

FULL Equality Analysis Form

Step 1 Document Ownership

Name of Project/Review	QOF + scheme	
Project Reference number	TBC	
Project Lead Name	Ranjit Khular	
Project Lead Title	Primary Care Transformation Manager	
Project Lead Contact Number & Email	r.khular@nhs.net 01902 442462 07920 537528	
Date of Submission	27th March 2018	
Is the document:		
A proposal of new service or pathway	NO	
A strategy, policy or project (or similar)	NO	
A review of existing service, pathway or project	YES	
Has a Preliminary Appraisal already been completed	NO	
<u>If the Preliminary Appraisal confirmed that a full EA was NOT required, please only complete step's one and two.</u>		

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 juliet.herbert1@nhs.net 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.

Juliet Herbert - Equality and Inclusion Business Partner, Arden & Greater East Midlands CSU

Email: juliet.herbert1@nhs.net

Mobile: 07780 33 82 82

Or

equality@ardengemcsu.nhs.uk

Step 3 Responsibility, Development, Aims and Purpose

Who holds overall responsibility for the project/policy/ strategy/ service redesign etc	Sarah Southall, Head of Primary Care
Who else has been involved in the development?	Ranjit Khular, Primary Care Transformation 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):</p> <p>The QOF+ scheme has been developed as a framework to be delivered by Primary Care within which there are a range of potential scheme ideas, with a broad focus on prevention. The scheme in 2018/19 will focus on Diabetes (primary and secondary prevention) Obesity and Alcohol. The scheme will focus on practices: screening for hazardous and harmful drinking and providing brief intervention Screening for T2DM and appropriate intervention producing care plans for all patients with a known diagnosis of diabetes, customised to the level of patient need</p> <p>Offering BMI calculation for new patients and those with obesity-related conditions such as diabetes and cardiovascular disease and deliver or signpost patients to the most appropriate intervention</p>	
State overarching, strategy, policy, legislation this review is compliant with	This development is aligned with the CCG Primary Care Strategy and the local Prevention Strategy.
Does this fit with the CCGs Aims?	Yes
What is the intended benefit from this review?	The intended benefits are as follows: Identification of patients who are at risk of developing Type 2 diabetes who can then be referred to a programme to help reduce the likelihood of them going on to develop the condition. Identification of patients who are drinking at potentially harmful levels and referring them to services preventative services
Who is intended to benefit from the	Patients

implementation of this piece of work?					
What are the key outcomes/ benefits for the groups identified above?	The key benefits are identification of risk factors and interventions that are preventative and/or early intervention. If the interventions are followed through this will reduce the likelihood patients developing diabetes and other long term conditions attributable to obesity and excessive alcohol consumption.				
Does it meet any statutory requirements, outcomes or targets?	No				
Does it contribute to the Equality Delivery System Goals? (specify goals and related outcomes)*	<table border="0"> <tr> <td>1. Better health outcomes</td> <td>Yes</td> </tr> <tr> <td>2. Improved patient access and experience</td> <td>Yes</td> </tr> </table>	1. Better health outcomes	Yes	2. Improved patient access and experience	Yes
1. Better health outcomes	Yes				
2. Improved patient access and experience	Yes				

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

Step 4	Protected Characteristics – analysis of impact
<p>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.</p>	

