

### **EQUALITY IMPACT ASSESSMENT AND ANALYSIS (EqIAA)**

#### **PHARMACEUTICAL NEEDS ASSESSMENT (PNA) 2018**

##### **SECTION 1 - INTRODUCTION**

The main purpose of the PNA is to map current pharmaceutical service provision against demographics and health needs, and identify any current or future gaps.

PNA's provide an up to date statement of the needs for pharmaceutical services of the local population. PNA's identify the existing pharmaceutical services in the area on a 'pharmaceutical list and map' and compare the level of provision with the demand of local people.

PNA's are used by the NHS to make decisions on which NHS funded services should be provided by local pharmacies and to determine 'market entry' applications to the pharmaceutical list. To be successful, applicants must prove they are able to meet a pharmaceutical need as set out in the PNA.

The main activities of the PNA are to identify and address any local gaps in pharmaceutical service, and enable commissioners to make appropriate decisions on commissioning new services.

The main users of the PNA are current and prospective future providers of pharmaceutical services within Health and Wellbeing board areas (and in neighbouring HWB areas), service users, public health, service commissioners.

It is intended that the PNA be published in April 2018. Updates to this Equality Impact Assessment and Analysis and the Pharmaceutical Needs Assessment will be communicated via the Health & Wellbeing Board.

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## SECTION 2 - RESEARCH AND CONSULTATION

The following data provides background information for the Equality Impact Assessment and Analysis by describing population-level data of relevance to the PNA.

### *Age – ONS 2015 mid-year estimates*

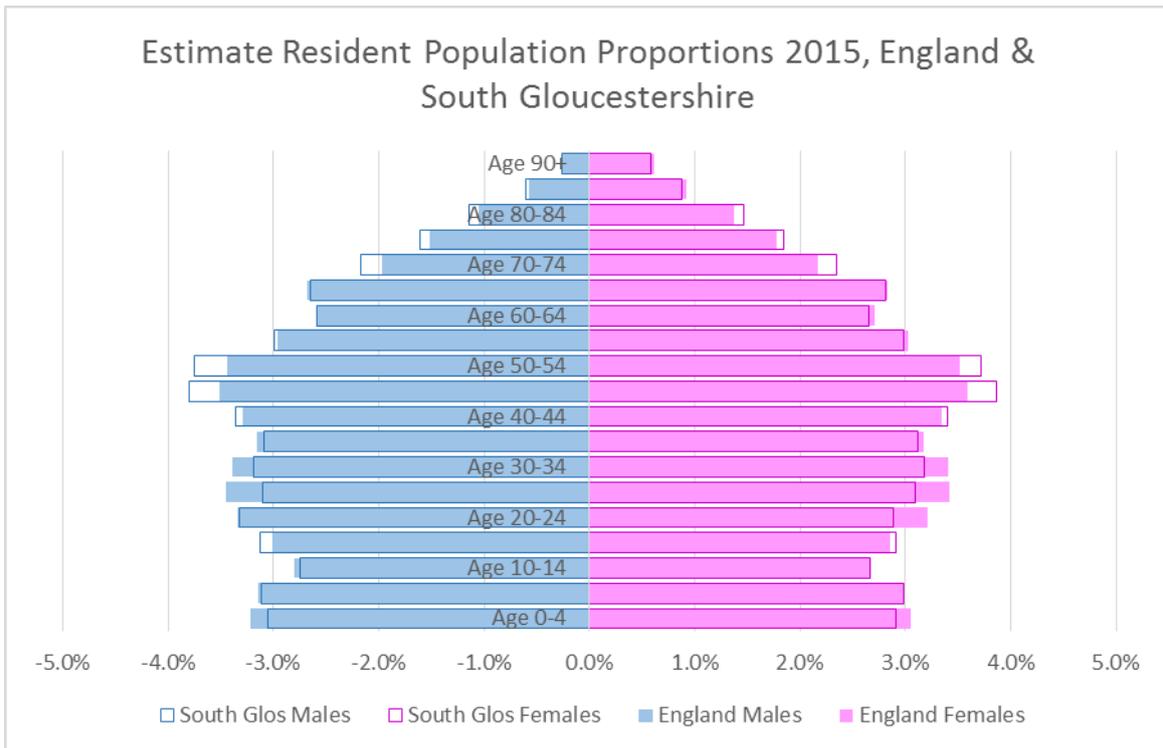
<b>Age</b>	<b>Males</b>	<b>Females</b>
0-4	8381	7983
5-9	8553	8212
10-14	7535	7320
15-19	8569	8003
20-24	9120	7934
25-29	8523	8519
30-34	8763	8751
35-39	8485	8575
40-44	9211	9355
45-49	10431	10630
50-54	10312	10210
55-59	8211	8205
60-64	7101	7288
65-69	7284	7746
70-74	5971	6445
75-79	4421	5086
80-84	3121	4021
85-89	1646	2428
90+	717	1595

