

FULL Equality Analysis Form

Step 1 Document Ownership

Name of Project/Review	Document Management	
Project Reference number		
Project Lead Name	Jo Reynolds	
Project Lead Title	Primary Care Development Manager	
Project Lead Contact Number & Email	jo.reynolds2@nhs.net 01902 442579	
Date of Submission		
Is the document:		
A proposal of new service or pathway		NO
A strategy, policy or project (or similar)		YES
A review of existing service, pathway or project		YES
Has a Preliminary Appraisal already been completed		NO
If the Preliminary Appraisal confirmed that a full EA was <u>NOT</u> required, please only complete step's one and two.		

Step 2 Establishing Relevance

Public Sector Equality Duties

To ensure compliance with the Equality Act 2010, all strategies or policies or projects, proposals for a new service or pathway, or changes to an existing service or pathway, should be assessed for their relevance to equality – for patients, the public, and for staff. The general equality duty requires that when exercising its functions that the NHS has due regard to the need to:

- Eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act;
- Advance equality of opportunity between people who share a protected characteristics and those who do not;
- Foster good relations between people who share a protected characteristic and those who do not.

Protected Characteristics

You need to analyse the effect on equality for all protected characteristics – namely: Age, Disability, Sex, Race, Gender reassignment, Sexual Orientation, Religion and Belief; Pregnancy and Maternity, Marriage and Civil Partnership. Please also consider other groups who are currently outside the scope of the Act, but who may have a significant relationship with NHS services (for example Carers, homeless people, travelling communities, sex-workers and migrant groups).

With reference to the Public Sector Equality Duties and the Protected Characteristics is an Equality Analysis required? YES/NO

Please summarise your conclusion if an equality analysis is not required (please refer to the Preliminary EA for the reason why)

If a full EA is **not** required, please attach step's 1 &2 from the FULL EA; the Preliminary EA and the Business Case and email these to the Equality and Inclusion Business Partner for reference and audit david.king@ardengemcsu.nhs.uk and equality@ardengemcsu.nhs.uk

If you have now concluded that the project/document **is relevant**, and a FULL EA is required please contact the Equality lead to complete the FULL equality analysis together.

David King (Hons), MA, PhD. Equality and Human Rights Manager

M: 07500 826611

E: david.king@ardengemcsu.nhs.uk

E: david.king17@nhs.net (confidential matters)

W: ardengemcsu.nhs.uk

Or

equality@ardengemcsu.nhs.uk

Step 3 Responsibility, Development, Aims and Purpose

<p>Who holds overall responsibility for the project/policy/ strategy/ service redesign etc</p>	<p>Sarah Southall, Head of Primary care</p>
<p>Who else has been involved in the development?</p>	<p>Jo Reynolds, Primary Care Development Manager</p>

Purpose and aims: (briefly describe the overall purpose and aims of the service – for a new service – describe the rationale and need for the proposal, referring to evidence sources. For a change in service or pathway – specify exactly what will change and the rationale/ evidence, including which CCG priority this will contribute to):

Document management involves clerical staff coding incoming clinical correspondence, taking actions where appropriate, including forwarding it to another member of the team, or passing the letter to a GP for action if a clinical decision is required. It is a more advanced task than document processing or coding alone. It requires clerical staff to be skilled and confident to make decisions about how to code a letter and its contents in the patient record, how to use an approved protocol for deciding which letters need to be sent to a GP and with what level of urgency, and when to ask for help. In order to do this effectively, staff require training and development of their skills and confidence. The aim of this programme is to obtain a standardized approach to correspondence management across Wolverhampton. This will be taught through a training programme, with the successful provider developing the protocols to compliment the training they have delivered. The successful provider will be expected to deliver training and then follow up to ensure the protocols have been implemented and the practice is utilizing the skills of those trained.

