

Equality Impact Assessment (EIA) and our equality duty

The Equality Duty helps public bodies to deliver their overall objectives for public services, and as such should be approached as a positive opportunity to support good decision-making.

It encourages public bodies to understand how different people will be affected by their activities so that policies and services are appropriate and accessible to all and meet different people's needs. By understanding the effect of their activities on different people, and how inclusive public services can support and open up people's opportunities, public bodies are better placed to deliver policies and services that are efficient and effective.

Complying with the Equality Duty may involve treating some people better than others, as far as this is allowed by discrimination law. For example, it may involve providing a service in a way which is appropriate for people who share a protected characteristic, such as providing computer training to all people to help them access information and services.

Whilst [the Gunning Principles](#) set out the rules for consulting with 'everyone', additional requirements are in place to avoid discrimination and inequality.

Cheshire East Council is required to comply with the Equality Act 2010 and the Public Sector Equality Duty. The Equality Act 2010 simplified previous anti-discrimination laws with a single piece of legislation. Within the Act, the Public Sector Equality Duty (Section 149) has three aims. It requires public bodies to have due regard to the need to:

- eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act, by consciously thinking about equality when making decisions (such as in developing policy, delivering services and commissioning from others)
- advance equality of opportunity between people who share a protected characteristic and people who do not share it, by removing disadvantages, meeting their specific needs, and encouraging their participation in public life
- foster good relations between people who share a protected characteristic and people who do not

The Equality Act identifies nine 'protected characteristics' and makes it a legal requirement to make sure that people with these characteristics are protected from discrimination:

- | | |
|-----------------------------------|----------------------|
| • Age | • Race |
| • Disability | • Religion or belief |
| • Gender reassignment | • Sex |
| • Marriage and civil partnerships | • Sexual orientation |
| • Pregnancy and maternity | |

Applying the equality duty to engagement

If you are developing a new policy, strategy or programme you may need to carry out an Equality Impact Assessment. You may be able to ascertain the impact of your proposal on different characteristics through desk-based research and learning from similar programmes, but you also need to carry out some primary research and engagement.

People with protected characteristics are often described as 'hard to reach' but you will find everyone can be reached – you just need to tailor your approach, so it is accessible for them.

Please feel free to contact the [Equality and Diversity mailbox](#) who will try to help you to assess the impacts of your proposals and will ensure that you help the Council to comply with the Equality Act 2010 and the Public Sector Equality Duty.

Section 1 – Details of the service, service change, decommissioning of a service, strategy, function or procedure

(Please delete the guidance in italics once you complete a section)

Proposal Title	Cheshire East Council Pharmaceutical Needs Assessment EIA
Date of Assessment	February 2025
Assessment Lead Officer Name and other officers involved	Georgia Carsberg Sara Deakin Dr Susan Roberts
Directorate/ Service	Public Health
Details of the service, service change, decommissioning of the service, strategy, function or procedure.	<p>From 1st April 2013, every Health and Wellbeing Board (HWB) in England has had a statutory responsibility (Section 128A of NHS Act 2006, as amended by Health Act 2009 and Health and Social Care Act 2012) to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, referred to as a pharmaceutical needs assessment (PNA). Cheshire East Health and Wellbeing Board has a statutory responsibility to publish an up-to-date statement of pharmaceutical needs every 3 years.</p> <p>This is the fifth PNA for Cheshire East (previously published in 2011, 2015, 2018 and 2022). The PNA looks at the current provision of pharmaceutical services across Cheshire East and how well needs for</p>

	<p>pharmaceutical services are being met. Once the PNA has been finalised, the Integrated Care Board (ICB) acting on behalf of NHS England is required to use it to consider applications to open a new pharmacy, move an existing pharmacy or to commission additional services from a pharmacy¹. Local Authorities and the ICB may also use the PNA when commissioning services to meet local health needs and priorities.</p> <p>In accordance with the legislation, the PNA must include a series of six statements, these include²:</p> <ol style="list-style-type: none"> 1. "The pharmaceutical services that the health and wellbeing board has identified as services that are necessary to meet the need for pharmaceutical services"; 2. "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"; 3. "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" 4. "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 service, either now or in the future and"; 5. "Other NHS services that affect the need for pharmaceutical services or a specific pharmaceutical service" 6. How the assessment was carried out <p>The PNA also must include or consider the following information²:</p>
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¹ Cheshire East Health and Wellbeing Board available from [Health and Wellbeing Board](#) accessed 26.02.25

² Pharmaceutical Needs Assessment information pack for local authority health and wellbeing boards published October 2021 available from [Pharmaceutical needs assessments: Information pack for local authority health and](#) (accessed 26.02.25)

	<ul style="list-style-type: none"> • “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; and” • “The provision of pharmaceutical services in neighbouring health and wellbeing board areas” <p>In line with statutory guidance the draft PNA underwent public consultation from 1st April 2025 to 10th June 2025.</p>
<p>Who is impacted?</p>	<p>The PNA ultimately aims to look at the current provision of pharmaceutical services across Cheshire East and how well needs for pharmaceutical services are being met.</p> <p>The PNA intends to benefit those Cheshire East residents who use pharmacy services. People’s need for prescribed medicines increases with age. As well as growing in terms of the overall number of people in the population, the population is living longer and there will be a proportionately higher growth in the number of people in age groups over 60.</p> <ul style="list-style-type: none"> • The overall Cheshire East population is growing more rapidly than previously predicted. • Cheshire East is experiencing above-average population growth compared to both regional and national levels. • Different age groups have grown or contracted at different rates than previously predicted which has changed the proportion of the overall population that they represent. The working age group 19 to 59 is larger than previously predicted (nearly 8,000 higher representing 51% of the overall population), and the over 60s is smaller (just over

	<p>1,000 less and representing 29% of the overall population).</p> <ul style="list-style-type: none"> • Furthermore, different age groups will grow or contract at different rates changing the proportion of the overall population that they represent over the lifetime of this PNA. • The age group with the highest pharmaceutical need i.e. 60 and over will increase over the lifetime of this PNA, predicted growth of 14% between 2022 and 2028 • Using Item ASTRO-PU 2013 weighted populations, we have calculated a 10.5% growth in medicines use by 2028, considerably higher than previously predicted. <p>However, the PNA will impact those working within the NHS England team and it may also impact those working within and delivering the pharmacy services across Cheshire East.</p> <p>In addition, it may also benefit Local Authorities and the ICB who may also use the PNA when commissioning services to meet local health needs and priorities.</p>
<p>Links and impact on other services, strategies, functions or procedures.</p>	<p>The Pharmaceutical Needs Assessment is a statutory requirement. Under current regulations Health and Wellbeing Boards are required to produce a PNA at least every three years. The findings and recommendations that are outlined within this PNA should be used by NHS England when considering applications to open a new pharmacy, move an existing pharmacy or to commission additional services from a pharmacy. Therefore, this PNA could impact current or future pharmacy services, but it will not impact other Cheshire East strategies, functions and procedures.</p> <p>The production of the PNA supports all four outcomes from the Joint Local Health and Wellbeing Strategy for the population of Cheshire East 2023-2028: Community pharmacies have a vital role in achieve these outcomes. Outcome 1 - Cheshire East is a place that supports good health and wellbeing for everyone, Outcome 2 - Our children and young people experience good physical and emotional health and wellbeing, Outcome 3 - The mental health and wellbeing of people living and working in Cheshire East is improved and Outcome 4 - That more people live and age well, remaining independent; and that their lives end with peace and dignity in their chosen.</p>

<p>How does the service, service change, strategy, function or procedure help the Council meet the requirements of the Public Sector Equality Duty?</p>	<p>The PNA aims to look at the current and future needs for pharmaceutical services in the local population in Cheshire East. It also ensures that community pharmacy services are provided in the right place and that they meet the needs of the communities they serve.</p> <p>The PNA considers the different needs of people in Cheshire East who share protected characteristics through research, understanding the size of each of the populations affected and tries to engage with under-represented groups through the Public Survey & Public Consultation</p> <p>The findings are outlined in the PNA.</p> <p>We have carried out resident engagement through the Public Survey and we have also included insights from the public regarding their experiences of using pharmacy services which were provided by Healthwatch Cheshire. Carrying out public engagement ensures that we include information and feedback from a range of different sources to build a complete picture, which fosters good relations between those who share a protected characteristic, and people who do not.</p>

Section 2 - Information – What do you know?

