

Equality Impact Assessment (EIA) Tool:

Title of proposal	Leicester City Pharmaceutical Needs Assessment
Name of division/service	Public Health
Name of lead officer completing this assessment	Gary Forbes
Date EIA assessment commenced	01/05/2025
Date EIA assessment completed (<i>prior to decision being taken as the EIA may still be reviewed following a decision to monitor any changes</i>)	
Decision maker	Director
Date decision taken	

EIA sign off on completion:	Signature	Date
Lead officer	Gary Forbes	
Equalities officer (has been consulted)	Surinder Singh	10 June 2025
Divisional director		

Please ensure the following:

- a) That the document is **understandable to a reader who has not read any other documents** and explains (on its own) how the Public Sector Equality Duty is met. This does not need to be lengthy but must be complete and based in evidence.
- b) That available support information and data is identified and where it can be found. Also be clear about highlighting gaps in existing data or evidence that you hold, and how you have sought to address these knowledge gaps.
- c) That the equality impacts are capable of aggregation with those of other EIAs to identify the cumulative impact of all service changes made by the council on different groups of people.
- d) That the equality impact assessment is started at an early stage in the decision-making process, so that it can be used to inform the consultation, engagement and the decision. It should not be a tick-box exercise. Equality impact assessment is an iterative process that should be revisited throughout the decision-making process. It can be used to assess several different options.
- e) Decision makers must be aware of their duty to pay 'due regard' to the Public Sector Equality Duty (see below) and 'due regard' must be paid before and at the time a decision is taken. Please see the Brown Principles on the equality intranet pages, for information on how to undertake a lawful decision-making process, from an equalities perspective. Please append the draft EIA and the final EIA to papers for decision makers (including leadership team meetings, lead member briefings, scrutiny meetings and executive meetings) and draw out the key points for their consideration. The Equalities Team provide equalities comments on reports.

1. Setting the context

Describe the proposal, the reasons it is being made, and the intended change or outcome. Will the needs of those who are currently using the service continue to be met?

Every Health and Wellbeing Board (HWB) in England has a statutory responsibility to publish and keep an up-to-date statement of the needs for pharmaceutical services of the population in its area, referred to as a Pharmaceutical Needs Assessment (PNA).

The PNA is a key document which is used by the local NHS England and NHS Improvement Area Team to assess applications for new, additional or relocated premises. It will also be used by NHS England and NHS Improvement to make decisions in the commissioning of NHS funded services that can be provided by local community pharmacies. Additionally, Local Authorities and Integrated Care Boards (ICBs) may use the PNA when commissioning services to meet local health needs and priorities.

This is the fifth PNA for Leicester (previously published in 2011, 2015, 2018 and 2022) and this draft PNA is required to be approved by the Leicester Health and Wellbeing Board by October 2025.

The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the minimum information that must be contained within a PNA and outline the process that must be followed in its development. The regulations require that a series of statements be contained in the PNA. In summary, the regulations require a series of statements of:

- the pharmaceutical services that the Health and Wellbeing Board has identified as services that are necessary to meet the need for pharmaceutical services
- the pharmaceutical services that have been identified as services that are not provided but which the Health and Wellbeing Board is satisfied need to be provided in order to meet a current or future need for a range of pharmaceutical services or a specific pharmaceutical service
- the pharmaceutical services that the Health and Wellbeing Board has identified as not being necessary to meet the need for pharmaceutical services but have secured improvements or better access
- the pharmaceutical services that have been identified as services that would secure improvements or better access to a range of pharmaceutical services or a specific pharmaceutical services, either now or in the future
- other NHS services that affect the need for pharmaceutical services or a specific pharmaceutical service

Other information to be included or taken into account:

- how the Health and Wellbeing Board has determined the localities in its area
- how it has taken into account the different needs of the different localities and the different needs of those who share a protected characteristic
- a report on the consultation
- a map that identifies the premises at which pharmaceutical services are provided
- Information on the demography of the area
- whether there is sufficient choice with regard to obtaining pharmaceutical services
- any different needs of the different localities
- the provision of pharmaceutical services in neighbouring Health and Wellbeing Board areas

Each HWB must also consult (for a minimum period of 60 days) with a number of statutory consultees including Local Pharmaceutical Committee (LPC), Local Medical Committee (LMC), any persons in the pharmaceutical lists and any dispensing doctors, any Local Pharmaceutical Service (LPS) in its area providing local services by arrangement with the NHS Commissioning Board, any Local

Healthwatch organisation, any other patient, consumer or community group with an interest in provision of pharmaceutical services in the area, NHS trust or NHS foundation trust, NHS Commissioning Board (e.g. NHS England) and any neighbouring Health and Wellbeing Board about the provision of pharmaceutical services within its area and the PNA draft.

