talk website, with an email sent to key stakeholders above to submit notice of consultation. Other key channels such as social media, newsletters and briefings will be considered to reach wider audiences.

### **3. Who provided feedback during the consultation process? (to be completed post-consultation)**

**Who provided feedback in the consultation process (to be completed post-consultation):**

Members of the public, Local Representative Committees and Pharmacies provided feedback. A total of 27 responses were received via Let's Talk Newcastle, in addition to an email response from the Senior Primary Care Manager at NHS England (North East and North Cumbria).

**When / how:** Feedback was provided and received via Let's Talk Newcastle between the period of 13<sup>th</sup> July 2022 – 12<sup>th</sup> September 2022.

**Main issues raised:** An overview of responses can be found in Appendix 5 of the PNA document.

## **Section D: Impact assessment**

The section below sets out actual or potential disadvantages or benefits that may arise from implementing this proposal. This assessment is set out for people with characteristics protected by the Equality Act 2010 and other broader areas of potential impact.

### **People with protected characteristics**

#### **Age**

**Type of impact:** No impact

**Detail of impact:** A number of commissioned services are targeted for specific age groups i.e. NHS Health Checks for 40-74 year olds, but these are nationally mandated programmes with evidence basis around age restrictions/target groups. The survey did not identify negative impacts of the PNA on access or other service provision on the basis of age.

**How will this be addressed or mitigated?:** No mitigation required

#### **Disability**

**Type of impact:** Actual benefit

**Detail of impact:** The PNA has specific sections around disabled access for physical disabled people plus those with vision/hearing impairment. The pharmacy provision survey found that there is unaided wheelchair access in 87% of pharmacies that answered the survey, with a further two pharmacies stating they had plans to address this in the next 12 months. Each PNA locality has at least two pharmacies with unaided wheelchair access. All pharmacies have access to British Sign Language Interpretation and Languages service via a national NHS England contract and this is emphasised in the PNA.

**How will this be addressed or mitigated?:** No mitigation required

#### **Gender reassignment**

**Type of impact:** No impact

**Detail of impact:** The PNA and the survey did not identify impacts

**How will this be addressed or mitigated?:** No mitigation required

## **Pregnancy and Maternity**

**Type of impact:** No impact

**Detail of impact:** The PNA and the survey did not identify impacts

**How will this be addressed or mitigated?:** No mitigation required

## **Religion and Belief**

**Type of impact:** No impact

**Detail of impact:** The PNA and the survey did not identify impacts

**How will this be addressed or mitigated?:** No mitigation required

## **Sex**

**Type of impact:** Actual disadvantage

**Detail of impact:** Since the last PNA, the National Chlamydia Screening Programme changed guidelines to offer opportunistic screening to females only (those asymptomatic). Opportunistic screening for Chlamydia in pharmacies tends to be offered alongside those seeking Emergency Hormonal Contraception (EHC).

**How will this be addressed or mitigated?:** As this change has been driven by a national change in evidence based policy in 2021, local pharmacies must follow the new guidelines. However, there is still screening available for males who are symptomatic via the Sexual Health Service which pharmacies will be able to signpost.

## **Sexual Orientation**

**Type of impact:** No impact

**Detail of impact:** The PNA and the survey did not identify impacts

**How will this be addressed or mitigated?:** No mitigation required

## **Marriage and Civil Partnership**

**Type of impact:** No impact

**Detail of impact:** The PNA and the survey did not identify impacts

**How will this be addressed or mitigated?:** No mitigation required

## **Carers**

**Type of impact:** No impact

**Detail of impact:** The PNA and the survey did not identify impacts

**How will this be addressed or mitigated?:** No mitigation required

## **Race**

**Type of impact:** Actual benefit

**Detail of impact:** The PNA highlights the increasing diversity of Newcastle and how this may relate to pharmacy provision. A section of the PNA also considers language provision and identifies where pharmacies offer advice/support in other languages including Hindi, Punjabi, Urdu, Farsi and French. The PNA and the survey did not identify any negative impacts.

**How will this be addressed or mitigated?:** No mitigation required

## **Other potential impacts**

### **People vulnerable to socio-economic impacts**

The PNA split the City geographically into localities based on Index of Multiple Deprivation, and population size. Each locality has approximately 51,000 residents. The PNA found no negative

impacts on people vulnerable to socio-economic impacts with most services universally available. Most of the population lived within walking distance of a pharmacy (less than 30 minutes) or via public transport. Opening hours give sufficient access to those who may work shifts or unsociable hours.

## **Businesses**

Not applicable.

## **Geography**

The PNA split the City geographically into localities based on Index of Multiple Deprivation, and population size. Each locality has approximately 51,000 residents. The PNA concludes that most localities have sufficient access to community pharmacy provision and services. The exception is the Dinnington area but notes that there is currently an application in progress to open a pharmacy in this area and as stated above, the majority of the population live with 30 minutes of a pharmacy.

## **Community cohesion**

No negative impacts to community cohesion were identified by the PNA.

## **Community safety**

No negative impacts to community safety were identified by the PNA.

## **Public Health**

The PNA includes a section on the wider health needs of the population and how this may relate to pharmacy services. All pharmacy services have a remit to provide wider health and lifestyle advice as well as refer clients to other public health services where appropriate. The PNA did not identify any negative impacts to public health. The PNA is an evidence base to consider public health in the context of pharmaceutical provision which is a positive impact.

## **Climate**

No negative impacts to climate were identified by the PNA. The PNA considers accessibility to pharmacies by green methods such as walking and use of public transport.