<p>What do you know?</p> <p><i>What information (qualitative and quantitative) and/or research have you used to arrive at the decision to commission/ change/ decommission the service, strategy, function, or procedure?</i></p>	<p>The Health and Wellbeing Boards have a statutory duty to produce the PNA. They are carried out to assess the current and future needs for pharmaceutical services in the local population. We do not commission services/ change/ decommission the services, strategy function or procedure, but we are including information and making recommendations within the PNA which will inform decisions.</p> <p>We have a multi-agency PNA Steering group, and we take data, public engagement and current guidance into consideration.</p>
<p>Information you used to arrive at the decision</p>	<p>We have included information from the following resources:</p> <p>Age</p>

- Office for National Statistics (2024) Estimates of the population for England and Wales. ONS Mid 2022 Population Estimates by single year of age. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/estimatesofthepopulationforenglandandwales> (Accessed 19 April 2023).
- Royal College of Paediatrics and Child Health (2020) *State of Child Health*. London: RCPCH. [Available at: stateofchildhealth.rcpch.ac.uk]
- Age UK (2023) Age UK, The State of Health and Care of Older People, 2023. Available from: https://www.ageuk.org.uk/siteassets/documents/reports-and-publications/reports-and-briefings/health-ellbeing/age_uk_briefing_state_of_health_and_care_of_older_people_july2023.pdf (Accessed 23 January 2025).
- Cheshire East Council (2023) Falls. Cheshire East JSNA. Available from: https://www.cheshireeast.gov.uk/council_and_democracy/council_information/jsna/ageing-well/falls.aspx. (Accessed 23 January 2025).

Disability

- Office for National Statistics (2021) NOMIS Census 2021 table TS038 – Disability. Available from: <https://www.nomisweb.co.uk/datasets/c2021ts038> [Accessed on 22 August 2024]. Care communities derived from Wards 2022.
- Mental Health Foundation (2022) Physical and mental health. Available from: <https://www.mentalhealth.org.uk/explore-mental-health/a-z-topics/physical-health-and-mental-health> [Accessed 25/02/2025].
- NHS Digital (2019) Health and Care of People with Learning Disabilities Standardised Mortality Ratio Indicator. Available from: <https://digital.nhs.uk/data-and-information/publications/statistical/health-and-care-of-people-with-learning-disabilities/standardised-mortality-ratio-indicator> [Accessed 25/02/2025].

- GMCVO (2022) New research report: Growing Older with Learning Disabilities. Available from: <https://www.gmcvo.org.uk/news/new-research-report-growing-older-learning-disabilities> [Accessed 25/02/2025].
- NICE (2018) Care and support of people growing older with learning disabilities. [NG96]. Available from: <https://www.nice.org.uk/guidance/ng96/resources/care-and-support-of-people-growing-older-with-learning-disabilities-pdf-1837758519493> [Accessed 25/02/2025].
- Office for Health Improvement and Disparities (2023) Premature mortality in adults with severe mental illness (SMI) Available from: <https://www.gov.uk/government/publications/premature-mortality-in-adults-with-severe-mental-illness/premature-mortality-in-adults-with-severe-mental-illness-smi>
- Office for Health Improvement and Disparities. Severe Mental Illness. Fingertips. Available from: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/severe-mental-illness>
- Office for Health Improvement and Disparities (2023) Premature mortality in adults with severe mental illness (SMI) Available from: <https://www.gov.uk/government/publications/premature-mortality-in-adults-with-severe-mental-illness/premature-mortality-in-adults-with-severe-mental-illness-smi>
- Disability Rights Commission Equal Treatment: Closing the Gap A formal investigation into physical health inequalities experienced by people with learning disabilities and/or mental health problems Sept 2007 [Microsoft Word - closing the gap fi.doc](#)
- Public Health England (2017) Improving the Health and Wellbeing of People with Learning Disabilities Guidance for social care providers and commissioners (to support implementation of the health charter). Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/656700/Health_charter_2017_guidance.pdf (Accessed 23 January 2025).

- AccessAble. Search for accessible places to go. Available from: <https://www.accessable.co.uk/> [accessed on 2 December 2024]

- 2025 PNA Dispensing Doctors Survey

Gender reassignment

- Office for National Statistics (2021) NOMIS Census 2021 table TS078 - Gender identity [Accessed on 22 August 2024]. Care communities derived from MSOA2021
- GP Patient Survey 2024 Survey and Reports
- *den Heijer et al*, Long term hormonal treatment for transgender people, (Published 30 November 2017) *BMJ* 2017;359:j5027
<https://doi.org/10.1136/bmj.j5027>

Pregnancy and maternity

- Data Source: Office for Health Improvement and Disparities. Public Health Profiles. 2025 <https://fingertips.phe.org.uk/> © Crown copyright 2025.
- NHS UK (2024) Common symptoms in pregnancy. Available from: <https://www.nhs.uk/pregnancy/related-conditions/common-symptoms/> (Accessed 4 November 2024).

Race/ethnicity

- Office for National Statistics (2021) NOMIS Census 2021 table TS021 – Ethnicity [Accessed on 25 July 2024]. Care communities derived from Wards 2022
- Equality Hub (2022) Why we no longer use the term 'BAME' in government
- Available from: <https://equalities.blog.gov.uk/2022/04/07/why-we-no-longer-use-the-term-bame-in-government/> (Accessed 23 January 2025).
- Raleigh V (2023) The health of people from ethnic minority groups in England. The King's Fund. Available from: <https://www.kingsfund.org.uk/insight-and->

