



<b>Oxfordshire CCG Equality Analysis Template for the Transformation Board Programme (Sustainability and Transformation Plan)</b>	
<b>Clinical work stream:</b>	Planned care and diagnostics
<b>EA Completed by:</b>	Sharon Barrington
<b>Date of EA:</b>	11/11/2016
<b>Partner sign off:</b>	
<b>OCCG E&amp;D Working Group- date signed off:</b>	
<b>OCCG E&amp;D Strategic Group- date signed off</b>	
<b>Analysis Rating:</b> please highlight	<ul style="list-style-type: none"> <li>• Red</li> <li>• Red/Amber</li> <li>• <b>Amber</b></li> <li>• Green</li> </ul>
<b>Type of Analysis Performed:</b>  Please Tick ✓ or Highlight	<ul style="list-style-type: none"> <li>• <b>Pre Business Case</b></li> <li>• <b>Service re-design</b></li> <li>• Policy Analysis</li> <li>• Consultation</li> <li>• Meeting</li> <li>• Other</li> </ul>
Please list any policies or documents that are related to or referred to as part of this analysis	
<b>Who does the policy, project or function affect?</b>  Please Tick ✓ or Highlight	<ul style="list-style-type: none"> <li>• <b>Employees</b></li> <li>• <b>Service Users</b></li> <li>• <b>Patients</b></li> <li>• <b>Members of the Public</b></li> <li>• <b>Other (List Below</b></li> </ul> <ul style="list-style-type: none"> <li>• Any changes to the service will affect patients registered with an Oxfordshire General Practitioner.</li> <li>• Patients that currently do not use the service but may do so in the future.</li> </ul>

	<ul style="list-style-type: none"> <li>• Staff currently providing laboratory services may encounter some increase in workload</li> <li>• Staff working in healthcare organisations that currently deliver services from locations that might be impacted by any service being delivered in a significantly different location.</li> </ul>
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Equality Analysis	
<p><b>What are the aims and intended effects of this work stream? Please give a brief overview</b></p>	<p><b>Aim</b></p> <p>To redesign the system for planned care patients to provide services in community settings, closer to their homes where possible with up to date modern facilities and the right treatment, in the right place at the right time. A one stop shop approach will be used where appropriate.</p> <p>Diagnostics will take place in locations across the six localities aligned to the services that will be delivered. Sites are to be determined.</p> <p>The impact of the changes are intended to deliver the following benefits:</p> <ul style="list-style-type: none"> <li>•Care delivered closer to home with access to ‘acute’ services delivered in a local setting.</li> <li>•Increased access to real time consultant advice from GP practices.</li> <li>•Care being delivered as a “one stop shop”, meaning less delay between steps in the clinical pathway so that patients make less visits to outpatients and achieve a diagnosis and treatment plan more quickly</li> <li>•More patients being treated and managed by their GPs where it is appropriate</li> <li>•Reduced waiting time for outpatient appointments as capacity is freed up by more efficient clinical pathways and more patients being treated within a primary care plus model</li> <li>•Earlier identification of cancer through better access to diagnostics and advice at primary care level and quicker access to cancer services when needed</li> </ul>

	<ul style="list-style-type: none"> <li>• Access to a wider range of diagnostic tests in the community making it easier for patients to attend and quicker for clinician’s to act on the results.</li> <li>• Less need to travel to hospital sites for outpatient appointments</li> <li>• Joined up care using shared care records across all providers.</li> <li>• Better co-ordination of care with patients being clear about the clinical pathway at the outset and clear agreed management plans</li> <li>• Use of decision making tools to ensure the right treatment is chosen by the individual patient and appointments aren’t wasted because of poor communication and lack of understanding.</li> <li>• Reduction in preventable diseases through earlier intervention</li> <li>• Better local management of chronic diseases enabling people to live well at home</li> <li>• Quicker access to acute services when needed</li> <li>• Reduction in unplanned admissions</li> <li>• Increased patient satisfaction and experience</li> <li>• Less complications and hospital acquired infections</li> <li>• Early intervention to ensure best outcomes for those patients who would otherwise present later.</li> </ul>
<p><b>Is any Equality or other data available relating to the use or implementation of this work stream/ function?</b></p> <p><b>Please provide details, sources and relevant links.</b></p>	<p>Yes</p> <p>Demographic data for Equality Groups – JSNA 2015 report</p> <p>Health Intelligence for Equality Groups - Cancer research UK offers Local Cancer statistics which include the equality groups Age and Gender</p>
<p><b>Give full details of consultations undertaken e.g. with employees,</b></p>	<p>Patient representatives consulted on some of the</p>