South Gloucestershire has a slightly older population compared to England with a larger than average middle-aged population.

The proportion of 0-15 year olds is 18.6%, very similar to the England average of 19.0%.

South Gloucestershire also has a very similar proportion of those of working age (63.1%) compared to England (63.3%).

Older people aged over 65 make up 18.4% of the population, greater than the 17.7% for England.



**Source: ONS mid-year population estimates 2015**

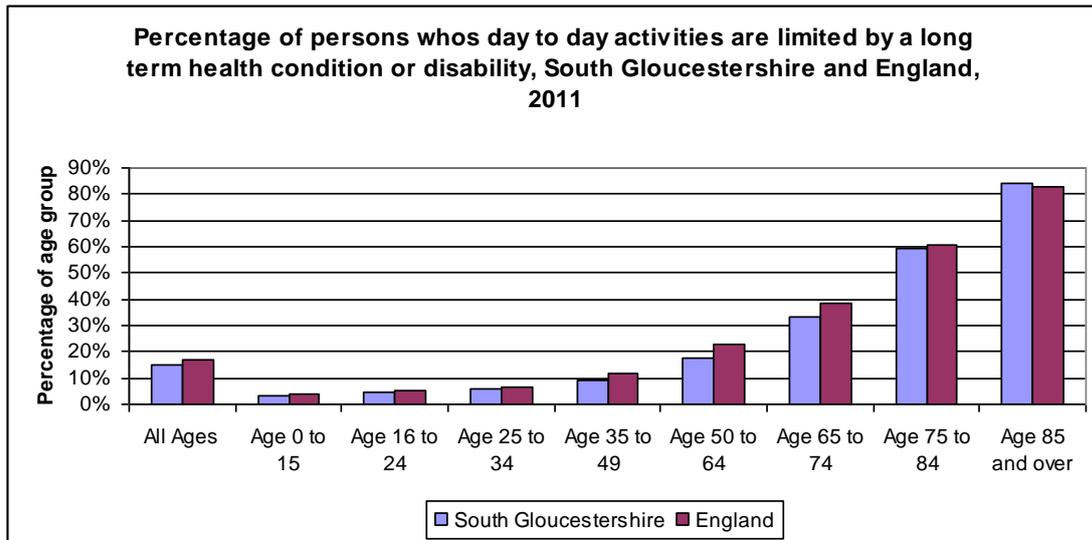
### Limiting long term illness and disability

Across all ages, the estimated number of people living in South Gloucestershire who have a limiting long term health problem or disability is 39,000, which equates to 15% of the South Gloucestershire population, a lower percentage than England as a whole.