	<p>analysis/long-reads/health-people-ethnic-minority-groups-england</p> <ul style="list-style-type: none"> Commission on Race and Ethnic Disparities (2021) Ethnic disparities in the major causes of mortality and their risk factors – a rapid review. Available from: https://www.gov.uk/government/publications/the-report-of-the-commission-on-race-and-ethnic-disparities-supporting-research/ethnic-disparities-in-the-major-causes-of-mortality-and-their-risk-factors-by-dr-raghib-ali-et-al Watkinson RE, Sutton M & Turner AJ (2021) Ethnic inequalities in health-related quality of life among older adults in England: secondary analysis of a national cross-sectional survey. The Lancet Public Health. Volume 6, Issue 3. Available from: https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(20)30287-5/fulltext <p>Religion and belief</p> <ul style="list-style-type: none"> Office for National Statistics (2021) NOMIS Census 2021 TS030 – religion [Accessed on 18 October 2024]. Care communities derived from Wards 2022. Office for Health Improvement and Disparities (2021) Culture, spirituality and religion: migrant health guide. Available from: https://www.gov.uk/guidance/culture-spirituality-and-religion Mustard (2020) Trading Standards North West Survey 2020, 27 April 2020 <p>Sex</p> <ul style="list-style-type: none"> Office for National Statistics (2021) NOMIS Census 2021 table TS008-Sex. NOMIS Available from: https://www.nomisweb.co.uk/datasets/c2021ts008 [Accessed 21 November 2024]. Care communities derived from MSOA2021. Office for National Statistics (2021) NOMIS Census 2021 table TS078 - Gender identity Available from: https://www.nomisweb.co.uk/datasets/c2021ts078 [Accessed 22 August 2024]. Care communities derived from MSOA2021. Office for Health Improvement & Disparities. Public Health Profiles. Available from:
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	<p>https://fingertips.phe.org.uk © Crown copyright (2025).’ [Accessed 21/11/2024]</p> <ul style="list-style-type: none"> Cheshire East Council. Tartan Rug 2022. Tartan Rug 2022 Office for Health Improvement & Disparities. Public Health Profiles. Available from: https://fingertips.phe.org.uk © Crown copyright (2025).’ [Accessed 21/11/2024] Nursing and Health Science, Worrall-Carter et al, Systematic review of cardiovascular disease in women: assessing the risk, Dec 2011. 2011 Dec;13(4):529-35. Office for National Statistics. 2020. Leading Causes of Death 2001 to 2018. Leading causes of death, UK - Office for National Statistics Health Survey for England 2019 Overweight and obesity in adults and children. Health Survey for England, 2019: Data tables - NHS England Digital Men and women: statistics Mental Health Foundation OHID Alcohol Profile [accessed 16/01/2025]. Alcohol Profile Fingertips Department of Health and Social Care Pharmacy consumer research: pharmacy usage and communications mapping-executive summary, June 2009 Deposited paper DEP2009-1737 - Deposited papers - UK Parliament Women’s health outcomes: Is there a gender gap? - House of Lords Library Sexual orientation, UK - Office for National Statistics (ons.gov.uk) Pharmacy consumer research: pharmacy usage and communications mapping-executive summary, June 2009 Deposited paper DEP2009-1737 - Deposited papers - UK Parliament Women’s health outcomes: Is there a gender gap? - House of Lords Library <p>Sexual Orientation</p> <ul style="list-style-type: none"> Office for National Statistics (2021) NOMIS Census 2021 table TS077 – Sexual orientation [Accessed on 22 August 2024]. Care Communities derived from MSOA 2021 data. Nomis - Query Tool - TS077 - Sexual orientation
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	<ul style="list-style-type: none"> Public Health England. (2017). Producing modelled estimates of the size of the LGB population of England – Original Source: Department of Trade and Industry: Final Regulatory Impact Assessment: Civil Partnership Act 2004 (DTI, 2004). 2017 National LGBT survey National LGBT Survey: Research report - GOV.UK Stonewall, LGBT in Britain – Health (2018) LGBT in Britain - Health (2018) Stonewall <p>Marriage and civil partnership</p> <ul style="list-style-type: none"> Office for National Statistics (2021). NOMIS Census 2021 table TS002 – Legal partnership status [Accessed on 7 August 2024] Robards J., Evandrou M., Falkingham J., Vlachantoni A. (2012) Marital status, health and mortality <i>Maturitas</i>. 2012 Dec; 73(4): 295–299 Hagen D., Goldmann E. (2020) Association between marital status and mental health among cohabitating same-sex couples in the UK <i>European Journal of Public Health</i>, Volume 30, Issue Supplement_5, September 2020, ckaa165.961, https://doi.org/10.1093/eurpub/ckaa165.961
Gaps in your Information	There are no gaps within our information as we have been able to use the current Census 2021 data.

Section 3 - Information - What did people tell you?

What did people tell you about your proposals?	<i>This is covered in the below box</i>
Details and dates of the consultation/s and/or engagement activities	<p>A review of current provision was undertaken via the Pharmacy Contractor Survey during June - September 2024. The questionnaire distributed to all pharmacies asked various questions regarding accessibility and provision of aids for people with poor hearing or eyesight. Questions regarding the provision, accessibility, and facilities available within a consultation room or area were also included. Sixty-four pharmacies (91.4%) within Cheshire East returned completed questionnaires.</p> <p>Healthwatch Cheshire East have been gathering insights regarding local pharmacies from residents within the Borough during 2023 and 2024 as part of</p>

	<p>their engagement work. These insights have been shared with the PNA steering group to inform the PNA. In addition, this PNA has incorporated comments from a national Healthwatch report, entitled “Pharmacy: what people want”. Cheshire East residents shared their experiences of using pharmacy services with Healthwatch. Some of the responses included:</p> <p>“A woman told Healthwatch that she has her medication sent to X pharmacy in Crewe and that it is always on time and often available sooner than they say and often within 24 hours. She added that the pharmacy are efficient and staff provide a good service”.</p> <p>“A man told Healthwatch that he uses his local pharmacy for general health advice and finds this helpful but does often find that his prescribed medication is out of stock or unavailable. He said it is inconvenient and worrying not having the tablets you are meant to take and having to keep calling in until it's available”.</p> <p>“Every single month meds aren't ready. My father in law ran out so had no medication for 4 days. This makes him deteriorate rapidly - it's happening every time”.</p> <p>A public survey was carried out by Cheshire & Merseyside's Pharmaceutical Needs Assessment Development Group on behalf of the Cheshire East steering group. It sought views on what people thought was important in terms of location, pharmaceutical services offered and customer service, as well as their experiences of pharmacies and their staff within Cheshire East. The survey was open from the 8 November to the 31 December 2024. The survey was available on the Council's website consultation page, and the survey link was also shared specifically with the Citizen Panel. The survey was promoted by the NHS Cheshire and Merseyside Integrated Care Board (ICB), Community Pharmacy Cheshire and Wirral Local Pharmaceutical Committee (LPC), Cheshire East Local Medical Committee (LMC), Local Dental Committee (LDC), libraries and through Healthwatch. It was advertised in the internal Cheshire East staff newsletter, and to the public via the council's social media accounts. The survey link was also shared specifically with GP Practice managers, family hubs, schools via the schools' bulletin, lifestyle centres, Town and Community</p>
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	<p>Partnerships, community development officers and Cheshire East Council elected members. Voluntary, community, faith and social enterprise sector organisations were also specifically contacted where they advocated for population groups identified through equality impact assessments and where there was low uptake in the 2022 PNA Public Survey. This included but was not limited to men specific groups such as Crewe men in sheds, Andy's Man Club, Gypsy Roma travellers e.g. fft and community cohesion, rural communities via the Agricultural Chaplaincy and CAB. Paper copies were held in libraries across the Borough and a customer service phone line was set up for people unable to access the survey online. A total of 625 responses were received. Findings were collated into a report and where required, supplementary analysis was undertaken to obtain more details or clarity. The results have been incorporated into the relevant sections within this PNA.</p> <p>Some of the free text responses included:</p> <p>"Disappointing at times. They are forever out of stock of medicines I get prescribed every 4 weeks and often don't have sufficient staff. their shelves are quite bare and have stopped stocking goods we relied on."</p> <p>"Friendly, knowledgeable staff who understand the need for privacy".</p> <p>"It is very busy and often the queue is out of the door. Average time for repeat prescription to be ready is one week"</p> <p>The results from the public survey are included as Appendix A The Public Survey as well as included in the relevant sections throughout the main document. The 2025_2028 PNA will go live on the Health and Wellbeing Board webpage on the 1st of October 2025.</p> <p>The draft PNA underwent public consultation from 1st April 2025 to 10th June 2025. This involved invitations for all key stakeholders to feedback. Key stakeholders were identified by the Cheshire East PNA Steering Group through examination of the national guidance and of the local Equality Impact Assessment. The consultation was publicised via:a media release through local and regional media channels; and on the Council's website, Facebook and Twitter channels.</p>
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	<p>A total of 18 completed responses were received. The number of responses was considerably lower than for the last PNA in 2022. There are several reasons for this: -</p> <ul style="list-style-type: none"> • Increased promotion of the public survey this time. This meant that issues from residents and users were raised and responded to earlier in the PNA process. • In the 2022-2025 PNA consultation most responses were from residents of a particular area. This disproportionate representation from this area was skewing the analysis of both the closed questions and the concerns raised in the open questions (free text responses). • The last PNA was undertaken in 2021-2022 during the Covid-19 pandemic. Community pharmacy services were a vital part of the healthcare system during Covid and the vaccination delivery programme. This did mean that waits for prescriptions were longer, and queues could appear long due to social distancing measures. • <p>The consultation report is included as Appendix G within the final full PNA document</p> <p>The draft PNA 2025-2028 concluded that pharmaceutical provision within Cheshire East is currently satisfactory. 82% of respondents agreed with this statement (14 out of 17 respondents to this question, 6 of whom strongly agreed (question 10 in the consultation). Importantly, no respondents disagreed with this statement.</p>
<p>Are there any gaps in consultation and engagement feedback?</p>	<p>There were no gaps in the consultation and engagement feedback. However, despite our best efforts the findings from the Public Survey were skewed towards women, and the older population.</p> <p>The age profile of those who completed the public survey compared to the current estimated population of Cheshire East indicates that the younger age bands, 16-20, 21-30, 31-40 and 41-50 are underrepresented within the survey. For the age band 51-60 the proportion is representative. The older age bands 61-69 and 70 and over are both over-represented. This might be due</p>