This PNA concludes that there is adequate provision of pharmaceutical services for the population of Leicester overall. It has been noted that there are differences in local provision of services across the city and it may be that residents in some areas have to travel a little further to access a particular service or travel further out of normal working hours. This brief impact assessment aims to consider the equality issues that may be present, and address them where possible, however it should be noted that the PNA is a high level document and, as such, further work will need to be done, by all partners involved, to identify any equalities impacts as work progresses; for example as services are commissioned, procured, in the contract management of services and as operational decisions about service provision are made.

2. Equality implications/obligations

Which aims of the Public Sector Equality Duty (PSED) are likely be relevant to the proposal? In this question, consider both the current service and the proposed changes.

a. Eliminate unlawful discrimination, harassment and victimisation

- How does the proposal/service aim to remove barriers or disproportionate impacts for anyone with a particular protected characteristics compared with someone who does not share the same protected characteristics?
- Is this a relevant consideration? What issues could arise?

Pharmacies across Leicester City all aim to provide services which are accessible to all residents. For example, many pharmacies have staff who speak the languages of local residents and have facilities which are accessible for people who have a disability. Rather than uniform provision, the PNA guides commissioning decisions based on identified needs. This ensures that resources are allocated to address specific health inequalities, thereby promoting fair access for all.

b. Advance equality of opportunity between different groups

- Does the proposal/service advance equality of opportunity for people?
- Identify inequalities faced by those with specific protected characteristic(s).
- Is this a relevant consideration? What issues could arise?

[Leicester's Joint Strategic Needs Assessment](#) considers age, gender, ethnicity, religion and language across the city helps to indicate potential inequalities in access. The PNA considers the demographics of the population by local area (six locality areas: Central, East, North, North West, South and West Leicester) where data is available and relates this to local pharmaceutical service provision. Additionally, a consultation with the public and individual pharmacies provided an opportunity to feedback on the availability and accessibility of local pharmacy services.

Community pharmacies provide much more than a medicine dispensing services; they provide expertise in the use of medicines and promoting their safe and effective use. They can also provide a number of locally commissioned services, tailored to local population needs which include emergency hormonal contraception, C-Card (Condom provision and sexual health advice), needle exchange, supervised methadone consumption, naloxone service, H.Pylori screening service, palliative care and child influenza vaccination service. By offering more services in local communities closer to people's homes, pharmacists and their teams can improve patient care and reduce health inequalities through:

- personalised pharmaceutical services
- expanding access and choice
- more help with medicines
- reducing inappropriate hospital admissions
- supporting patients as they move between hospital and the community
- supporting healthy living and better care improving communications and relationships.

A recent addition launched in January 2024 is Pharmacy First service builds on the NHS Community Pharmacist Consultation Service which has run since October 2019. The consultation service enables patients to be referred into community pharmacy for a minor illness or an urgent repeat medicine supply. It is expected that use of this service will increase over time and will reduce the pressure on GP practices by freeing up appointment times.

c. Foster good relations between different groups

- Does the service contribute to good relations or to broader community cohesion objectives?
- How does it achieve this aim?

- Is this a relevant consideration? What issues could arise?

Pharmacy services have a pivotal role in community cohesion. Community pharmacists are the most accessible health care professionals for the general public. Pharmacies can be particularly effective in providing services to more hard-to-reach groups as they offer a walk-in service and do not require an appointment. They also offer valuable advice and support for people in making lifestyle choices and in managing their own health conditions. The role of pharmacies in the delivery of the wider health agenda will be essential to supporting the health and care system going forwards.

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 residents 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 new medicine services, the health promotion campaigns or the services that are commissioned by LCC and the ICBs. They are a significant community asset.

Fostering good relations also involves promoting understanding between people who share a protected characteristic and others. By providing services which are accessible to all and meet the needs of the residents of Leicester, regardless of protected characteristic, the likelihood of perceptions of unfair treatment of certain groups, in comparison to other groups, is minimised. This helps support the basis for good relationships between groups of people who share a protected characteristic and those who do not.

3. Who is affected?

Outline who could be affected, and how they could be affected by the proposal/service change. Include people who currently use the service and those who could benefit from, but do not currently access the service. Where possible include data to support this.

All residents of Leicester City are able to make use of community pharmacies. They can offer a more accessible environment for hard-to-reach groups who need health advice or treatment for minor illnesses and can be an alternative to making a GP appointment.

