

Equalities Analysis in Lambeth

Proposal Title *

SRH Pharmacy Service Contract Extension

Author

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Please provide name of lead author and/or those within project team who may be required to contribute to this assessment

Who will sign off the assessment?

Jennifer Reiter

Please indicate who will be involved in approving this assessment. This will need to be signed off by the Director

Q1a. What is changing?

The LSL Sexual Health Commissioning Team is seeking approval to extend the Pharmacy Sexual and Reproductive Health Service contract for two years. The contract is due to expire in March 2022.

The service consists of provision of free Emergency Hormonal Contraception (EHC), assessment and potential supply of oral contraception and signposting and referral to longer acting contraceptive options.

This service is currently delivered by 14 pharmacies across the borough. Commissioners have an intention to add an additional pharmacy (Brixton Boots) as part of the contract extension.

The purpose of the extension is to ensure service continuity while also adding an additional pharmacy to the current offer. There will be no significant change in service as a result of the extension.

This EIA will assess the impact on residents of continuing to deliver the SRH Pharmacy Service.

What is the most significant or key change taking place? Can you indicate the type of change in your response (e.g. policy/decision/strategy/ service/procedural/ geographic/procurement etc.) so it is clear what is being equalities assessed? Why is this change happening? What do you aim to achieve? Can you clearly indicate what decision-makers are being asked to take a decision on?

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Q1b. Who will be involved in approving this decision?

Cabinet Member(s) for Health and Social Care Councillors Jim Dickson and Lucy Caldicott (job share)

Who else will be involved in signing-off this decision?

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Q2a. What do we know about the people who will be impacted by this change?

Who uses the SRH Pharmacy Service?

SRH pharmacy services are commonly used by women who are aged under 35 years old. White British (14%) followed by Black or Black British (African) ethnicity (10%) are the most common ethnicity of users (Pharmoutcomes 21/22).

SRH provision is distributed across the borough, covering the respective wards. The most used SRH pharmacies in the last year (April 2021 - Feb 2022) were all in South East Localities. This includes: New Park Pharmacy (Brixton Hill), Junction Pharmacy (Cold-Harbour), Day Lewis (Ferndale) and Streatham Pharmacy (Knights Hill).

The South East locality, is the largest locality (145,000 residents); 60% of these describe themselves as of a black or minority ethnic group. Of the BAME population, 50% in total are black (combined African, Caribbean, and other black). [Pharmaceutical Needs Assessment 2018](#)

1. EHC

In the last year, 1,394 women were assessed for and/or received a form of EHC. Of these users, 47.4% were assessed as being of high risk of pregnancy.

Age Break-Down of Service Users

- 29% aged between 20 and 24 years old
- 27% aged between 25 and 29 years old
- 12% aged between 16 and 19 years old
- 0.9% (10 users) aged under 16 years old

Reasons/Trends for EHC use

- 58.9% of users were accessing EHC because they were not using any form of contraception.
- 32.1% of users were accessing EHC because the condom broke/split.
- 15.8% of users had never taken EHC before in the last year
- 15.4% had taken EHC in the last 3 months

2. Quick start Progestogen Only contraception (POP)

Compared to EHC use, for women choosing to access longer terms of contraception (such as POP) usage is less concentrated amongst younger age groups .

- 26% aged between 25-29 years old
- 26% aged between 24 - 25 years old
- 19% aged between 30 - 34 years old

Data Source: PharmOutcomes 21/22

Demographic Analysis - Ethnicity from

Pharmoutcomes Report period: This Financial Year (Apr 2021 - Mar 2022)

Ethnicity	Number of Patients
Any other ethnic group	32
Arab	1
Asian or Asian British - Chinese	7
Asian or Asian British - Indian	3
Asian or Asian British - Other Asian Background	6
Asian or Asian British - Pakistani	5
Black or Black British - African	106
Black or Black British - Caribbean	76
Black or Black British - Other Black Background	26
Mixed - Other mixed groups	24
Mixed - White and Asian	4
Mixed - White and Black African	8
Mixed - White and Black Caribbean	14
Not stated	257
Prefer not to say	195
White - British	145
White - Irish	10
White - Other	51

What does your information tell you about the people who will be affected by this change? Are protected groups impacted? What information do you hold on the protected characteristics of the people affected by the change? (Age, disability, gender reassignment, pregnancy and maternity, race/ethnicity, religion or belief, gender, sexual orientation, health, socio-economic, language) Are there any gaps or missing information?

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Q2b. How will they be impacted by the change?

Overall we expect there will be positive impact for women by continuing to deliver SRH services in pharmacies.

Pharmacies are a core part of an effective sexual health system, and play a vital role in offering accessible SRH services. Pharmacies are attractive in particular to young people (as demonstrated by the high numbers of under 30s accessing EHC) who may feel uncomfortable visiting their doctor or a sexual health clinic.