	<p>to the relationship between age and pharmacy need.</p> <p>58% of respondents were female, compare to the 52% in the general population</p> <p>The proportion of respondents who stated they were a 'carer' was higher (although not significantly) than that recorded at the last census for Cheshire East. This is understandable considering that they are likely to be collecting prescriptions on behalf of the person they are caring for.</p> <p>The proportion of respondents who stated they were disabled was higher (although not significantly) than that recorded for Cheshire East at the last census. This is understandable considering that people who use pharmacies regularly are likely to have health issues that may affect their mobility or restrict their day-to-day activities</p> <p>There was a statistically lower proportion of people who stated their ethnicity as 'White' compared to that recorded in the Census 2021. Also, certain ethnic groups were not represented.</p> <p>Full details are included in Appendix A of the 2025-2028 PNA which will be published <i>on the Health and Wellbeing Board webpage on the 1st of October 2025</i>.</p> <p>No personal details were disclosed as part of the Healthwatch engagement work. Therefore, we do not have any feedback from this work that relates to specific protected characteristics.</p> <p>Due to the small number of responses to the public consultation and the fact that four people didn't complete the final section about themselves and another ticked 'Prefer not to say', it was not feasible to do any analysis by protected characteristics i.e. by sex, age, ethnicity etc. For the respondents who did provide details, we can see that: -</p> <ul style="list-style-type: none"> • all classed themselves as White • English/Welsh/Scottish/Northern Irish/British, • 70% (9 out of 13) were female, • Half were aged over 60 • 54% identified as Christian, 39% identified with no religion and one person classed themselves as Spiritualist • Only one person stated that their day-to-day activities were limited a lot because of a health problem or
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	disability which has lasted, or is expected to last, at least 12 months.
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Section 4 - Review of information, consultation feedback and equality analysis

Protected characteristics groups from the Equality Act 2010	What do you know? <i>Summary of information used to inform the proposal</i> <u>Refer to Section 2</u>	What did people tell you? <i>Summary of customer and/or staff feedback</i> <u>Refer to section 3</u>	What does this mean? <i>Impacts identified from the information and feedback (actual and potential).</i> <i>These can be either positive, negative or have no impact.</i>
Age	<p>The age distribution of the Cheshire East population is outlined below³.</p> <ul style="list-style-type: none"> • Under age 5: 20,346 (5% of total population) • 5-18: 64,021 (15.7% of total population) • 19-59: 205,543 (50.1% of total population) • 60-84: 106,008 (26.1% of total population) 	<p>625 Cheshire East residents responded to the Public Survey. Despite a concerted effort to promote the survey in Family and Community hubs the age profile of those who completed the public survey remains skewed to the older age groups. The two older age bands 61-69 age-band and 70 and over age-band responded in the highest proportions at 23.7% and 42.1% respectively. These age bands were over-represented compared to the mid-year population estimates for 2022. The younger</p>	<p>These findings are outlined within the PNA. The information highlighted within the PNA should be used to inform future decisions and therefore, this should have positive impact on people of all ages using the pharmacy services.</p>

³ Office for National Statistics (2024) Estimates of the population for England and Wales. ONS Mid 2022 Population Estimates by single year of age. Available from:
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/estimatesofthepopulationforenglandandwales>
 (Accessed 19 April 2023).

	<ul style="list-style-type: none"> • 85+: 12,609 (3.1% of total population) • Total population 406,527 (ONS 2022 mid-year population estimate) <p>Variation of health outcomes and challenges by age</p> <p>Health issues tend to be greater amongst the very young and the very old. People's need for healthcare and prescribed medicines increases with age.</p> <p>For children⁴:</p> <ul style="list-style-type: none"> • Negative health behaviours developed in childhood can lead to long-term health problems in adulthood, including obesity, alcohol and drug abuse. They can also impact upon a young person's educational performance and on their friendships. • Breastfeeding is well evidenced to provide health benefits for both mother and baby and to promote 	<p>age bands, 16-20, 21-30, 21-40 and 41-50 were underrepresented within the survey. This might be due to the relationship between age and pharmacy need. Satisfaction with opening hours was examined by age; the highest levels of dissatisfaction were in the 41-50 and 51-60 age bands. Free-text comments were concerning lunchtime closing and lack of extended hours before and after normal working hours.</p>	
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⁴ Royal College of Paediatrics and Child Health (2020) *State of Child Health*. London: RCPCH. [Available at: stateofchildhealth.rcpch.ac.uk]

	<p>attachment. Mothers in the most deprived areas have consistently lower rates of initiating and continuing breastfeeding compared to those in the least deprived.</p> <ul style="list-style-type: none"> • Three quarters of life-long mental health problems in the UK start before the age of 25. • Most adult smokers have had their first cigarette or were already addicted to nicotine by the age of 18 and 90% of lifetime smoking is initiated between the ages of 10 and 20 years. Early initiation is linked to increased levels of smoking and dependence, a lower chance of quitting, and higher mortality. • Obesity increases the risk of developing a range of health conditions in childhood and later life, including heart disease; stroke; high blood pressure; diabetes and some cancers. Obese children are much more likely to be obese adults. • Young people between the ages of 15 and 17 years are more likely to binge drink. Those who drink alcohol 		
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	<p>regularly from an early age are more likely to develop alcohol misuse or abuse later.</p> <ul style="list-style-type: none"> • Frequent cannabis use in young people can be associated with negative mental health experiences such as depression, anxiety and even psychosis. • Tooth decay has been the commonest reason for hospital admission among children aged five to nine. <p>For older people (65+)⁵:</p> <ul style="list-style-type: none"> • A growing ageing population with increasingly complex needs puts pressure on the health and social care system. • A high proportion of people aged 65+ live alone and this percentage increases with age. • People ageing in the least advantaged circumstances are more 		
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⁵ Age UK (2023) Age UK, The State of Health and Care of Older People, 2023. Available from: https://www.ageuk.org.uk/siteassets/documents/reports-and-publications/reports-and-briefings/health-ellbeing/age_uk_briefing_state_of_health_and_care_of_older_people_july2023.pdf (Accessed 23 January 2025).

	<p>likely to experience age-related disability and poor health at a younger chronological age, live with poorer health throughout their later years and die earlier than people with greater advantage.</p> <ul style="list-style-type: none"> • The proportion of the population with long-term conditions increases with age, 86% of people over 85 in England live with at least one long-term health condition. • One in five (20%) of unpaid carers are aged 65 plus. <p>The Cheshire East Falls Joint Strategic Needs Assessment (JSNA) review into falls highlights the significantly higher rates of falls admissions in older people across Cheshire East compared to the England average. Furthermore, it highlights the complex contribution of risk factors, including lifestyles, polypharmacy, long term conditions and sensory impairments, that</p>		
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	<p>can result in falls or injuries from falls, in older people.⁶</p> <p>The needs of older people are being further examined within the in-depth Ageing Well, and Loneliness and Social Isolation JSNA reviews currently in progress.</p>		
Disability	<ul style="list-style-type: none"> In the 2021 Census 67,819 (17.0%) of people in Cheshire East reported being classed as disabled under the Equality Act. Of these, 27,450 or nearly 7% of residents indicated that they have an illness or disability that limits their day-to-day activities a lot. The remaining 40,369 (10.1%) reported that they are disabled but their condition only affects their day-to-day activities a little. There were a further 31,165 (7.8%) who self-reported having a long term physical or mental health condition not covered under the Equality Act which did not limit their day-to-day activities. 	<ul style="list-style-type: none"> Most community pharmacies (i.e. excluding distance selling pharmacies) responding to the Pharmacy Contractors Survey, 85.5% (53 out of 62), have an entrance that enables wheelchair users to access the pharmacy independently. All these pharmacies also stated that all floor areas of the pharmacy were accessible by wheelchair users. Twenty-five community pharmacies (40.3%) indicated that they had either an automatic door and/or a bell at the front door. 82.3% of responding community pharmacies stated that 	<p>These findings are outlined within the PNA. The information highlighted within the PNA should be used to inform future decisions and therefore, this should have positive impact on people of all ages using the pharmacy services.</p>

⁶ Cheshire East Council (2023) Falls. Cheshire East JSNA. Available from: https://www.cheshireeast.gov.uk/council_and_democracy/council_information/jsna/ageing-well/falls.aspx. (Accessed 23 January 2025).