The PNA makes an assessment of the different services currently provided by pharmacies within the locality areas of Leicester. It also notes new services (Pharmacy First service for minor ailments) or expansions to services (such as contraception services), that are coming into effect from Autumn 2025. By making more services available to local residents, this can help deflect some of the work from GPs and offer services without the need for an appointment. Additionally, the ICB 5-year plan intends to move towards a neighbourhood approach which will further consider the needs of local population groups with a view to reducing health inequalities and improving health outcomes.

4. Information used to inform the equality impact assessment

- What **data, research, or trend analysis** have you used?
- Describe how you have got your information and what it tells you
- Are there any gaps or limitations in the information you currently hold, and how you have sought to address this? E.g. proxy data, national trends, equality monitoring etc.

The PNA has used a variety of data sources to review the different characteristics of Leicester residents, their health needs and outcomes which include the Census 2021 and health profiles (eg <https://fingertips.phe.org.uk/>) Additionally, consultations have been undertaken to collate public views of pharmacy services and information from pharmacies including accessibility facilities within premises and additional languages spoken by staff. The consultation was a survey and was advertised and promoted through Face newsletters in Leicester City Council, Community Development Team in local forums, and also posters with a QR codes for pharmacies to display. The survey was available to be completed from 3 February to 30 April 2025.

This PNA has used ONS population counts to provide population numbers by six locality areas within Leicester. This has been used to estimate the number of pharmacies available to residents within their local area and highlight potential differences in provision. Population characteristics of Leicester residents have been taken into account through the use of Census 2021, ONS Mid-2022 population estimates and Leicester Health and Wellbeing survey 2024 data. This has allowed consideration of different services that may be required in different local areas of Leicester:

- Broad age groups show that the East (14.5%), South (14.1%) and North (13.9%) of the city contain higher proportions of older people (65 years and over). A younger population is found in the east and north west locality areas (28.5% of east locality and 28.4% in north west area population are under 19).
- Leicester's population is made up of 41% White, (33% White British and 8% other White ethnic groups) and 43% of the population are Asian/Asian British (34% Indian, 9% other Asian groups). Ethnic groups vary across the city with the South (61.2%), West (52.6%) and North West (42.5%), locality areas of the city having higher proportions of residents classified as white British and the North (90.5%), Central (79.7%) and East (72.9%) locality areas having higher proportions of residents classified as BAME.

- Religion is diverse in Leicester with a quarter Christian (25%), 24% Muslim, 23% with no religion and 18% Hindu. Christian residents are more likely to live in the North and North West localities of Leicester (where 37% of residents are Christian) whilst residents with no religion are more likely to live in the South of the city (40% of residents here have no religion). There is a greater proportion of the population who identify as Muslim living in the centre of the city (45%) and a greater proportion of the population who identify as Hindu live in the North of the city (51%).
- There are over 100 languages spoken in Leicester. English is the main language spoken by 67% of Leicester's population, Gujarati is the language spoken most often by 13% of Leicester residents with Punjabi spoken most often by 4% of the population. Gujarati is spoken most widely in the North of the city (main language of 37% of population) followed by the Central locality (13%) and East (10%) of the city. Punjabi is spoken as the main language most in the East (4%) and North (4%) of the city. Urdu is spoken most widely as the most common language in the centre of the city (2%). Polish is spoken more widely in the North West and West of the city (the main language of 5% of each population).
- Around 12% report living in overcrowded households in Leicester. This rate is highest in the north (22%) and central localities (15%) of the city.
- Based on the 2021 census, provision of unpaid care is highest in the south locality area of Leicester where almost 9% of residents in each area provide some level of unpaid care. West Leicester has the highest percentage of residents (2.8%) providing over 50 hours of unpaid care per week
- At the time of the 2021 census, car ownership was lowest in the centre of the city where 43.0% of households did not have a car or van available to them. The east of the city had the highest proportion of car ownership and 22% of households not having a car or van available to them. Overall, 33.3% of Leicester residents did not have a car or van available to them.
- In Leicester, 73% of residents have some form of qualification or level of education, while over a quarter (27%) of Leicester residents are degree educated. 11% of Leicester residents are educated to GCSE level with 16% of residents achieving A Level or equivalent qualifications. Amongst those most likely to have no formal qualifications are those residing in the North of Leicester (East: 39%, Leicester overall: 27%).
- Data relating to sexual orientation was asked within the 2021 Census. This was not answered by around 12% of respondents. Of those providing a response, 96.2% of adults identified as straight or heterosexual, and 3.8% as Lesbian, Gay, Bisexual or Other

Consideration of differences in these characteristics will help pharmacies in planning how their services are delivered, and what services will be useful, with respect for people with different characteristics. Eg for those with a disability or different religious and cultural requirements.