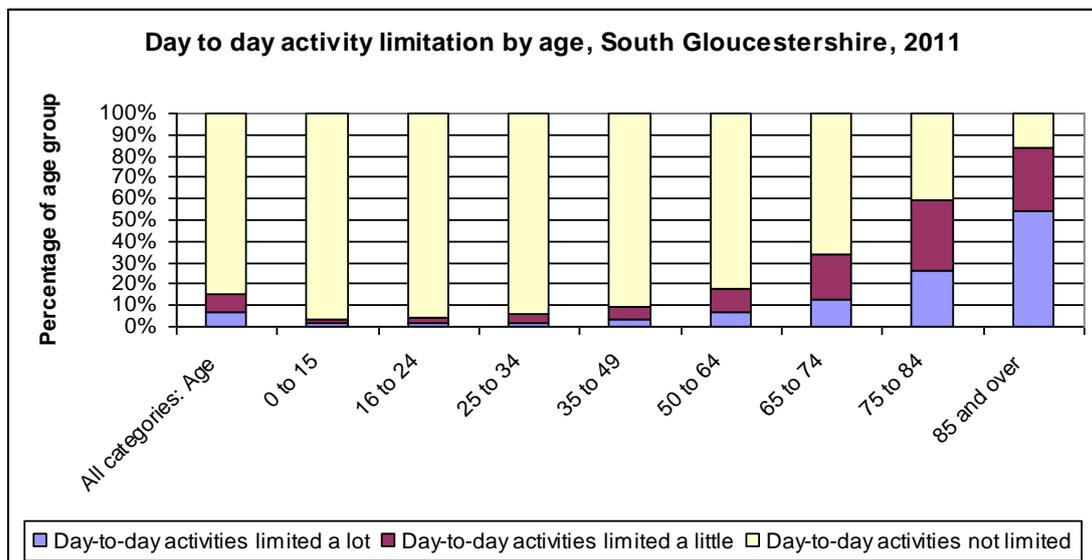
Approximately 16,450 (6.4%) persons are reported to have their daily activities limited a lot, this figure increases with age with 3% of under 65s reporting day to day activities being limited a lot compared to 13% of 65-74 year olds, 27% of 75 to 84 year olds, and 54% of those aged 85 and over.

**Percentage of persons whose day to day activities are limited by a long term health condition or disability, and number of persons whose day to day activities are limited by category**

Age	Day-to-day activities limited a lot	Day-to-day activities limited a little	Day-to-day activities not limited
All ages	16452	22582	219173
0 to 15	673	995	48232
16 to 24	457	738	26279
25 to 34	615	1143	29378
35 to 49	2016	3390	53580
50 to 64	3317	5236	39185
65 to 74	3005	5007	15868
75 to 84	3823	4683	5896
85 and over	2546	1390	755



Source: census 2011



Source: census 2011

### Sensory impairment

There are an estimated 8,790 people living with some degree of sight loss in South Gloucestershire. Of this total, 5,660 are living with mild sight loss, 1,960 are living with moderate sight loss and 1,160 are living with severe sight loss. 3.2% of the total population of South Gloucestershire are living with sight loss, compared to 3.1% of the total population of England.

By 2030, it is expected there will be 12,620 people in South Gloucestershire living with sight loss, an increase of 43.6%. By 2030, the number of people living with severe sight loss is estimated to be 1,740, an increase of 50.0%.

As of 2013/14, there are 740 people in South Gloucestershire that are registered as blind or partially sighted. Of the people registered as blind or partially sighted in South Gloucestershire, 54% are registered as blind and 46% are registered as partially sighted.

Source: RNIB Sight Loss Data Tool Version 3.4 (extracted 2017)

### ***Hearing impairment***

Approximately 28,874 people (over 18) are estimated to have a moderate or severe hearing impairment in South Gloucestershire, of whom 6,700 are estimated to be of working age (18-64).

640 people (or 60 of working age) are estimated to have a profound hearing impairment, and the Census 2011 indicates 136 people in South Gloucestershire for whom sign language is recorded as their main language.

**Source: “Projecting Adult Needs and Service Information” for 2017 (extracted 2017)**

### ***Physical impairment***

13,318 people (of working age 18-64) are estimated to have a moderate physical disability in South Gloucestershire, and a further 3,939 are estimated to have a serious physical disability.

