Equality Impact Assessment

Informing our approach to fairness

Proposal: Pharmaceutical Needs Assessment 2025-2028
Date of assessment: 30.07.2025
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Assessment team: Public Health Epidemiology and Intelligence
Version: 1
Planned review date: 2028

Newcastle City Council

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?

Whilst the PNA is a public-facing document, it will be primarily used by the North East and North Cumbria Integrated Care Board (NENC ICB) as commissioners of pharmaceutical services, and other commissioners of pharmacy services such as Local Authorities. The ICB will use the PNA to help inform decisions related to applications for new pharmacies to determine the need for new pharmacies and/or a change in opening hours. Newcastle's Health and Wellbeing Board (HWB) will use this PNA to inform the commissioning of services from Newcastle pharmacies to meet the needs of the local population. Community pharmacies are responsible for delivering the services discussed, including, but not limited to, 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[1] introduced a legal requirement for all Primary Care Organisations (PCOs) to publish an updated PNA by 1st February 2011. The Health and Social Care Act 2012 transferred the responsibility for developing and updating PNAs to HWBs. All HWBs were required to produce a PNA by 1st April 2015 and subsequently every three years.

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

Not applicable. The PNA is a statutory obligation for local HWBs to complete and publish every three 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 are correct. In 2024/25 and 2025/26, NECS were paid a total of £66,911. Please note, this cost covers all specialist pharmacy support to provided to Newcastle City Council's Public Health team, including, but not limited to, completion of the PNA.

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 HWB and therefore is a part of their workplan. There are no officers employed specifically to fulfil this duty, the Public Health team

[1] https://www.legislation.gov.uk/ukpga/2009/21/contents

have completed this function on behalf of the HWB 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 NENC ICB 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 Local Authorities who commission other pharmacy services. This assessment 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 2028, through pharmacy closure or change in service, the HWB 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 recommendations can be used at the discretion of the NENC ICB to inform decisions about 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
- Office for National Statistics
- Newcastle City Council's Joint Strategic Needs Assessment
- Public survey on pharmaceutical service provision, via Let's Talk Newcastle
- Community pharmacy survey 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 Epidemiology and Intelligence, NENC ICB, Local Pharmaceutical Committee, Newcastle Healthwatch, Local Authority Planning team, Newcastle upon Tyne Hospital Trust).

When/how: Regular steering group meetings 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 from the 17th December 2024 to 31st January 2025. A request for the survey to be made into an Easy Read format was made and fulfilled. The survey was published and distributed through the Local Authority's social media, Let's Talk Newcastle, and through various voluntary and community sector organisations.

Main issues raised: Several pharmacy closures, and subsequent gaps in provision, were raised as the main issue by respondents. These issues have been acknowledged and addressed in the recommendations and conclusions of the PNA.

Who have we engaged to develop this proposal: Local community pharmacies.

When/how: Survey shared with Newcastle pharmacies via email, with a follow up completed via telephone.

Main issues raised: Insufficient funding, increased demand to deliver new services and pressures of medicine supply issues were raised as the main issues by community pharmacies. These issues are beyond the scope of the PNA, however have been noted within the document.

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

Who want to engage with during consultation: The draft PNA was shared publicly with the following statutory stakeholders during the 60-day consultation:

- North of Tyne Local Pharmaceutical Committee
- Newcastle and North Tyneside Local Medical Committee
- All persons on the pharmaceutical lists, including dispensing appliance contractors
- NENC ICB
- Healthwatch Newcastle
- Newcastle-Upon-Tyne Hospitals NHS Foundation Trust, and CNTW Mental Health NHS Foundation Trust
- Neighbouring HWBs in Gateshead, South Tyneside, Northumberland and North Tyneside
- General Practitioners
- General public via the Local Authority's social media channels, Councillors and voluntary and community sector partners

When / how: The draft PNA was 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 were used to reach wider audiences. Paper copies of the document were made available at Newcastle Civic Centre.

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 21 responses were received via Let's Talk Newcastle, in addition to an email response from the Primary Care Manager at NHS England (NENC).
When / how: Feedback was provided and received via Let's Talk Newcastle and email between the period of 26th May 2025 – 25th July 2025.
Main issues raised: An overview of responses can be found in Appendix 4 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 pharmacy users. The pharmacy provision survey found that there is unaided wheelchair access in 51% of community pharmacies, with a further 27% indicating wheelchair access with assistance. 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 (Language Empire). This is highlighted 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 to.

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, but not limited to, Urdu, Punjabi, Arabic and Hindi. The PNA and the survey did not identify any negative impacts. It is acknowledged languages spoken in community pharmacies were correct at the time of survey completion and may vary based on changes in staffing.
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 that, in general, there was good coverage of community pharmacies across the localities, with 96% of residents living within a 15-minute walk of a community pharmacy. However, the PNA identified two gaps in provision, based on recent pharmacy closures which are also compounded by the population demographics of the affected areas. Relatively high levels of deprivation and prevalence of disability, alongside relatively low levels of car/van ownership may impact residents' ability to access community pharmacies further away than those that recently closed. This was noted as a key conclusion and gap in provision.

Opening hours, in relation to city-wide coverage, gave 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 there are varying levels of community pharmacy coverage across the localities, with three gaps identified based on previous closures. One gap was identified as a result of geographical accessibility and residents in a densely populated area not being within 800m of a pharmacy. This was noted as a key conclusion and gap in provision.

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.