Demographic or information relating to protected characteristics is not available for all services considered in the PNA. Age, sex and ethnicity data is collected for some services including sexual health services for under 25s (Emergency Hormonal Contraception, C-card condom service). This will be used by commissioners to assess equity of access and uptake across different groups within the city.

Census data will help to inform some of the different population characteristics in Leicester relating to the time of the 2021 Census, many of these will not be updated in any regular on-going basis. Office for National Statistics (ONS) provide population projections by 5 year age bands, which will assist in estimating changes in population number and structure over the next 10 years for service planning. ONS also provide regular basic migration counts of movement in and out of Local Authorities but this is not broken down into any detail.

Additionally, a public survey was carried out in Spring 2025 which collected some information on protected characteristics. This is reviewed later in the report.

5. Consultation

Have you undertaken consultation about the proposal with people who use the service or people affected, people who may potentially use the service and other stakeholders? What did they say about:

- What is important to them regarding the current service?
- How does (or could) the service meet their needs? How will they be affected by the proposal? What potential impacts did they identify because of their protected characteristic(s)?
- Did they identify any potential barriers they may face in accessing services/other opportunities that meet their needs?

A public consultation was carried out in Spring 2025 to assess the views of Leicester residents accessing pharmaceutical services. The consultation was a survey and was advertised and promoted through Face newsletters in Leicester City Council, Community Development Team in local forums, and also posters with a QR codes for pharmacies to display. These are shown in section 6. There was also a Professional consultation which allowed Pharmacists to comment on the services they currently provide and any

additional services they would provide with the appropriate training this was also carried out in Spring 2025. Additionally, there will be a further, statutory 60-day consultation in June-July 2025. The results of these will be included in the final published report.

6. Potential Equality Impact

Based on your understanding of the service area, any specific evidence you may have on people who use the service and those who could potentially use the service and the findings of any consultation you have undertaken, use the table below to explain which individuals or community groups are likely to be affected by the proposal because of their protected characteristic(s). Describe what the impact is likely to be, how significant that impact is for individual or group well-being, and what mitigating actions can be taken to reduce or remove negative impacts. This could include indirect impacts, as well as direct impacts.

Looking at potential impacts from a different perspective, this section also asks you to consider whether any other particular groups, especially vulnerable groups, are likely to be affected by the proposal. List the relevant groups that may be affected, along with the likely impact, potential risks and mitigating actions that would reduce or remove any negative impacts. These groups do not have to be defined by their protected characteristic(s).

Protected characteristics

Impact of proposal:

Describe the likely impact of the proposal on people because of their protected characteristic and how they may be affected. Why is this protected characteristic relevant to the proposal? How does the protected characteristic determine/shape the potential impact of the proposal? This may also include **positive impacts** which support the aims of the Public Sector Equality Duty to advance equality of opportunity and foster good relations.

Risk of disproportionate negative impact:

How likely is it that people with this protected characteristic will be disproportionately negatively affected? How great will that impact be on their well-being? What will determine who will be negatively affected?

Mitigating actions:

For disproportionate negative impacts on protected characteristic/s, what mitigating actions can be taken to reduce or remove the impact? You may also wish to include actions which support the positive aims of the Public Sector Equality Duty to advance equality of opportunity and to foster good relations. All actions identified here should also be included in the action plan at the end of this EIA.

a) Age

Indicate which age group/s is/ are most affected, either specify general age group (children, young people, working aged people or older people) or specific age bands.

What is the impact of the proposal on age?

Pharmacy services are used by all age groups, although requirements and uptakes of different services will vary amongst age groups. Pharmacies can tailor their services to meet local populations; eg pharmacies serving a younger patient group may offer more childhood vaccinations and sexual health services, and with older populations who are more likely to have medication for long term conditions, more monitored dosage, home delivery, care home and palliative care services may be offered.

What is the risk of disproportionate negative impact on age?

Local services not offered by pharmacies may result in residents having to travel further to pharmacies offering the required services. They may experience delays in obtaining health advice or receiving repeat medication or there may be potential misuse of medicines (eg where elderly patients experiencing a change in medication and are not able to access advice to help them understand proper use eg where new medicines service not offered).

What are the mitigating actions?

The PNA includes a recommendation to keep under review the services offered within pharmacies to minimise inequalities in access. This includes improved service provision of services such as new medicines service which aims to give patients better understanding and health outcomes from their medication. The public consultation has also highlighted delays in availability of medicines, which have been highlighted within the report for further investigation. The ICB 5-year plan is also looking at a neighbourhood approach to tailor services to meet local needs and reduce inequalities, working to improve outcomes for specific patient groups.

b) Disability

A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities. If specific impairments are affected by the proposal, specify which these are. Our standard categories are on our equality monitoring form – physical impairment, sensory impairment, mental health condition, learning disability, long standing illness, or health condition.