**Source: “Projecting Adult Needs and Service Information” for 2017 (extracted 2017)**

### ***Mental health***

The number of people in South Gloucestershire that are estimated to have a common mental disorder of some sort is 27,151

**Source: “Projecting Adult Needs and Service Information” for 2017 extracted 2017.**

The number of people that accessed mental health services in South Gloucestershire in 2010/11 was 3574, of which 60% were women, and 24% were females aged 65 and over.

**Source: NHS Information Centre for Health and Social Care.**

The proportion of the South Gloucestershire GP registered population registered as having a severe mental illness is 0.56%, compared to 0.90% nationally. This register includes all patients with a diagnosis of schizophrenia, bipolar affective disorder and other psychoses.

**Source: QOF data, NHS digital**

### ***Learning difficulties/disabilities***

5209 people (over 18) are estimated to have a learning disability of some level in South Gloucestershire, of whom 1086 people (over 18) are estimated to have a moderate or severe learning disability.

**Source: “Projecting Adult Needs and Service Information” for 2017 (extracted 2017)**

### ***Autism***

1,703 people (18-64) are estimated to have autistic spectrum disorders of some level in South Gloucestershire.

Source: "Projecting Adult Needs and Service Information" for 2017 (extracted 2017)

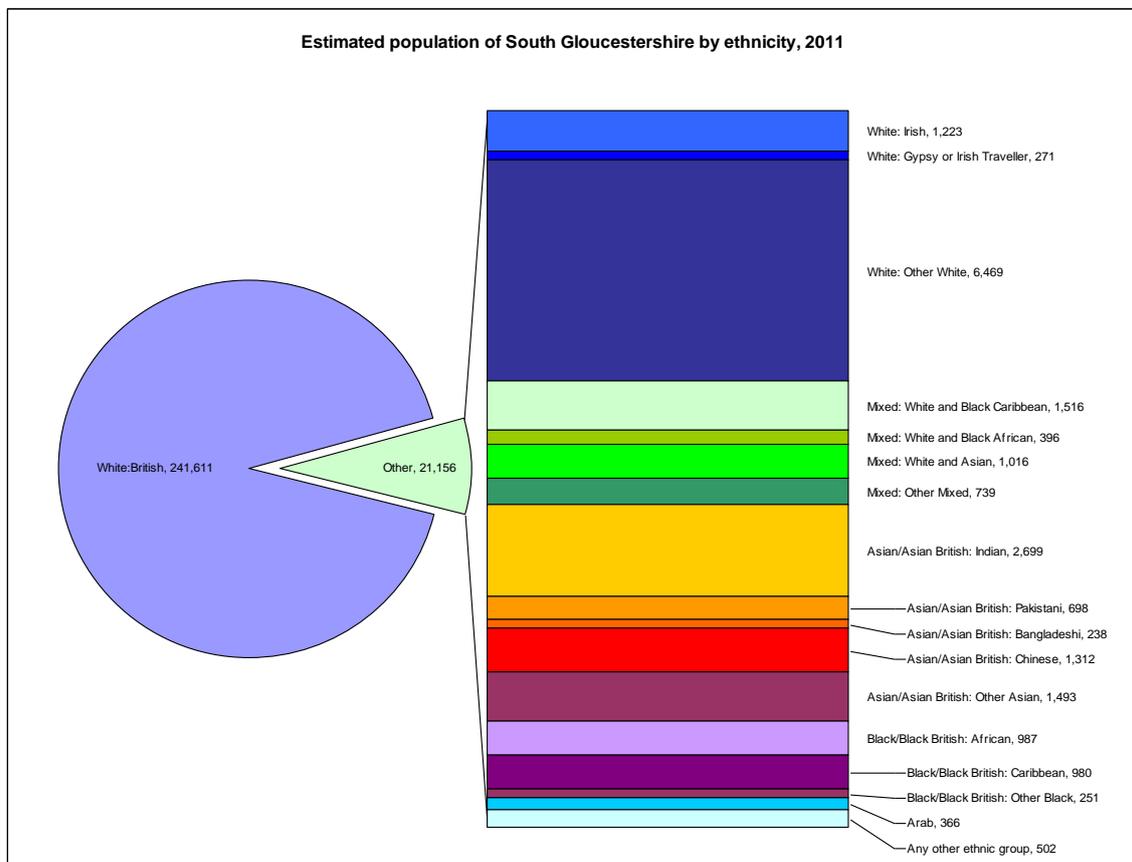
### Carers

The Census 2011 estimates that 27,640 people in Bristol are informal Carers. This represents 10.5% of the population, which is very slightly higher than the England average of 10.2% as Carers.

The majority of these provide care for under 19 hrs/wk (19,280 people) but 5,380 people provide care for over 50 hrs/ wk.

### Ethnicity

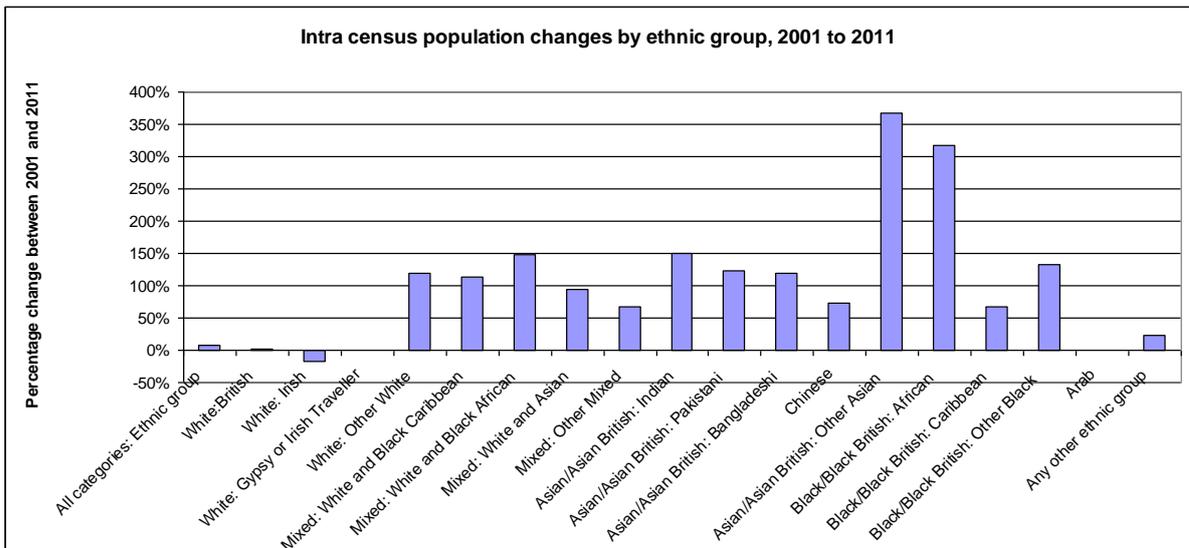
Data from the 2011 census indicates that 92% of the population are White British in South Gloucestershire, higher than the 80% for England as a whole.