	<p>This means that nearly a quarter of the population of Cheshire East have a long-term physical or mental condition. The table below shows that the distribution is not even across the borough, with Congleton, Holmes Chapel care community and Macclesfield care community having significantly higher proportions of their residents classed as Disabled under the Equality Act. If the self-reported long-term conditions are also considered, SMASH is also higher than the Cheshire East average. Interestingly, although the disablement rate is not significantly higher in Crewe, the percentage of those whose day-to-day activities are limited a lot by their condition is the highest in the borough⁷.</p> <p>Health issues experienced by people with long term conditions or disabilities</p> <ul style="list-style-type: none"> There is a strong relationship between physical and mental ill 	<p>they have designated disabled parking</p> <ul style="list-style-type: none"> The results indicate a good level of accessibility for customers in wheelchairs or with mobility problems at community pharmacies. However, pharmacies do not always consider all the needs of people with other physical disabilities such as hearing or visual impairments. Although 64.5% have a hearing loop to support customers wearing hearing aids and 93.6% provide large print labels for prescriptions, only 21.0% provide large print leaflets and only 14.5% provide large print shelf-edge labels to support people with poor eyesight. Only 12 provided both large print labels and leaflets, 3 provided neither. <p>Several questions in the public survey covered issues of access for those with a disability and/or mobility problem or other access needs: -</p>	
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⁷ Office for National Statistics (2021) NOMIS Census 2021 table TS038 – Disability. Available from: <https://www.nomisweb.co.uk/datasets/c2021ts038> [Accessed on 22 August 2024]. Care communities derived from Wards 2022.

	<p>health. Nearly one in three people with a long-term physical health condition also has a mental health problem, most often depression or anxiety⁸.</p> <ul style="list-style-type: none"> • People identified with a learning disability were more likely to die prematurely than people in the general population with the same broad characteristics⁹. • People with learning disabilities are generally living longer, however this brings challenges for those adults with learning disabilities and the services that support them^{10,11}. • In England, people with severe mental illness (SMI) were around 5 times more likely to die prematurely 	<ul style="list-style-type: none"> • The public survey asked residents if they have a disability, or health condition and/or other access needs that could affect how easily you access your chosen pharmacy. Of the 127 who indicated that they had mobility issues that could affect accessibility, only six (less than 5%) stated they were unable to access their chosen pharmacy. • In the PNA public survey, participants were also asked “If you have mobility issues, are you able to park your vehicle close enough to your pharmacy?”. 63% (80 out of 127 with identified mobility issues) participants reported they were able to park close enough, 13% (17 out of 127) reported not being able to park close enough to the pharmacy of 	
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⁸ Mental Health Foundation (2022) Physical and mental health. Available from: <https://www.mentalhealth.org.uk/explore-mental-health/a-z-topics/physical-health-and-mental-health> [Accessed 25/02/2025].

⁹ NHS Digital (2019) Health and Care of People with Learning Disabilities Standardised Mortality Ratio Indicator. Available from: <https://digital.nhs.uk/data-and-information/publications/statistical/health-and-care-of-people-with-learning-disabilities/standardised-mortality-ratio-indicator> [Accessed 25/02/2025].

¹⁰ GMCVO (2022) New research report: Growing Older with Learning Disabilities. Available from: <https://www.gmcvo.org.uk/news/new-research-report-growing-older-learning-disabilities> [Accessed 25/02/2025].

¹¹ NICE (2018) Care and support of people growing older with learning disabilities. [NG96]. Available from: <https://www.nice.org.uk/guidance/ng96/resources/care-and-support-of-people-growing-older-with-learning-disabilities-pdf-1837758519493> [Accessed 25/02/2025].

	<p>than those who do not have SMI¹². Excess premature mortality in adults with SMI is significantly higher in Cheshire East than England¹³. There is a positive association (when one is higher so is the other) between premature mortality in adults with SMI and deprivation¹⁴, so it is likely some deprived areas of Cheshire East are even worse.</p> <ul style="list-style-type: none"> • People with a learning disability are more likely to have health problems than the rest of the community¹⁵. • People with learning disabilities have poorer health than the general population. On average, they experience a poorer quality life than 	<p>their choice, and the rest answered they did not know or not applicable.</p> <p>Dispensing Doctors¹⁸ are also good at accommodating for protected characteristics, with all practices having wheelchair ramp access (where required), disabled parking, toilet facilities accessible to wheelchair users and hearing loops. Most have large print labels, large print leaflets, automatic door assistance, bell at the door and an ability to support patients whose first language is not English. Additionally, most practices can provide advice and support if a customer wishes to speak to a person of the same sex.</p>	
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¹² Office for Health Improvement and Disparities (2023) Premature mortality in adults with severe mental illness (SMI) Available from: <https://www.gov.uk/government/publications/premature-mortality-in-adults-with-severe-mental-illness/premature-mortality-in-adults-with-severe-mental-illness-smi>

¹³ Office for Health Improvement and Disparities. Severe Mental Illness. Fingertips. Available from: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/severe-mental-illness>

¹⁴ Office for Health Improvement and Disparities (2023) Premature mortality in adults with severe mental illness (SMI) Available from: <https://www.gov.uk/government/publications/premature-mortality-in-adults-with-severe-mental-illness/premature-mortality-in-adults-with-severe-mental-illness-smi>

¹⁵ Disability Rights Commission Equal Treatment: Closing the Gap A formal investigation into physical health inequalities experienced by people with learning disabilities and/or mental health problems Sept 2007 [Microsoft Word - closing the gap fi.doc](#)

¹⁸ 2025 PNA Dispensing Doctors Survey

	<p>their non-disabled peer and tend to die younger¹⁶.</p> <ul style="list-style-type: none"> • AccessAble, a national leading source of data on accessibility, has independently assessed 4 of Cheshire East's 68 community pharmacies. Information is gathered by a surveyor visiting each location with subsequent annual reviews to identify any changes. A wide range of criteria are used which have been designed in consultation with disabled people and represent important information that disabled people want to know. All 4 of the pharmacies assessed in Cheshire East (all located in different Care Communities) were found to have a high level of accessibility¹⁷. 		
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¹⁶ Public Health England (2017) Improving the Health and Wellbeing of People with Learning Disabilities Guidance for social care providers and commissioners (to support implementation of the health charter). Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/656700/Health_charter_2017_guidance.pdf (Accessed 23 January 2025).