What is the impact of the proposal on disability?

The Equality Act 2010 says that disabled people have the right 'reasonable adjustments' that make services accessible to them. A survey has been undertaken with Leicester pharmacies to gain information on additional facilities available at pharmacies to assist

access for people with disabilities. To date only 17 of 83 pharmacies have responded*: 10 respondents had large print labels/leaflets, 5 had wheelchair ramp access, 8 had dementia-friendly space, 3 had automatic door assistance, 1 had a hearing loop, 6 had a bell at the door, 3 had a disabled toilet facility and 2 pharmacies reported having none of the above. **The survey has been kept open until end of July to enable more pharmacies to respond and full results will be reported in the final publication of the PNA.*

What is the risk of disproportionate negative impact on disability?

The potential risks of pharmacies not having facilities or aids to assist people with disabilities are that patients may be unable to access their nearest pharmacy and have further to travel to access a pharmacy with appropriate aids, or be dependent on friends or families to assist them, potentially delaying access to healthcare advice and services

What are the mitigating actions?

Information about accessibility facilities may be available on individual pharmacy websites or found by contacting the pharmacy directly. Pharmacies not reporting whether disability access facilities are available should be encouraged to make this information available. This will enable assessment of whether disability access is adequate within all locality areas of Leicester. Additionally, a review of complaints and feedback from service users may provide further information in relation to issues experienced and whether further adaptations can be made available to improve access.

The ICB 5-year plan is also looking at a neighbourhood approach to tailor services to meet local needs and reduce inequalities, working to improve outcomes for specific patient groups.

c) Gender reassignment

Indicate whether the proposal has potential impact on trans men or trans women, and if so, which group is affected. a trans person is someone who proposes to, starts, or has completed a process to change his or her gender. A person does not need to be under medical supervision to be protected.

What is the impact of the proposal on gender reassignment?

This information was not collected in the consultation.

What is the risk of disproportionate negative impact on gender reassignment?

It is not known whether patients within this group may experience difficulties in seeking health advice and medication from their local pharmacy.

What are the mitigating actions?

Pharmacies could consider whether they can be more inclusive of service users who have a range of different gender identities eg. use of an LGB+ friendly sticker, reviewing policies and practises to ensure that they are fully inclusive, eg the use of gender neutral language in policies and staff LGB+ or transgender awareness training.

d) Marriage and civil partnership

Please note that the under the Public Sector Equality Duty this protected characteristic applies to the first general duty of the Act, eliminating unlawful discrimination, only. The focus within this is eliminating discrimination against people that are married or in a civil partnership with regard specifically to employment.

What is the impact of the proposal on marriage and civil partnership?

This information was not collected in the consultation.

What is the risk of disproportionate negative impact on marriage and civil partnership?

The Equality Act 2010 only protects you from discrimination at work because you are married or in a civil partnership (rather than in service provision).

What are the mitigating actions?

This is not considered to be directly relevant to pharmaceutical service provision.

e) Pregnancy and maternity

Does the proposal treat someone unfairly because they're pregnant, breastfeeding or because they've recently given birth.

What is the impact of the proposal on pregnancy and maternity?

This information was not collected in the consultation

What is the risk of disproportionate negative impact on pregnancy and maternity?

Pharmacies offer various services related to pregnancy and maternity including contraception and emergency hormonal contraception services (EHC), advice on medications, vaccines and breastfeeding. They can also offer guidance on nutrition and supplements and smoking cessation. Where these services are not offered locally, patients may have to travel further to access the service or seek alternative provision. This could result in sexually transmitted infections and unwanted pregnancies.

What are the mitigating actions?

Pharmacies could review their policies and practises using evidence such as service user feedback and complaints to see whether there are any reported access issues in this area. In relation to contraception services, from October 2025, the service is being expanded to allow community pharmacies to provide both routine oral contraception and EHC as part of the new Community Pharmacy Contractual Framework for 2024/25 and 2025/26. This will make contraception more accessible to local communities without the need for a GP appointment.

The ICB 5-year plan is also looking at a neighbourhood approach to tailor services to meet local needs and reduce inequalities, working to improve outcomes for specific patient groups.

f) Race

Race refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins. A racial group can be made up of two or more distinct racial groups, for example Black Britons, British Asians, British Sikhs, British Jews, Romany Gypsies and Irish Travellers.

What is the impact of the proposal on race?

Leicester is a very diverse city with over half of residents from non-White British ethnic groups. English is not the main language spoken by 30% of Leicester residents. For residents who cannot speak English at all or speak English well, accessing pharmacy services could be problematic where they are unable to communicate effectively with staff. This could result in misunderstanding, having to travel to another pharmacy or relying on family or friends.