State overarching, strategy, policy, legislation this review is compliant with	GP5 Year Forward View 2016-2021
Does this fit with the CCGs Aims?	
What is the intended benefit from this review?	<ol style="list-style-type: none"> 1. Following training, all incoming correspondence about patients will be able to be processed safely by a member of the clerical team. 2. Practices will have been supported to ensure that 80-90 per cent of letters could be processed without the involvement of a GP 3. Practices will see the benefit of a reduction in the average GP workload for managing clinical correspondence of at least 50%.
Who is intended to benefit from the implementation of this piece of work?	Practice staff, Patients
What are the key outcomes/ benefits for the groups identified above?	<ol style="list-style-type: none"> 1. Patients receive speedier action 2. Improve the detail in coding 3. Improved monitoring and management of certain conditions 4. Improved staff competency
Does it meet any statutory requirements, outcomes or targets?	
Does it contribute to the Equality Delivery System Goals? (specify goals and related outcomes)*	<ol style="list-style-type: none"> 1. Better health outcomes 2. Improved patient access and experience

*Equality Delivery System goals are fully explained in the Equality analysis guidance notes

Step 4 Protected Characteristics – analysis of impact	
Please provide analysis of both the positive and negative impacts of the proposal against each of the protected characteristics providing details on the evidence (both qualitative and quantitative) used. If the work is targeted towards a particular group (s) – provide justification e.g. women only services. Any gaps in evidence should be accounted for and included in your Action Plan.	

Age	
Impact and evidence: Consider and detail impact and evidence across all age groups.	
Is this group affected by this Appraisal	NO
Positive Impact	Document Management will impact on correspondence received by the practice, there is no particular impact on any single age group.
Negative Impact	
Impact Rating H = High M = Medium L = Low	

Disability	
Impact and evidence: Consider and detail impact and evidence on disability (this includes physical, sensory, learning, long-term conditions and mental health) and if any reasonable adjustments may be required to avoid a disabled patient, or member of staff, from being disadvantaged by the proposal.	
Is this group affected by this Appraisal	Yes
Positive Impact	Document Management will impact on correspondence received by the practice, which will be processed the same way for all correspondence received regardless of the patients characteristics

Negative Impact	<p>Where patients have a disability or long term condition, it is especially important that relevant correspondence is managed timely, as there may be an increased volume. Due regard needs to be given to individuals circumstances when dealing with such a patient.</p> <p>It is important that where a patient has additional communication needs this is taken into account</p>
Impact Rating H = High M = Medium L = Low	

Sex	
Impact and evidence: Consider and detail impact and evidence on both males and females	
Is this group affected by this Appraisal	NO
Positive Impact	Document Management will impact on correspondence received by the practice, which will be processed the same way for all correspondence received regardless of the patients characteristics
Negative Impact	
Impact Rating H = High M = Medium L = Low	

Race	
Impact and evidence: Consider and detail impact and evidence on ethnic groups	
Is this group affected by this Appraisal	NO
Positive Impact	Document Management will impact on correspondence received by the practice, which will be processed the same way for all correspondence received regardless of the patients characteristics
Negative	It is important that where a patient has additional communication needs

Impact	this is taken into account
Impact Rating H = High M = Medium L = Low	

Religion or Belief Impact and evidence: Consider and detail impact and evidence on people of different religions, beliefs (and those who may have no religion)	
Is this group affected by this Appraisal	NO
Positive Impact	Document Management will impact on correspondence received by the practice, which will be processed the same way for all correspondence received regardless of the patients characteristics
Negative Impact	
Impact Rating H = High M = Medium L = Low	

Sexual Orientation Impact and evidence: Consider and detail impact and evidence on people of different sexual orientations	
Is this group affected by this Appraisal	NO

Positive Impact	Document Management will impact on correspondence received by the practice, which will be processed the same way for all correspondence received regardless of the patients characteristics
Negative Impact	
Impact Rating H = High M = Medium L = Low	