<p><b>service users, Unions, patients and patient groups or members of the public that have taken place as part of the programme. Highlight specific consultations with the 9 protected characteristic groups.</b></p>	<p>pathways and the patient information leaflet.</p> <p>A number of pre-consultation events have been held involving the public, voluntary and other organisations and other stakeholders such as providers of healthcare.</p>
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Equality Analysis Test:				
What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by <i>The Equality Act 2010</i> ?				
Protected Characteristic:	Neutral Impact:	Positive Impact:	Negative Impact (Potential adverse impact) :	Evidence of impact and if applicable, justification where a <i>Genuine Determining Reason</i> exists
<b>Gender</b> (Men and Women)			✓	The proposed eligibility criteria for access to the pathways does not assess eligibility based on gender.  Some women may be adversely affected indirectly due to pregnancy, please see pregnancy characteristic for more details.
<b>Race</b> (All Racial Groups)			✓	The proposals make no distinction based on race. However, this consultation is mindful that there are certain health inequalities in relation to race that may be disproportionately and indirectly impacted on.  Language can be a potential barrier to access for many people within this group. Just over 9% of households in Oxford do not have any one member who speaks English as a main language. This is over double the figure for the country as a whole.  To mitigate the risk of inequality for this group of patients, Staff will need to be proficient in the use of the telephony interpreting service.



				<p>All staff that are not familiar with using this service will be given advice/ training on how to access it.</p> <p>Any written materials including the patient information leaflet will also be available in different languages.</p> <p>The standard NHS contract applies to this pathway project and there is an Equalities &amp; Diversity section (SC13) in the contract which providers must comply with. All staff will have training in E&amp;D.</p>
<p><b>Disability</b> (Mental, Physical, Learning Disability and sensory disability)</p>			<p>✓</p>	<p>Service redesigns included in this project have ensured that a new section has been incorporated into the referral pro-forma to address any additional requirements needed by a disabled person to enable them to attend appointments and ensure no one is disadvantaged.</p> <p>All of the possible locations are accessible by wheelchair with disabled parking facilities. Where a patient or carer may have other sensory impairments actions will be taken to ensure these are accommodated to deliver a good experience of the services e.g. hearing loops for the deaf, information in braille where possible.</p> <p>Mental health services will be integrated into the management of physical health to ensure they are given equal weighting and improve outcomes for patients.</p> <p>Patients with a learning disability may experience difficulty accessing services on line, so a range of alternatives will be made available to ensure full engagement of all of the population.</p>

<p><b>Religion or Belief</b></p>			<p>✓</p>	<p>The proposed services do not assess eligibility for access to these services based on religion or belief. Eligibility will continue to be based on the medical needs of the patient. Medical need will be the deciding factor in the provision of service.</p> <p>So whilst preference will be respected, where possible, within the confines of promoting an effective and efficient service, a preference as against an evidenced need cannot be guaranteed to be fulfilled by any clinical service. We are aware that based on religious belief (and also gender) some women may request a female health care professional.</p> <p>Certain treatments may not be possible due to particular a particular religious belief so joint decision making is an integral part of the service redesign giving patients the ability to choose in an informed way the treatment choice that suits them.</p>
<p><b>Sexual Orientation (Heterosexual, Homosexual and Bisexual)</b></p>	<p>✓</p>			<p>The proposed service does not assess eligibility for access to these services based on sexual orientation. The eligibility will continue to be based on the medical needs of the patient.</p>
<p><b>Pregnancy and Maternity</b></p>			<p>✓</p>	<p>The proposed eligibility criteria do not assess eligibility for services based on maternity.</p> <p>Eligibility for the diagnostic services on this pathway will be based on the medical needs of the patient.</p> <p>Some diagnostics i.e. CT scanning may not be available to pregnant</p>



				<p>women as it may pose a threat to the unborn child. This will be reviewed on a case by case basis.</p> <p>All patients with babies or young children will have access to baby changing facilities if they are attending an appointment at any of the locations.</p>
<b>Marital Status</b> (Married and Civil Partnerships)	✓			<p>The proposed service does not assess eligibility for access to these services based on marital status.–Eligibility will continue to be based on the medical needs of the patient.</p>
<b>Gender re-assignment</b> A person proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attributes of sex. A reference to a transsexual person is a person who has the protected characteristic of gender identity.			✓	<p>The proposed service does not assess eligibility for access to these services based on gender reassignment. The eligibility will continue to be based on the medical needs of the patient.</p> <p>However, it is recognised that there is a potential impact for this group as they are a relatively small, unidentified group so more likely to experience discrimination and less likely to access services.</p> <p>Care will be taken to address the individual and facilitate their needs in relation to their chosen gender.</p>
<b>Age</b> (People of all ages)			✓	<p>The proposed services do not assess eligibility for access to these services based on age except where this is relevant such as in services for fertility. Eligibility will continue to be based on the medical needs of the patient. Cancer, for example, because of its epidemiology is more likely to occur in the older age group but this does not mean younger people are excluded.</p>