Two surveys were undertaken to gather further information relating to both public satisfaction with pharmacy services and with the pharmacies themselves. This included data around any additional languages spoken by pharmacy staff.. In the pharmacy survey, responses from 26/83 pharmacies show that in addition to English, the most commonly reported languages spoken by pharmacy staff were Gujarati (86%), Urdu (64%) and Punjabi (46%). 23% of respondents reported Arabic, (14%) Bengali (Sylheti or Chatgaya) as languages spoken by pharmacy staff.

**The survey has been kept open until end of July to enable more pharmacies to respond and full results will be reported in the final publication of the PNA.*

For the public survey, this was available in other languages by request.

Some diseases and long-term conditions are more prevalent in certain races (eg diabetes is more prevalent in South Asian communities). The PNA considers ethnic groups, prevalence of long-term conditions and provision of services within the locality areas. This can help inform whether appropriate services are available within local pharmacies.

What is the risk of disproportionate negative impact on race?

For residents whose first language is not English or who cannot speak English well, language barriers could result in a potential risk of delay in obtaining health advice and medications with possible serious outcomes where patients have difficulties in communicating with or accessing pharmacy services.

If pharmacies do not cater for diseases more prevalent in their local communities there is a risk of patients not receiving health and lifestyle advice they need and potentially developing complications earlier.

What are the mitigating actions?

Many pharmacies in Leicester have staff who speak additional languages. Pharmacies could review their service user feedback and complaints to see whether there are any reported access issues in this area to consider. They could consider recruiting staff who are of a variety of races, speak a second language, use of interpretation services.

The ICB 5-year plan is also looking at a neighbourhood approach to tailor services to meet local needs and reduce inequalities, working to improve outcomes for specific patient groups.

g) Religion or belief

Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief and includes a lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition. This must be a belief and not just an opinion or viewpoint based on the present state of information available and;

- be about a weighty and substantial aspect of human life and behaviour
- attain a certain level of cogency, seriousness, cohesion, and importance, and
- be worthy of respect in a democratic society, not incompatible with human dignity and not in conflict with fundamental rights of others. For example, Holocaust denial, or the belief in racial superiority are not protected.

Are your services sensitive to different religious requirements e.g., times a customer may want to access a service, religious days and festivals and dietary requirements

What is the impact of the proposal on religion or belief?

Almost half (47%) of respondents stated they had no religion and another 23% stated they had Christian beliefs. The other highest percentages of respondents had Muslim (14%) and Hindu (7%) faiths. There was no mention in the feedback that there were any issues relating to accessing services due to faith, however as there are large non-Christian populations in Leicester and the feedback shows an under-representation of these groups monitoring and consideration should continue.

What is the risk of disproportionate negative impact on religion or belief?

Lack of customer care appropriate to faith beliefs could be a barrier to access and as a result could be a potential risk of delay in obtaining health advice and medications with possible serious outcomes where facilities within the pharmacy are not appropriate for different cultures or religions.

What are the mitigating actions?

Pharmacies could review their policies and practises using evidence such as service user feedback and complaints to see whether there are any reported access issues in this area to consider. Eg any religious or cultural barriers to groups accessing the service. Given Leicester has a large Muslim population in parts of the city, appropriate signage and contents of medications, e.g. vaccinations not containing certain animal products and the availability of alternatives would be useful.

The ICB 5-year plan is also looking at a neighbourhood approach to tailor services to meet local needs and reduce inequalities, working to improve outcomes for specific patient groups.

h) Sex

Indicate whether this has potential impact on either males or females.

What is the impact of the proposal on sex?

Despite over 70% of respondents to the public survey being female no gender specific issues were highlighted

What is the risk of disproportionate negative impact on sex?

Patients may experience difficulties or delays in seeking health advice and medication from their local pharmacy where it does not have staff or a pharmacist of the same sex.

What are the mitigating actions?

Pharmacies should ensure appropriate male/female staff are available to assist with gender specific services eg sexual health related services.

i) Sexual orientation

Indicate if there is a potential impact on people based on their sexual orientation. The Act protects heterosexual, gay, lesbian or bisexual people.

What is the impact of the proposal on sexual orientation?

Despite 89% of respondents to the public survey stating their sexual orientation was heterosexual no specific issues were highlighted.

What is the risk of disproportionate negative impact on sexual orientation?

Pharmacy customer care that is not fully inclusive of lesbian, gay and bisexual (LGB) + (the plus sign represents sexual orientations not included in the term LGB) service users may result in inappropriate advice and information being provided to patients within this group or may result in people choosing not to access these pharmacy services which may result in difficulties seeking health advice and medication from staff at their local pharmacy.