Gender Reassignment/ Transgender	
Impact and evidence: Consider and detail impact and evidence on transgender people	
Is this group affected by this Appraisal	NO
Positive Impact	Document Management will impact on correspondence received by the practice, which will be processed the same way for all correspondence received regardless of the patients characteristics
Negative Impact	
Impact Rating H = High M = Medium L = Low	

Pregnancy and Maternity	
Impact and evidence: Consider and detail impact and evidence on work arrangements, breastfeeding etc.	
Is this group affected by this	NO

Appraisal	
Positive Impact	Document Management will impact on correspondence received by the practice, which will be processed the same way for all correspondence received regardless of the patients characteristics
Negative Impact	
Impact Rating H = High M = Medium L = Low	

Marriage and Civil Partnership Impact and evidence: Consider and detail impact and evidence on employees who are married or in a civil partnership	
Is this group affected by this Appraisal	NO
Positive Impact	Document Management will impact on correspondence received by the practice, which will be processed the same way for all correspondence received regardless of the patients characteristics
Negative Impact	
Impact Rating H = High M = Medium L = Low	

Other Excluded Groups/ Multiple and social deprivation
Impact and evidence: Consider and detail impact and evidence on groups that do not readily fall under the protected characteristics such as carers, transient communities, ex-offenders, asylum seekers, sex-workers, and homeless people.

Is this group affected by this Appraisal	YES
Positive Impact	Document Management will impact on correspondence received by the practice, which will be processed the same way for all correspondence received regardless of the patients characteristics
Negative Impact	
Impact Rating H = High M = Medium L = Low	

Public Sector Equality Duty (PSED)	
Please provide details on how the proposal contributes to:	
Eliminating unlawful discrimination, harassment and victimisation;	<p>The process of coding documents supports GPs to provide equitable access for all patients.</p> <p>Where a patient has particular needs these are taken into account</p>
Advancing equality of opportunity between people who share a protected characteristic and those who do not;	
Fostering good relations between people who share a protected characteristic and those who do not.	

Provide detail of cumulative impact of this and other proposals: (Please consider whether this proposal, when combined with other decisions made by the CCG, might have a contributory positive or negative impact on the Public Sector Equality Duty.)
There are no implications for this development, or any other known developments that would have an impact on the Public Sector Equality Duty.

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Step 5	NHS Constitution and Human Rights
Checklist – how does this proposal affect the rights of patients set out in the NHS Constitution or their Human Rights?	

	Constitutional Rights	Yes/No	Please explain
a.	Could this result in a person being treated in an inhuman or degrading way?	No	There are no provisions within the Document Management programme of work that will result in any person using the service, or other person to be treated in an inhuman or degrading way.
b.	Does the proposal respect a patient’s dignity, confidentiality, and the requirement for their consent?	No	There are no provisions within the Document Management programme of work that will result in any patient’s dignity, confidentiality being compromised.
c.	Do patients have the opportunity to be involved in discussions and decisions about their own healthcare arising from this proposal?	Yes	The GP will involve patients in discussions about their treatment as part of consultation. Document management will not

			affect this
d.	Do patients and their families have an opportunity to be involved (directly or through representatives) in decisions made about the planning of healthcare services arising from this proposal?	No	Patients will not be directly involved in this process. The planning of healthcare services is outside of the scope of this process.
e.	Will the person's right to respect for private and family life be interfered with?	No	The practice will not share any details of the individual with any third party without the informed consent of the patient.
f.	Will it affect a person's right to life?	No	The practice will not compromise an individual's right to life
g.	Will this affect a person's right not to be discriminated against?	No	This process will not result in a patient being discriminated against.
h.	Will this affect a person's right to freedom of thought, conscience and religion?	No	This process will not restrict a person's right to freedom of thought, conscience and religion