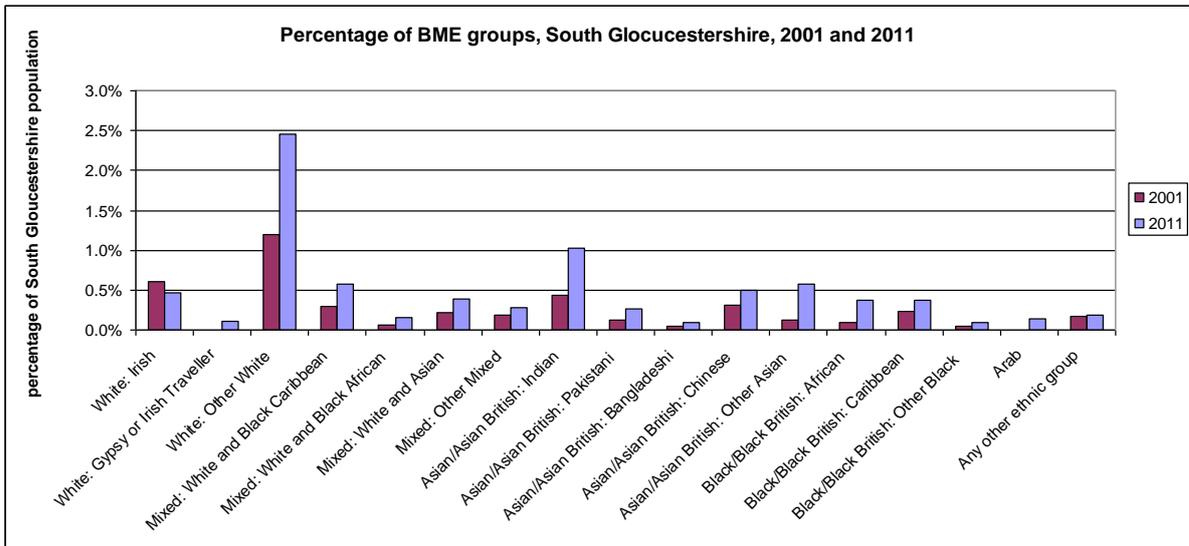
Source: Census 2011

Since the last census the percentage of White British has fallen from 96% mainly due to increases in ethnic diversity in the area. The ethnic groups that have seen the largest percentage increase since the last census are 'Other Asian' groups and 'Black African'.

(It is worth noting that the ethnicity classifications have altered since the 2001 census, with no Gypsy and Irish Traveller or Arab classifications in previous the 2001 data).



Two of the largest ethnic groups in South Gloucestershire remain White Other and Indian (it may not be possible to compare White Irish due to classification changes outlined above).



93.4% of South Gloucestershire residents were born in the UK, 2.7% born in an EU country (inc. Ireland) and 3.9% born in countries outside of the EU.

### Gypsy and Traveller populations

There are two official traveller sites in South Gloucestershire, Patchway and Winterbourne. Data from the 2011 census estimates that the White Gypsy or Traveller population is approximately 270 (0.1%) in South Gloucestershire, the same percentage as both England and the South West. Due to the cultural practices of this ethnic group this figure will be under constant flux, and it is likely that the census figure may represent settled travellers or those on permanent sites and not those actively travelling or on temporary, private or unlicensed sites. It is therefore likely that the census figure is an undercount of the true traveller population at any one time in South Gloucestershire.

The South Gloucestershire school census data shows that in Spring 2015 0.3% of its pupils described their ethnicity as Gypsy, Roma or Irish Traveller. The proportions were generally higher in the year groups 2 to 6 (average 0.4%) with very low numbers in secondary education average (0.1%).

According to the Accommodation Assessment the main communities in South Gloucestershire are Romany Gypsies 36% (English/Welsh) and Irish Travellers 21% with small numbers of Travelling Show People.

**Source: South Gloucestershire Council and the City of Bristol Council Gypsy, Traveller and Travelling Show people Accommodation Assessment, Opinion Research Services. 2014**

However the Ethnic Minority and Traveller Achievement Service (EMTAS) data below illustrates the proportions of traveller ethnicity for the school age population and accommodation tenure. Locally this is understood to be a closer representation of the current GRT populations in South Gloucestershire. By their nature the proportions of nomadic populations have temporal patterns, and this needs to be noted by future needs assessments.