What are the mitigating actions?

Pharmacies could review their policies and practises using evidence such as service user feedback and complaints to see whether there are any reported access issues in this area to consider. eg. relating to sexual health services.

7. Summary of protected characteristics

a. Summarise why the protected characteristics you have commented on, are relevant to the proposal?

Services provided at pharmacies are available to all residents, including those with a variety of protected characteristics. We have therefore considered the needs and accessibility for those with protected characteristics. The PNA is a high level assessment of pharmaceutical services across Leicester. Data relating to protected characteristics is not relevant to all services. However, some services such as sexual health services and substance misuse services collect data on protected characteristics to assess equity of access and uptake separately.

b. Summarise why the protected characteristics you have not commented on, are not relevant to the proposal?

There are no anticipated impacts in relation to marriage and civil partnership. The Equality Act only protects people at work on the basis of their marriage or civil partnership. The PNA focuses solely on service provision.

8. Armed Forces Covenant Duty

The Covenant Duty is a legal obligation on certain public bodies to 'have due regard' to the principles of the Covenant and requires decisions about the development and delivery of certain services to be made with conscious consideration of the needs of the Armed Forces community.

When Leicester City Council exercises a relevant function, within the fields of healthcare, education, and housing services it must have due regard to the aims set out below:

a. The unique obligations of, and sacrifices made by, the Armed Forces

These include danger; geographical mobility; separation; Service law and rights; unfamiliarity with civilian life; hours of work; and stress.

b. The principle that it is desirable to remove disadvantages arising for Service people from membership, or former membership, of the Armed Forces

A disadvantage is when the level of access a member of the Armed Forces Community has to goods and services, or the support they receive, is comparatively lower than that of someone in a similar position who is not a member of the Armed Forces Community, and this difference arises from one (or more) of the unique obligations and sacrifices of Service life.

c. The principle that special provision for Service people may be justified by the effects on such people of membership, or former membership, of the Armed Forces

Special provision is the taking of actions that go beyond the support provided to reduce or remove disadvantage. Special provision may be justified by the effects of the unique obligations and sacrifices of Service life, especially for those that have sacrificed the most, such as the bereaved and the injured (whether that injury is physical or mental).

Does the service/issue under consideration fall within the scope of a function covered by the Duty (healthcare, education, housing)? Which aims of the Duty are likely to be relevant to the proposal? In this question, consider both the current service and the proposed changes. Are members of the Armed Forces specifically disadvantaged or further disadvantaged by the proposal/service? Identify any mitigations including where appropriate possible special provision.

This information was not collected in the formal consultation. Military personnel have access to free prescriptions via health centres on the barracks, so no issues should arise.

9. Other groups

Other groups:

Impact of proposal:

Describe the likely impact of the proposal on children in poverty or any other people who we may consider to be vulnerable, for example people who misuse substances, care leavers, people living in poverty, care experienced young people, carers, those who are digitally excluded. List any vulnerable groups likely to be affected. Will their needs continue to be met? What issues will affect their take up of services/other opportunities that meet their needs/address inequalities they face?

While many characteristics are not collected during the public survey, those caring for someone else was collated. Of the responses 20% said they cared for another person aged 18 and over and 18% said they were a carer for someone under 18 years..

Risk of disproportionate negative impact:

How likely is it that this group of people will be negatively affected? How great will that impact be on their well-being? What will determine who will be negatively affected?

No specific issues were noted however it is known that some issues for carers of others can be accessing the correct medications, expenses incurred while picking up the medications, communication issues due to language barriers and understanding any side affects and contraindications

Mitigating actions:

For negative impacts, what mitigating actions can be taken to reduce or remove this impact for this vulnerable group of people? These should be included in the action plan at the end of this EIA. You may also wish to use this section to identify opportunities for positive impacts.

Pharmacies should make sure that information around medications is easy to understand and communicated appropriately to carers.

a. Care Experienced People

This is someone who was looked after by children's services for a period of 13 weeks after the age of 14', but without any limit on age, recognising older people may still be impacted from care experience into later life.

What is the impact of the proposal on Care Experienced People?

This information was not collected within the consultation

What is the risk of negative impact on Care Experienced People?

Some people after leaving care may struggle with financial difficulties among other issues, so easing this part of their lives could assist

What are the mitigating actions?

Some areas of the country provide people who have left care with free prescriptions to help ease financial pressure and this could be adopted within Leicester City if resources allow.

b. Children in poverty

What is the impact of the proposal on children in poverty?

Children in poverty is a big issue in Leicester with over 40% of children living in relative low income families in 2022/23¹

What is the risk of negative impact on children in poverty?