Step 6 Engagement and Involvement (Duty to involve – s242 NHS Act 2006) Francis Recommendations 135
<p>a) How have you involved users, carers and community groups in developing this proposal? (Please give details of any research/consultation drawn on (desk reviews – including complaints, PALS, incidents, patient and community feedback, surveys etc)).</p> <p>b) Also give details of any specific discussions or consultations you have carried out to develop this proposal – with users, carers, protected characteristic groups and/or their representatives, other communities of interest (e.g. user groups, forums, workshops, focus groups, open days etc.).</p> <p>c) How have you used this information to inform the proposal?</p> <p>There has not been any involvement with any users or carers; this has not been undertaken by the CCG.</p> <p>This process is to streamline back office functions, patients are not part of this process.</p>

Member GPs have been consulted and have been involved in this proposal.

d) Have you involved any other partner agencies (such as Local Authorities, Health and Well-being boards, Health Scrutiny Committees, Local Healthwatch, Public Health, CSU or CCG)

Please give details of any involvement to date or planned:

Healthwatch are aware of the programme of work

Step 7 Including people who need to know

Please consider the way in which the proposal will be explained to a wider audience.

(Will translation or interpretation materials be required (audio, pictorial, Braille as well as alternative languages); are there any particular approaches required for different cultures using outreach or advocacy support; is some targeted marketing required?)

Communications regarding the process and the requirements of referring GPs is being communicated via group managers

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Step 8	Monitoring Arrangements
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Please identify the monitoring arrangements that will be introduced to ensure that the effect of the proposal does not result in a disproportionate impact on any protected group (e.g. by creating an unintended barrier); For example, including contractual requirements to provide equality monitoring data on those accessing the service or making complaints.

Practice groups will be required to produce a quarterly assurance report to the CCG detailing the progress made on their delivery plans within the quarter.

Which committee / Board / group will receive updates on the monitoring?	
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Name:	How often reports will be presented.
Primary Care Strategy Committee	This work is overseen by the Primary Care Strategy Committee who will receive regular updates on the progress.

Step 9	Decision Making
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Taking the equality analysis and the engagement into consideration, and the duties around the Public Sector Equality Duty, you should now identify what your next step will be for the proposal

Decision steps available	Rationale for your decision
Continue unchanged	There are no considerations within the above Equality Impact Analysis which require any changes to the original plan.

Adjust the proposal (please detail the changes you will make in the Action Plan at Step 10)	N/A
Fundamental review of / stop the proposal	N/A

Step 10	Action Plan
Please reference all actions identified above & any additional actions required to ensure that this proposal can be implemented in compliance with Equality legislation, NHS Constitution and Human Rights requirements.	

Action	What will it achieve or address?	Lead Person	Timescale
No Actions proposed	N/A	N/A	N/A

Step 11	Preparation for sign off	Please tick
	1) Send the completed Equality Analysis with your documentation to david.king@ardengemcsu.nhs.uk or equality@ardengemcsu.nhs.uk for feedback prior to Executive Director (ED) sign-off.	
	2) Make arrangements to have the EA put on the appropriate programme board agenda	
	3) Use the Action Plan to record the changes you are intending to make to the document and the timescales for completion. A review date for the action	

plan will be recorded by the programme board.	
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Step 12 Sign off/ Approval

Designated People	Date
Project officer* (Senior Officer responsible including action plan) Name: Jo Reynolds Signature: Jo Reynolds	16.04.18
Equality & Inclusion Business Partner: Name: David King	19/4/18
Executive Director: Name: Signature:	
Name of Approval Board, at which the EIA was agreed at: Board: Chair:	
Review date for action plan:	

***as the Project Manager/Senior Responsible Officer you need to be assured that you have sufficient information about the likely effects of the policy in order to ensure proper consideration is given to the statutory equality duties.**

Once all the above Approvals have been completed, resend the completed form to the Equality Lead for reference and Audit

After Sign Off

1. Confirm with Equality & Inclusion Business Partner or CSU’s Equality Team who will record the Executive Director decision and what meeting it will be recorded at.
2. Confirm with Equality & Inclusion Business Partner or Equality Team who will record the programme board decision and programme board title and date.
3. Arrange for publication of the Equality Analysis on the CCG’s website.

Advice, information and support is available from the Equality and Diversity Team

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