Age	
Impact and evidence: Consider and detail impact and evidence across all age groups.	
Is this group affected by this Appraisal	YES
Positive Impact	Patients of all ages who are at risk of developing Type 2 diabetes, being obese or consuming hazardous levels of alcohol will be identified and offered brief intervention and onward referral to other services to prevent them developing Long term conditions.
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	Patients who may have any physical , sensory, learning, long term condition or mental health related disability at risk of developing Type 2 diabetes, being obese or consuming hazardous levels of alcohol will be identified and offered brief intervention and onward referral to other services to prevent them developing Long term conditions. For Patients with Learning Disabilities the interventions may be undertaken as part of the LD Healthcheck.
Negative Impact	
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	YES
Positive Impact	All patients, male or female at risk of developing Type 2 diabetes, being obese or consuming hazardous levels of alcohol will be identified and offered brief intervention and onward referral to other services to prevent them developing Long term conditions.
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	YES
Positive Impact	All patients, from any ethnic group at risk of developing Type 2 diabetes, being obese or consuming hazardous levels of alcohol will be identified and offered brief intervention and onward referral to other services to prevent them developing Long term conditions.
Negative Impact	
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	YES
Positive Impact	All patients, of any belief, or non-belief at risk of developing Type 2 diabetes, being obese or consuming hazardous levels of alcohol will be identified and offered brief intervention and onward referral to other services to prevent them developing Long term conditions.
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	YES
Positive Impact	No specific impact for this group identified.
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	YES
Positive Impact	All patients at risk of developing Type 2 diabetes, being obese or consuming hazardous levels of alcohol will be identified and offered brief intervention and onward referral to other services to prevent them developing Long term conditions. How the individual identifies themselves in terms of gender will not be a barrier to the patient accessing the service.
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 Appraisal	YES
Positive Impact	<p>All patients at risk of developing Type 2 diabetes, being obese or consuming hazardous levels of alcohol will be identified and offered brief intervention and onward referral to other services to prevent them developing Long term conditions.</p> <p>Access to brief intervention, whether this results in a referral or not will be available to all patients during and after pregnancy. For women who are pregnant the BMI calculations will take the pregnancy into account in determining whether brief intervention or onward referral is indicated.</p>
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	YES
Positive Impact	<p>All patients at risk of developing Type 2 diabetes, being obese or consuming hazardous levels of alcohol will be identified and offered brief intervention and onward referral to other services to prevent them developing Long term conditions.</p> <p>A patient's marital status will not be a barrier to the patient accessing the service.</p>
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	<p>This service is only available where a patient is registered with a GP practice. This could be a barrier to accessing the service for a patient who is of no fixed abode / homeless. Practices have the option to temporarily register a patient to allow them to access this support. No further mitigation is possible for this particular service and patients ineligible would need to present at urgent care / walk in centre locations for support. Should any patient be in need of this support and unable to access it the CCG would expect the most appropriate practice (with an open list) to register the patient.</p> <p>All patients at risk of developing Type 2 diabetes, being obese or consuming hazardous levels of alcohol will be identified and offered brief intervention and onward referral to other services to prevent them developing Long term conditions.</p>
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;	<ul style="list-style-type: none"> The referral process supports GPs to provide equitable access for all patients.
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.

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 QOF + scheme 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 QOF+ scheme 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	Patients will be able to inform
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 the this process.
e.	Will the person’s right to respect for private and family life be interfered with?	No	The service 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 service will not compromise an individual’s right to life

g.	Will this affect a person's right not to be discriminated against?	No	Having their potential referral discussed by the GP and secondary care Consultant within 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	Having their referral discussed by the GP and Secondary Care Consultant within this process 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**

- 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)).
- 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.).**
- c) How have you used this information to inform the proposal?**

There has not been any involvement with any users or carers; this has not been undertaken by the CCG.
This process is to review referral behaviours and practices of the GP, patients are not part of this process.

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:

No

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 further development of the facility and some of its newer features are being cascaded through the leads of the primary care groups.

Step 8 Monitoring Arrangements

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.

The process will be monitored and reported on a regular basis through the locality managers based in the Primary Care Team within the CCG.
Member GPs have been consulted on the scheme through discussion at the Members Meeting and initial drafts of the specification have been presented and discussed at the Group Leads meeting and the Clinical Reference Group.

Which committee / Board / group will receive updates on the monitoring?

Name:	How often reports will be presented.
Primary Care Strategy Committee	This Project is overseen by the Primary Care Strategy Committee who will receive regular updates on the implementation and outcomes of the review process.

Step 9 Decision Making

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 Juliet.herbert1@nhs.net 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.	

Step 12	Sign off/ Approval
----------------	---------------------------

Designated People	Date
Project officer* (Senior Officer responsible including action plan) Name: Ranjit Khular / Sarah Southall  Signature:	15/02/2018
Equality & Inclusion Business Partner: Name: David King	4/4/2018
Executive Director: Name: Steven Marshall, Deputy AO and Director of Strategy and Transformation Signature: S Marshall	09.04.18
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

Juliet Herbert - Equality and Inclusion Business Partner
Arden & Greater East Midlands CSU

Email: juliet.herbert1@nhs.net

Mobile: 07780 33 82 82

Or

equality@ardengemcsu.nhs.uk