#### **ETHNICITY**

Total Number of Children	English/Welsh Gypsies	Irish Travellers	Fairground/Circus Families
328	30%	52%	17%

#### **ACCOMMODATION**

Total Number of Children	Authorised Council Sites	Authorised Private Sites	House	Fairground Sites	Unauthorised Encampments
328	21%	20%	36%	17%	6%

**Source: Ethnic Minority and Traveller Achievement Service Data**

#### **Religion and Belief**

	Number	Percentage
Christian	156504	59.6%
Buddhist	708	0.3%
Hindu	1681	0.6%
Jewish	145	0.1%
Muslim (Islam)	2176	0.8%
Sikh	623	0.2%
Other religion	888	0.3%
No religion	80607	30.7%
Religion not stated	19435	7.4%

**Source: Census 2011**

The majority of South Gloucestershire residents reported that they were Christian or had no religion. The largest religions other than Christianity are Islam and Hinduism, but overall South Gloucestershire non Christian religions make up a smaller proportion compared to England as a whole.

	2001	2011	% change in counts
Christian	73.92%	59.56%	-13.80%
Buddhist	0.14%	0.27%	108.24%
Hindu	0.28%	0.64%	145.40%
Jewish	0.05%	0.06%	7.41%
Muslim (Islam)	0.37%	0.83%	142.59%
Sikh	0.14%	0.24%	80.58%
Other religion	0.23%	0.34%	59.43%
No religion	17.46%	30.68%	87.98%
Religion not stated	7.42%	7.40%	6.62%

**Source: Census 2001 and Census 2011**

There has been a great shift in self-reported religion in South Gloucestershire in the last 10 years. The number and proportion of people reporting themselves as being Christian has fallen considerably, large increases have been observed amongst Hindus and Muslims, the proportion of whom in South Gloucestershire has more than doubled in the last 10 years.

### **Sexual Orientation**

The government estimates that 5-7% of the population are lesbian, gay or bisexual, so based on updated 2011 population figures South Gloucestershire may have 15,700 people who are lesbian, gay or bisexual (estimate 13,100 – 18,400).

Note – Sexual orientation is not included as a category in the Census, so specific figures are not available. However, the Census 2011 did show that the number of people in South Gloucestershire cohabiting in a same sex relationship or a registered same-sex civil partnership is over 1,300.

The Gender Identity Research and Education Society, GIRES, estimate (in 2011) that 0.6%-1% of the population (16+) experience some degree of gender variance, which in South Gloucestershire (based on 16+ population of 212,800) would equate to 1,280 – 2,130 people. The majority of these would continue to live in their birth gender and not request medical intervention, and GIRES estimate that, at some stage, about 0.2% may undergo treatment for gender transition – an estimate of up to 430 people in South Gloucestershire.

## **Other Issues to Consider**

### **Usage of online services**

It is important that access to online services is raised by this EqIAA as some pharmaceutical services are offered by digital means and this would therefore have a differential impact on some protected characteristic groups.

The research report “Understanding digital exclusion in South Gloucestershire: Data summary for South Gloucestershire digital inclusion strategy, April 2013” makes the following findings:

***“...we can assume at a district level, there are key groups that will need to be treated as more likely to be digitally excluded than other residents, and there are concentrations of these types of populations located throughout South Gloucestershire”.***

Digitally included / active traits in South Gloucestershire – the LSOAs with the top 10% online response rates tend to have:

- People aged under 65 years, particularly those aged between 16 to 44 years
- People who are in employment
- Populations where there are more people with higher level qualifications
- more people in employment
- a higher percentage of the population whose main language is not English
- a lower proportion of people claiming key out-of-work benefits

Digitally excluded / inactive traits in South Gloucestershire – based on the data analysed, the bottom 10% of online response rates do not show such clear traits as the highest 10%. These LSOAs tend to have:

- People aged over 65 years, particularly those aged over 75 years
- People who have classed themselves as having a limiting illness
- Populations where there are more people with no qualifications
- People who are out of work or who are claiming out-of-work-benefits, particularly those who live in rural areas and are unable to access public provision of internet such as via libraries

Consultation was carried out from 4<sup>th</sup> September 2017 until 27<sup>th</sup>. As part of the consultation we welcomed comments made online and by letter, email, fax and over the phone and these contact methods were promoted on consultation literature.