For women under 30 wanting to access EHC without this pharmacy based service, women would only be able to access EHC on the NHS, via appointments at a GP practice or through attendance at a sexual health clinic.

Lambeth has among the highest rates of under 18s conceptions in England, though rates continue to fall. A high abortion rate can be interpreted as an indicator of lack of access to good quality contraception services and advice as well as problems with individual use of contraceptive methods.

SRH pharmacies are located within the most deprived locations in the borough to address inequalities in access to SRH provision.

It is recognised that the SRH pharmacy services have not been able to operate as expected due to 2 years of disruptions from the Covid pandemic. This is evidenced by the referral rates for longer term contraception being lower than anticipated.

There is still an evidenced need for the service, in preventing negative health impacts associated with unplanned pregnancies.

Would you assess the impact as positive, adverse, neutral? Do you have any uncertainty about the impact of your proposal? Is there a likelihood that some people will more impacted than others? Can you describe the ways in which they will be affected? How might this change affect our 'general duty'?

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Can you identify any groups that may be positively or negatively affected by the change you are planning? Does it have a positive or negative effect on our ability to fulfil our duty to eliminate discrimination/harassment and victimisation, promote equality of opportunity or foster good relations between different groups (i.e. those that share protected characteristics and those that do not) in the community. For example might it: increase the likelihood of them: receiving unfair treatment; experiencing a lack of availability which may result in their needs being unmet; reduced opportunities for different peoples to get involved or affect relationships between different groups. Is there a particular impact on one or more of the protected groups? Who are the groups and what is the impact? Are you unsure or unaware of how they might be impacted? If yes, what could you do to provide clarity? What are the barriers to a fuller understanding?

Q3a. How do you plan to promote and deliver any positive impacts of the proposal?

Commissioners will continue to support pharmacies to deliver this service.

This includes the provision training for pharmacies regarding the relevant CPPE programmes and new or updated PGDs and will be organised by Commissioners in liaison with the Lewisham Pharmacist Training Lead and (where relevant), sexual health clinicians and attended by all commissioned pharmacists.

Commissioners will work closely with Brixton Boots pharmacy to support them as they start delivering the SRH service.

There is also a wider strategic piece of work around building the referral pathways and improving communication between SRH pharmacies and local GPs and sexual health clinics. Solutions will be identified in partnership with stakeholders (via the Sexual Health GP Champion, LMC networks, providers and the Local Pharmaceutical Committee (LSL LPC).

How might the principles of fairness, equality of opportunity and positive relationships be further promoted as a consequence of this proposal? How do you propose to measure your positive outcomes and the benefits outlined to find out if these have been achieved?

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Q3b How do you plan to address and mitigate any negative impacts of the proposal?

There are no negative impacts identified as part of this proposal.

Ensuring equity of provision is a priority for Lambeth. Language has been identified as a possible barrier for access. Portuguese, Spanish and Somali are the most commonly spoken other languages in Lambeth.

Commissioners will work with providers to understand how translators or translated resources can contribute to making the service accessible.

What impact has this evidence had on what you are proposing? What can you do differently that might lessen the impact on people within the timeframes i.e. development-implementation? Who can help you to develop these solutions?

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Q4. How will you review/evaluate your proposal, mitigating actions and/or benefits? Who will be responsible for this?

The above actions and risks will form part of the SRH Pharmacies 22/23 Business Plan, which will be monitored by the LSL Sexual Health Commissioning Partnership Board.

Who will you be accountable to for the above actions/outcome? How will those responsible know these actions have worked? What performance indicators will you use to demonstrate this? Are there any other forms of evidence you can use to support this assessment of their effectiveness?

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Section to be completed by Sponsor/Director/Head of Service

Outcome of equality impact assessment

- No adverse impact, no change required
- Low adverse impact, minor adjustment required
- Significant adverse impact, further action required
- Significant impact identified unable to mitigate fully
- Unlawful in/direct discrimination, stop and rethink

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Comments from Sponsor/Director/Head of Service

The SRH pharmacy contracts were let from 1 April 2019. The contracts were delivering for less than one year before the Covid pandemic hit. Pharmacies have been unable to deliver the SRH offer in the manner in which it was commissioned. Commissioners are seeking to extend the service for two years, review the service and work with pharmacies on improvement and training in order to ensure an accessible and attractive service offer that reduces health inequalities in our residents.

Submit for approval

When you are ready for the assesment to be reviewed by your Director, please select 'Submit for Approval' from the drop down. (Or select Resubmit if requesting approval after a rejection)

Submit for approval

Executive Approval

For Directors: Please use the drop down to Approve or Reject the Assessment. (You will need to click 'Edit Item' at the top of the form to do this)

Approved

Attachments

Close