¹⁷ AccessAble. Search for accessible places to go. Available from: <https://www.accessable.co.uk/> [accessed on 2 December 2024]

<p>Gender reassignment</p>	<p>In the 2021 Census¹⁹,</p> <ul style="list-style-type: none"> 95% of the population identify as the same sex as registered at birth, higher than the England proportion, while only 0.2% identified as a different sex. 4.6% did not answer. Less than 1% identified as either Trans women, Trans man or other. Crewe is the most diverse care community within Cheshire East. <p>In the 2024 GP Patient Survey an average of 1% of the registered population surveyed did not have the same gender identity as recorded when they were registered at birth (PCN range 0-3%)²⁰.</p> <p>Health outcomes and challenges experienced by people who have undergone gender-reassignment</p> <ul style="list-style-type: none"> Social stigma, whether perceived or real may lead transgender and gender-diverse people to not seek 	<p>There was a total of 625 responses to the Public Survey. 93.9% of respondents live in the gender they were given at birth, 0.3% did not live in the gender they were given at birth and 5.8% preferred not to say or did not respond. Transgender was not specifically asked about and would likely be included in the 'Prefer not to say' category, which is higher than the Census 2021 results. According to Stonewall UK, it is estimated that around 1% of the population might identify as Trans, including people who identify as non-binary²².</p> <p>No further analysis was carried out to determine whether the experience of using a pharmacy differed between those who live as the gender they were given at birth and those that do not.</p>	<p>These findings are outlined within the PNA. The information highlighted within the PNA should be used to inform future decisions and therefore, this should have positive impact on people with disabilities using the pharmacy services.</p>
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¹⁹ Office for National Statistics (2021) NOMIS Census 2021 table TS078 - Gender identity [Accessed on 22 August 2024]. Care communities derived from MSOA2021

²⁰ GP Patient Survey 2024 Survey and Reports

²² [The truth about trans \(stonewall.org.uk\)](https://www.stonewall.org.uk)

	<p>preventive health care and health screenings.</p> <ul style="list-style-type: none"> • Transgender and gender-diverse people have a higher risk of: <ul style="list-style-type: none"> ○ Emotional and psychological abuse. ○ Physical and sexual violence. ○ Sexually transmitted infections. ○ Substance misuse. ○ Mental health problems, such as depression, anxiety and thoughts of suicide • Gender dysphoria • Many transgender people struggle with body image and as a result can be reluctant to engage in physical activity. <p>Hormone therapy can affect how the body deals with alcohol, drugs and tobacco and increases the risk of some chronic diseases e.g. liver, cardiovascular, osteoporosis²¹.</p>		
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²¹ *den Heijer et al*, Long term hormonal treatment for transgender people, (Published 30 November 2017) *BMJ* 2017;359:j5027
<https://doi.org/10.1136/bmj.j5027>

<p>Pregnancy and maternity</p>	<p>Fertility rates can be an excellent indicator of future population growth or decline in an area. Fertility rates have remained stable over the last 10 years with approximately 3,700 live births per year. The current rate at 54.7 per 1,000 is higher than the average for England (51.9 per 1,000)²³.</p> <p>Health issues during pregnancy</p> <p>There are many common health problems that are associated with pregnancy. Some of the more common ones are²⁴:</p> <ul style="list-style-type: none"> Backache Constipation Cramp Deep vein thrombosis Fainting Headaches High blood pressure and preeclampsia Incontinence Indigestion and heartburn Itching Leaking nipples 	<p>This was not captured within the Public Survey or the Healthwatch engagement work.</p>	<p>These findings are outlined within the PNA. The information highlighted within the PNA should be used to inform future decisions and therefore, this should have positive impact on people of all ages using the pharmacy services.</p>
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²³ Data Source: Office for Health Improvement and Disparities. Public Health Profiles. 2025 <https://fingertips.phe.org.uk/> © Crown copyright 2025.

²⁴ NHS UK (2024) Common symptoms in pregnancy. Available from: <https://www.nhs.uk/pregnancy/related-conditions/common-symptoms/> (Accessed 4 November 2024).

	<p>Morning sickness and nausea</p> <p>Nosebleeds</p> <p>Urinating a lot</p> <p>Pelvic pain</p> <p>Piles (haemorrhoids)</p> <p>Skin and hair changes</p> <p>Sleeplessness</p> <p>Stretch marks</p> <p>Swollen ankles, feet, fingers</p> <p>Swollen and sore gums, which may bleed</p> <p>Tiredness</p> <p>Vaginal discharge or bleeding</p> <p>Varicose veins</p>		
Race/ethnicity	<p>Ethnicity relates to the population group a person belongs to, identifies with or is identified by, considering cultural factors including language, diet, religion, ancestry and physical features.</p> <p>According to the 2021 Census, there is less ethnic diversity in Cheshire East compared to the England average, with 94.4% of the population giving their ethnicity as white</p>	<p>Within the public survey no specific issues were raised concerning ethnicity or religion. The non-white ethnic mix within the survey was under-representative of the underlying population; again, numbers are very small, which make any conclusions very difficult.</p> <p>Within Cheshire East, 18 of the pharmacies (28.1%) responding to the Pharmacy Contractor Survey answered “Yes” to the question “Can staff at pharmacy speak</p>	<p>These findings are outlined within the PNA. The information highlighted within the PNA should be used to inform future decisions and therefore, this should have positive impact on people of all races/ethnicities using the pharmacy services.</p>

	<p>compared to a national average of 81.1%²⁵. However, ethnic diversity has increased since the 2011 Census, when 96.7% of the population declared their ethnicity to be white. CHAW Care Community is the most diverse, but Crewe Care Community has the largest ethnic minority population with where nearly a third (32%) of Cheshire East's ethnic minority community living there. Over a ten-year period, the proportion of people from ethnic minority backgrounds has increased by over 80% from 12,200 to 22,230 and all Black, Asian and Minority Ethnic Communities have increased in number. However, it is important to consider different ethnicities in greater detail rather than considering Black, Asian and Minority Ethnic Communities as a whole²⁶. Of note is the increase in those giving their ethnicity as "White Other", which rose from 9,400 to 16,600 between 2011 and 2021. Most of the increase between the 2 censuses is due to an increase in Asian/Asian British and Other White communities in Crewe.</p>	<p><i>languages other than English?"</i>. There was a wide variety of different languages reported to be spoken; Armenian, Chinese, Farsi, French, Hindi, Polish, Punjabi, Romanian, Spanish and Urdu were all spoken at more than one pharmacy.</p> <p>In addition, the following response was provided by 21 other pharmacies (all operated by the same company):</p> <p><i>Staff are contracted to XXX, not a particular branch, so whilst the staff member may speak other languages, it might differ day to day, depending on which branch they are working in.</i></p> <p>All pharmacies have access to remote and face-to-face interpreting, translation and localisation services via the NHS Contract with LanguageLine UK</p>	
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²⁵ Office for National Statistics (2021) NOMIS Census 2021 table TS021 – Ethnicity [Accessed on 25 July 2024]. Care communities derived from Wards 2022

²⁶ Equality Hub (2022) Why we no longer use the term 'BAME' in government

Available from: <https://equalities.blog.gov.uk/2022/04/07/why-we-no-longer-use-the-term-bame-in-government/> (Accessed 23 January 2025).

	<p>Variation of health outcomes and challenges by ethnicity</p> <ul style="list-style-type: none"> • Health inequalities exist between ethnic minority and white groups, and between different ethnic minority group. The picture is complex, with deprivation, environment, health-related behaviours and access to health care contributing. Most ethnic minority groups are disproportionately affected by socio-economic deprivation²⁷. • Some ethnic minority groups are more likely than White British people to report having a long-term condition and poor health, particularly diabetes, maternal mortality, stillbirths and infant mortality, childhood obesity, cardiovascular disease^{26,28} • Before the Covid-19 pandemic, life expectancy at birth was higher 		
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²⁷ Raleigh V (2023) The health of people from ethnic minority groups in England. The King's Fund. Available from: <https://www.kingsfund.org.uk/insight-and-analysis/long-reads/health-people-ethnic-minority-groups-england>

²⁸ Commission on Race and Ethnic Disparities (2021) Ethnic disparities in the major causes of mortality and their risk factors – a rapid review. Available from: <https://www.gov.uk/government/publications/the-report-of-the-commission-on-race-and-ethnic-disparities-supporting-research/ethnic-disparities-in-the-major-causes-of-mortality-and-their-risk-factors-by-dr-raghib-ali-et-al>

	<p>among ethnic minority groups than the white and Mixed groups, however this masks some significant differences between ethnic groups. The Covid-19 pandemic has had a disproportionate impact on most ethnic minority communities.²⁶</p> <ul style="list-style-type: none"> • An increasing number of older people from ethnic minority groups will require culturally sensitive social care and palliative care. Low self-confidence in older adults to managing their own health was higher in all minority ethnic groups.²⁹ • Racism and discrimination can also have a negative impact on the physical and mental health of people from ethnic minority groups.²⁶ <p>95.8% of residents in the 2021 census stated that English was their main language, 80.5% of the remainder stated that although English was not their main</p>		
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²⁹ Watkinson RE, Sutton M & Turner AJ (2021) Ethnic inequalities in health-related quality of life among older adults in England: secondary analysis of a national cross-sectional survey. The Lancet Public Health. Volume 6, Issue 3. Available from: [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(20\)30287-5/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(20)30287-5/fulltext)