Key issues emerging from the consultation are

- 24 hours access to services
  - Access to services from more rural locations
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## SECTION 3 - IDENTIFICATION AND ANALYSIS OF EQUALITIES ISSUES AND IMPACTS

As a result of the research conducted thus far, we believe that we have pharmaceutical provision that meets the needs of the population regardless of protected characteristics. This will need to be reviewed for the next PNA as a result of future housing developments. The following table sets out key issues in respect of Protected Characteristic groups that we will ensure are addressed by the PNA.

Protected Characteristic	Issues Emerging
<b>Age</b>	<p>The need for pharmaceutical services rises with age, for example for those older people living with multiple long term conditions. It is important that recommendations emanating from the PNA account for this factor which results in more people from older age groups having a need to access pharmaceutical services.</p> <p>Older people have reported that they are less likely to use the internet than other groups of the population. Some pharmaceutical services are offered by digital means and this would therefore have a differential impact on some protected characteristic groups.</p>
<b>Disability</b>	<p>It is important that physical access to pharmacy buildings is ensured.</p> <p>Our research shows that disabled people have a significantly lower rate of internet usage when compared to the population as a whole. Therefore it is important the PNA uses this information to ensure accessibility to services for disabled people and people with a limiting illness is maintained and continuously developed.</p>
<b>Marriage and Civil Partnership</b>	No impacts noted.
<b>Pregnancy and Maternity</b>	Access to sexual health services and contraception as pharmacies offer elements of this service provision.
<b>Gender Reassignment</b>	Access to private consultation rooms is a factor that is considered important in respect of this protected characteristic. This is a factor that should also be taken into account for the whole population.
<b>Race</b>	Access to translation services may sometimes be required as it is important that pharmacies are able to provide services to all, taking into account diversity.
<b>Religion</b>	An awareness of different religious beliefs is important for pharmacies in order to ensure access to appropriate information.
<b>Sex</b>	No issues noted.
<b>Sexual Orientation</b>	Access to private consultation rooms is a factor that is considered important in respect of this protected

	characteristic. This is a factor that should also be taken into account for the whole population.
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## SECTION 4 - EqIAA OUTCOME

Outcome	Response	Reason(s) and Justification
Outcome 1: No major change required.	<input checked="" type="checkbox"/>	As a result of this analysis, there are no major changes required to the PNA, however section 5 below highlights the issues of 24 hour services and rurality, which will continue to be monitored across protected characteristic groups.
Outcome 2: Adjustments to remove barriers or to better promote equality have been identified.	<input type="checkbox"/>	
Outcome 3: Continue despite having identified potential for adverse impact or missed opportunities to promote equality.	<input type="checkbox"/>	
Outcome 4: Stop and rethink.	<input type="checkbox"/>	

## SECTION 5 - ACTIONS TO BE TAKEN AS A RESULT OF THIS EqIAA

- The impact of access to 24 hours services and services in rural locations will continue to be monitored in order to establish any health impact and potential for growth of pharmaceutical services in future

## SECTION 6 - EVIDENCE INFORMING THIS EqIAA

Census 2001

Census 2011

ONS 2015 mid-year estimates

RNIB Sight Loss Data Tool Version 3.4 (extracted 2017)

“Projecting Adult Needs and Service Information” for 2017 (extracted 2017)

QOF data, NHS digital

South Gloucestershire Council and the City of Bristol Council Gypsy, Traveller and Travelling Show people Accommodation Assessment, Opinion Research Services. 2014

Ethnic Minority and Traveller Achievement Service Data

Gender Identity Research and Education Society, GIRES data

Understanding digital exclusion in South Gloucestershire: Data summary for South Gloucestershire digital inclusion strategy, April 2013