				<p><b>Average Number of New Cases Per Year and Age-Specific Incidence Rates per 100,000 Population, UK - <a href="http://www.cancerresearchuk.org/health-professional/cancer-statistics/incidence/age#heading-zero">http://www.cancerresearchuk.org/health-professional/cancer-statistics/incidence/age#heading-zero</a></b></p> <p>The delivery of care closer to home through countywide diagnostic facilities is a major benefit for patients.</p> <p>Staff will be required to ensure that safeguarding needs are fully assessed for older people, children and other vulnerable groups of patients. Future service providers will need to provide assurance, to the commissioning group, around Disclosure and Barring Service (DBS) checks and arrangements.</p> <p>Potentially although whilst older people will be impacted they are also the group who will have the highest needs for accessing services in any future community-based locations. Arrangements will be made to</p>
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				<p>ensure that no group of patients is negatively impacted by the move to delivery of services in any new locations.</p> <p>The proposed service is planned to be available 6-7 days a week to ensure that people of working age and those with children still have equal access to the service.</p>
<p><b>Other groups nominated by OCCG which could experience inequality of access or treatment:</b></p> <p><b>Carers</b></p>	✓			<p>Anyone who is registered with an Oxfordshire GP could be considered for the pathway as long as they meet the medical criteria for eligibility.</p> <p>Where a patients needs their carer they will be able to accompany the patient into the treatment room and/or facilities will be available for them to wait comfortably with access to food and drink.</p> <p>There is a potential negative impact as carers are less likely to access services and will also generally be older with associated morbidities. There may also be an impact for young carers.</p>
<p><b>Veterans</b></p>	✓			<p>A veteran who is registered with an Oxfordshire GP will be considered for the pathway as long as they meet the medical criteria for eligibility.</p>
<p><b>Homeless</b></p>	✓			<p>Anyone who is registered with an Oxfordshire GP could be considered for the pathway as long as they meet the medical criteria of eligibility.</p> <p>However homeless people are often not registered with a GP. And we know that homeless people are less likely to engage with services; there are issues of relocating to temporary accommodation and having further to travel that can lead to inconsistency in treatment/clinician.</p> <p>We will ensure that those services that are accessed via self-referral will be</p>



<p><b>People living in socio-economic areas of deprivation</b></p>			✓	<p>facilitated for homeless people via appropriate routes.</p> <p>To ensure people in areas of socio-economic deprivation are not discriminated against, diagnostics and services will be in locations across the localities. Facilities will be accessible by public transport, where possible, and particular note of areas of deprivation to ensure services are focussed around these if possible.</p> <p>No evidence of adverse impact</p>
<p><b>Sustainability:</b></p> <ul style="list-style-type: none"> <li>• Economic, Social and Environmental considerations in the design, procurement and commissioning of services for the people of Oxfordshire.</li> <li>• Delivery of an affordable healthcare service for improving population wellbeing and reducing health inequalities.</li> <li>• Have sustainable models of health care been considered?</li> </ul>	✓			

**Action Planning:**

**As a result of performing this analysis, what actions are proposed to remove or reduce any risks of adverse outcomes identified on employees, service users or other people who share characteristics protected by The Equality Act 2010?**

Identified Risk:	Recommended Actions:	Responsible Lead:	Completion Date:	Review Date:
Potential adverse indirect discrimination by race (language barrier)	To mitigate the risk of inequality for this group of patients, Staff should be proficient in the use of the telephony interpreting service. All staff that are not familiar with using this service will be given advice/ training on how to access it.			
Direct discrimination to access by gender and pregnancy - Some diagnostics i.e. CT scanning may not be available to pregnant women as it may pose a threat to the unborn child.	This discrimination is unavoidable as it is due to clinical safety guidelines and so will be reviewed on a case by case basis.			
Direct discrimination to access by age including carers	Whilst cancer and other conditions can affect people at any age, the majority of people who are diagnosed are aged 40+, and guidelines suggest that this is an appropriate cut-off. Other options are available for those patients under 40 years of age.			



Potential impact for any staff from the nine protected characteristic groups, who may have to relocate to a different working site	Employing organisations should ensure appropriate adherence to HR policies.	Employing organisations	
Potential impact on patients (particularly the homeless and older people where IT facilities are not available) if services are self-referral via digital portals etc only.	Suitable and varied alternatives need to be identified to ensure nobody is excluded from a service due to the route in.	Service managers	
Carers; potential impact particularly if carers older or very young.	Arrange appointments at suitable times, ensure choice is available close to transport routes.		
Potential impact on people with hearing difficulties	Ensure hearing loops/ signers available.		
Access to services if homeless or from area of deprivation	Ensure that access for these groups is taken into account when deciding on sites for services. Take particular note and actions to ensure alternatives are offered that meet the individual needs.		