	<p>language, they spoke it well or very well. This means that less than 1% (3,204) of the population cannot speak English or feel they do not speak it well. We are unable to determine which languages are spoken by these non-English speakers as these detailed census tables were not available the time of writing. Most of those not proficient in English are of working age. The results from the main language question on the Census gives Polish as the area's second language at 1.3%.</p>		
Religion or belief	<p>At the time of the 2021 Census, 54.3% of Cheshire East residents were Christian (87% of those who stated they had a religion). This represents a reduction of 15% since 2021. There was a concomitant increase in the proportion with no religion or who did not state their religion, which rose from 29.3% in 2011 to 43.2% in 2021. Despite the increase in the number of people describing their religion as Buddhist, Hindu, Jewish, Muslim, Sikh and Other, the proportions for each of these religions individually are 1% or less. However small these minorities, service staff still need to be</p>	<p>Within the public survey no specific issues were raised concerning ethnicity or religion. The religious profile of the respondents is similar to Cheshire East as a whole (as determined by the 2021 Census), but the small numbers make it difficult to be clear if there are any issues.</p>	<p>These findings are outlined within the PNA. The information highlighted within the PNA should be used to inform future decisions and therefore, this should have positive impact on people of all religions/beliefs using the pharmacy services.</p>

	<p>mindful of customers' religious and cultural background to ensure that they are sensitive to any specific requirements³⁰.</p> <p>Cultural, spiritual and religious beliefs and practices can impact on health behaviours and practices, health outcomes, use of and access to healthcare, and decision-making regarding medical treatment. Some health-related topics may be extremely sensitive for individuals of certain cultural and religious groups to discuss, such as disabilities, and sexual and reproductive health matters³¹</p> <ul style="list-style-type: none"> • Possible link with 'honour based violence', a term used to describe a combination of practices used to control and punish the behaviour of a member of a family or social group, to protect perceived cultural and religious beliefs. • Female genital mutilation is related to cultural, religious and social 		
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³⁰ Office for National Statistics (2021) NOMIS Census 2021 TS030 – religion [Accessed on 18 October 2024]. Care communities derived from Wards 2022.

³¹ Office for Health Improvement and Disparities (2021) Culture, spirituality and religion: migrant health guide. Available from: <https://www.gov.uk/guidance/culture-spirituality-and-religion>

	<p>factors within families and communities although there is no direct link to any religion or faith. It is a practice that raises serious health related concerns.</p> <ul style="list-style-type: none"> • Attitudes towards smoking of shisha³². • There is a possibility of hate crime related to religion and belief. 		
Sex	<p>In the 2021 Census, there were^{33,34}:</p> <ul style="list-style-type: none"> • 203,195 women (51.0%) • 195,577 men (49.0%) <p>Variation of health outcomes and challenges by gender</p> <ul style="list-style-type: none"> • Male life expectancy (LE), and life expectancy at 65 in Cheshire East are 	<p>The latest population estimates for those aged 16 and over give the gender breakdown in Cheshire East as 52% female and 48% male. Of the 625 participants who answered the gender question in the public survey, 58% (362 out of 625) defined themselves as female and 39% (243 out of 625) as male. 3% answered they were: non-binary; preferred not to say; or did not respond. Therefore, it is important to note that there may be bias towards female experience in the public survey. This bias</p>	<p>These findings are outlined within the PNA. The information highlighted within the PNA should be used to inform future decisions and therefore, this should have positive impact on people of all sexes using the pharmacy services.</p>

³² Mustard (2020) Trading Standards North West Survey 2020, 27 April 2020

³³ Office for National Statistics (2021) NOMIS Census 2021 table TS008-Sex. NOMIS Available from: <https://www.nomisweb.co.uk/datasets/c2021ts008> [Accessed 21 November 2024]. Care communities derived from MSOA2021.

³⁴ Office for National Statistics (2021) NOMIS Census 2021 table TS078 - Gender identity Available from: <https://www.nomisweb.co.uk/datasets/c2021ts078> [Accessed 22 August 2024]. Care communities derived from MSOA2021.

	<p>lower than for females³⁵. Internal variation, i.e. by electoral ward level, is higher for men than for women³⁶.</p> <p>In Cheshire East, mortality for cardiovascular disease is significantly higher in men and men are more likely to die from cardiovascular disease prematurely³⁷.</p> <ul style="list-style-type: none"> • Men are also more likely to die during a sudden cardiac event. Women's risk of cardiovascular disease in general increases later in life (on average 10 years later than men³⁸) and women are more likely to die from stroke³⁹. • The proportion of men and women who are obese is roughly the same although men are markedly more likely to be overweight than women. Women are 	<p>has remained despite efforts to actively promote the survey within male only support groups such as Crewe Men in Sheds and Andy's Man club.</p> <p>Responses to the survey indicate that when asked about their overall satisfaction relating to the services and products offered by their regular pharmacy, participants who stated that they were male were slightly more likely to be satisfied (91.8%) compared to those who stated they were female (84.4%).</p> <p>Within Cheshire East, 16 (25%) of the pharmacies responding to the Pharmacy Contractor Survey stated they were able to offer advice and support to customers wishing to speak with a person of the same sex within the normal opening times; a further 45 (70.3%) were able to arrange a</p>	
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³⁵ Office for Health Improvement & Disparities. Public Health Profiles. Available from: <https://fingertips.phe.org.uk> © Crown copyright (2025).' [Accessed 21/11/2024]

³⁶ Cheshire East Council. Tartan Rug 2022. [Tartan Rug 2022](#)

³⁷ Office for Health Improvement & Disparities. Public Health Profiles. Available from: <https://fingertips.phe.org.uk> © Crown copyright (2025).' [Accessed 21/11/2024]

³⁸ Nursing and Health Science, Worrall-Carter et al, Systematic review of cardiovascular disease in women: assessing the risk, Dec 2011. 2011 Dec;13(4):529-35.

³⁹ Office for National Statistics. 2020. Leading Causes of Death 2001 to 2018. [Leading causes of death, UK - Office for National Statistics](#)

	<p>more likely than men to become morbidly obese⁴⁰.</p> <ul style="list-style-type: none"> • Women are more likely to report, consult for and be diagnosed with depression and anxiety. It is possible that depression and anxiety are under-diagnosed in men as more men die by suicide, go missing, be rough sleepers, more likely to become alcohol dependent, report frequent drug-use, report lower levels of life satisfaction, while men are less likely to access NHS talking therapies⁴¹. <p>Hospital admissions and mortality relating to alcohol are significantly higher in men than women in Cheshire East. The exception is hospital admissions for alcohol-specific conditions in the under 18s where the female rate is similar to the male rate⁴².</p> <ul style="list-style-type: none"> • Men tend to use health services less than women and present later with diseases than women do. Consumer research into the use of pharmacies showed men aged 	<p>same sex consultation. This leaves 4.7% (3 pharmacies) unable to offer this.</p> <p>No issues concerning same sex consultations were voiced in the public survey.</p>	
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⁴⁰ Health Survey for England 2019 Overweight and obesity in adults and children. [Health Survey for England, 2019: Data tables - NHS England Digital](#)

⁴¹ [Men and women: statistics | Mental Health Foundation](#)

⁴² OHID Alcohol Profile [accessed 16/01/2025]. [Alcohol Profile | Fingertips | Department of Health and Social Care](#)