Difficulties in readily accessing a pharmacy near to their homes because of lack of transport and opening times, could result in a potential risk of delay in obtaining health advice and medications with possible serious outcomes.

What are the mitigating actions?

Pharmacies offer a more accessible service for minor ailments, where patients can drop-in for advice and medication without the need for an appointment. Travel analysis shows Leicester residents should be able to reach their nearest pharmacy within 10-20 minutes by foot, car and public transport. In January 2024, the Pharmacy First service was introduced to enable residents to be

¹ [Fingertips | Department of Health and Social Care](#)

referred into community pharmacy for some common minor illnesses or an urgent repeat medicine supply. This offers a quicker and more convenient way to access healthcare.

The ICB 5-year plan is also looking at a neighbourhood approach to tailor services to meet local needs and reduce inequalities, working to improve outcomes for specific patient groups.

c. Other (describe)

What is the impact of the proposal on any other groups?

Information on other groups was not collected

What is the risk of negative impact on any other groups?

None considered

What are the mitigating actions?

None considered

10. Other sources of potential negative impacts

Are there any other potential negative impacts external to the service that could further disadvantage service users over the next three years that should be considered? For example, these could include:

- other proposed changes to council services that would affect the same group of service users;
- Government policies or proposed changes to current provision by public agencies (such as new benefit arrangements) that would negatively affect residents;
- external economic impacts such as an economic downturn.

This PNA finds that overall provision of pharmaceutical services in Leicester is adequate for the population with a few areas in the North, North West and East of the city with some potential gaps. These have been acknowledged and recommendations made to ensure equality for all City residents. The latest housing plan for Leicester shows new

housing developments is included to highlight any potential gaps in pharmacy provision.

11. Human rights implications

Are there any human rights implications which need to be considered and addressed (please see the list at the end of the template), if so, please outline the implications and how they will be addressed below:

NONE

12. Monitoring impact

You will need to ensure that monitoring systems are established to check for impact on the protected characteristics and human rights after the decision has been implemented. Describe the systems which are set up to:

- monitor impact (positive and negative, intended and unintended) for different groups
- monitor barriers for different groups
- enable open feedback and suggestions from different communities
- ensure that the EIA action plan (below) is delivered.

If you want to undertake equality monitoring, please refer to our [equality monitoring guidance and templates](#).

As part of the PNA which is completed every 3 years, the public consultation collects information on some protected characteristics and asks service users their views on service provision and accessibility. Comments are reported within the PNA and where relevant, they inform recommendations for improving access to and provision of services to reduce inequalities and improve health outcomes for patient groups.

Service users may also provide feedback to the pharmacies to report any issues they experience through a complaints procedure which will be monitored and reviewed regularly (see below).

13. EIA action plan

Please list all the equality objectives, actions and targets that result from this assessment (continue on separate sheets as necessary). These now need to be included in the relevant service plan for mainstreaming and performance management purposes.

Equality Outcome	Action	Officer Responsible	Completion date
Equality of access to pharmaceutical services for all Leicester residents.	Potential barriers to access and inequalities in access of pharmaceutical services in Leicester have been identified in the PNA through consideration of the demographics across Leicester and through consultation. Recommendations to improve equality of access are included in the PNA	NHS-E, Leicester, Leicestershire and Rutland ICB and Leicester City Council	Review by Autumn 2026
Equality of access to pharmaceutical services for all Leicester residents.	Equality Impact Assessment to be reviewed annually before the next PNA in 2028 to assess whether additional survey work relating to facilities available at pharmacies for patients with protected characteristics is required.	Gary Forbes	Review by Autumn 2026
Equality of access to pharmaceutical services for all Leicester residents.	Service user feedback to be regularly monitored and reviewed by LLR ICB and any issues discussed with pharmacies. Appropriate complaints procedure available and advertised accordingly.	NHS-E, Leicester, Leicestershire and Rutland ICB	Review by Autumn 2026

Human rights articles:

Part 1: The convention rights and freedoms

Article 2: Right to Life

Article 3: Right not to be tortured or treated in an inhuman or degrading way

Article 4: Right not to be subjected to slavery/forced labour

Article 5: Right to liberty and security

Article 6: Right to a fair trial

Article 7: No punishment without law

Article 8: Right to respect for private and family life

Article 9: Right to freedom of thought, conscience and religion

Article 10: Right to freedom of expression

Article 11: Right to freedom of assembly and association

Article 12: Right to marry

Article 14: Right not to be discriminated against

Part 2: First protocol

Article 1: Protection of property/peaceful enjoyment

Article 2: Right to education

Article 3: Right to free elections