	<p>16 to 55 to be ‘avoiders’ i.e. they actively avoid going to pharmacies, feel uncomfortable in the pharmacy environment as it currently stands due to perceptions of the environment as feminised/for older people/lacking privacy and of customer service being indiscreet⁴³.</p> <p>Despite the above bullet points studies have shown that women experience poorer outcomes in many areas of health care⁴⁴.</p>		
Sexual orientation	<p>In the 2021 census only 2.5% of the population identified as LGBT+⁴⁵. This is considerably lower than estimates provided by the Department of Trade and Industry, which put the LGB population at 5% to 7% of the adult population⁴⁶.</p>	<p>84% of residents responding to the public survey (524 out of 625) who answered the sexual orientation question responded that they were heterosexual, 1% (6 out of 625) identified as homosexual and 1.4% (9 out of 625) identified as bisexual or pansexual, 14% (86 of 625) preferred not to say or did</p>	<p>These findings are outlined within the PNA. The information highlighted within the PNA should be used to inform future decisions and therefore, this</p>

⁴³ Pharmacy consumer research: pharmacy usage and communications mapping-executive summary, June 2009 [Deposited paper DEP2009-1737 - Deposited papers - UK Parliament](#)

⁴⁴ [Women’s health outcomes: Is there a gender gap? - House of Lords Library](#)

⁴⁵ Office for National Statistics (2021) NOMIS Census 2021 table TS077 – Sexual orientation [Accessed on 22 August 2024]. Care Communities derived from MSOA 2021 data. [Nomis - Query Tool - TS077 - Sexual orientation](#)

⁴⁶ Public Health England. (2017). [Producing modelled estimates of the size of the LGB population of England](#) – Original Source: Department of Trade and Industry: Final Regulatory Impact Assessment: Civil Partnership Act 2004 (DTI, 2004).

	<p>Variation of health outcomes and challenges by sexual orientation</p> <p>People in the LGBT+ community have disproportionately worse health outcomes and healthcare experiences⁴⁷. Attitudes toward the community may have an impact on some of their key health concerns around sexual and particularly mental health. A Stonewall survey⁴⁸ found:</p> <ul style="list-style-type: none"> • Half of LGBT people (52%) said they've experienced depression in the last year. One in eight LGBT people aged 18-24 (13%) said they've attempted to take their own life in the last year. Almost half of trans people (46%) have thought about taking their own life in the last year, 31% of LGB people who aren't trans said the same. Furthermore, 41% of non-binary people said they harmed themselves in the last year compared to 20% of LGBT women and 12% of GBT men. One in six LGBT people (16%) said they drank alcohol almost every day over the last year and one in eight LGBT people 	<p>not respond. However, no further analysis was carried out to determine whether experiences of using the pharmacy differed by sexual orientation.</p>	<p>should have positive impact on people of all sexual orientations using the pharmacy services.</p>
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⁴⁷ 2017 National LGBT survey [National LGBT Survey: Research report - GOV.UK](#)

⁴⁸ Stonewall, LGBT in Britain – Health (2018) [LGBT in Britain - Health \(2018\) | Stonewall](#)

	<p>aged 18-24 (13%) took drugs at least once a month.</p> <ul style="list-style-type: none"> • One in eight LGBT people (13%) have experienced some form of unequal treatment from healthcare staff because they're LGBT. • Almost one in four LGBT people (23%) have witnessed discriminatory or negative remarks against LGBT people by healthcare staff. In the last year alone, six per cent of LGBT people – including 20% of trans people – have witnessed these remarks. • One in twenty LGBT people (5%) have been pressured to access services to question or change their sexual orientation when accessing healthcare services. • One in five LGBT people (19%) aren't out to any healthcare professional about their sexual orientation when seeking general medical care. This number rises to 40% of bi men and 29% of bi women. <p>One in seven LGBT people (14%) have avoided treatment for fear of discrimination because they're LGBT.</p>		
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<p>Marriage and civil partnership</p>	<p>Data from the 2021 Census for the Cheshire East population showed that⁴⁹:</p> <ul style="list-style-type: none"> 49.7% were married or in a registered civil partnership 31.6% were single (never married or never registered a same-sex civil partnership) 9.8% were divorced or formerly in a same-sex civil partnership which is now legally dissolved 6.9% were widowed or a surviving partner from a same-sex civil partnership. 2.0% were separated (but still legally married or still legally in a same-sex civil partnership). <p>Variation of health outcomes and challenges by marital status</p> <ul style="list-style-type: none"> Literature on health and mortality by marital status has consistently identified that unmarried individuals generally report poorer health and have a higher mortality risk than their 	<p>This was not captured as part of the Public Survey or the Healthwatch Engagement.</p>	<p>These findings are outlined within the PNA. The information highlighted within the PNA should be used to inform future decisions and therefore, this should have positive impact on people of all ages using the pharmacy services.</p>
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⁴⁹ Office for National Statistics (2021). NOMIS Census 2021 table TS002 – Legal partnership status [Accessed on 7 August 2024]

	<p>married counterparts, with men being particularly affected in this respect⁵⁰.</p> <p>A large body of research suggests that the formalisation of opposite-sex relationships is associated with favourable mental health outcomes, particularly among males. Recent analysis of wave 8 (2016-18) of Understanding Society: the UK Household Longitudinal Study suggests this is also the case for females in same-sex civil partnership⁵¹.</p>		
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⁵⁰ Robards J., Evandrou M., Falkingham J., Vlachantoni A. (2012) Marital status, health and mortality *Maturitas*. 2012 Dec; 73(4): 295–299

⁵¹ Hagen D., Goldmann E. (2020) Association between marital status and mental health among cohabitating same-sex couples in the UK *European Journal of Public Health*, Volume 30, Issue Supplement_5, September 2020, ckaa165.961, <https://doi.org/10.1093/eurpub/ckaa165.961>

Section 5 - Review of information, consultation feedback and equality analysis

Mitigation	What can you do to mitigate any negative impacts or further enhance positive impacts?
<p><i>Please summarise the impacts listed in section 4 and what will be done to mitigate these impacts</i></p> <p><i>Provide justification for the proposal if negative impacts have been identified?</i></p> <p><i>Are there any actions that could be undertaken to mitigate, reduce or remove negative impacts?</i></p> <p><i>Have all available options been explored? Please include details of alternative options and why they couldn't be considered?</i></p> <p><i>Please include details of how positive impacts could be further enhanced, if possible?</i></p>	<p>The PNA includes an extensive overview of the current and future needs for pharmaceutical services in the local population across Cheshire East. Recommendations that can be met by NHS England are outlined within the document.</p> <p>We inform but cannot enforce the recommendations. However, implementation of the recommendations for improvement should further enhance positive impacts.</p> <p>In line with the current regulations the PNA will be reviewed and updated in 3 years time (2028).</p>

Section 6 – Monitoring and review

<p>Details of monitoring activities</p> <p><i>Please include details of how the impact of the proposal will be monitored e.g. performance monitoring, analysis of complaints, equality monitoring data etc.</i></p> <p><i>Monitoring should include information on whether actions to mitigate negative impacts have achieved their desired outcome</i></p>	<p>The purpose of the PNA is to set out the current and future needs in relation to pharmacy provision. These findings and recommendations should be used by NHS England to consider applications to open a new pharmacy, move an existing pharmacy or to commission additional services from a pharmacy. We inform but cannot enforce the recommendations.</p> <p>Any equity issues will only be identified if there are substantial pharmacy closures, and the Health and Wellbeing Board consider there to be a requirement for a full review of the PNA. Otherwise, this will be monitored when the PNA is next reviewed in 2028.</p>
<p>Date and responsible officer for the review of the EIA</p> <p><i>Please include the date of review, responsible officer role and service.</i></p> <p><i>It is recommended that the EIA be reviewed approximately 6 months after it has been signed off.</i></p>	<p>The Public Health Intelligence Team</p> <p>To be reviewed every three years in line with current regulations (2028).</p>

Section 7 – Sign off

When you have completed your draft EIA, it should be sent to the [Equality, Diversity and Inclusion Mailbox](#) for review.

If your EIA is approved, it must then be signed off by a senior manager within your Department (Head of Service or above).

Name	Dr Susan Roberts
Date	
Signature	

Once the EIA has been signed off, please forward a copy to the [Equality, Diversity and Inclusion mailbox](#) for it to be published on the website.

For Transparency, we are committed to publishing all Equality Impact Assessments relating to public engagement.

Help and support - For support and advice please contact the [Equality, Diversity and Inclusion mailbox](#)