

## Equality Analysis Form

|   |   |
|---|---|
| <b>Name of Project/Review</b>   |   |
| <b>Project Reference number</b>   | Non recurrent Investment- Enhanced Services, covering; <ul style="list-style-type: none"> <li>Dementia Diagnosis</li> <li>Learning Disability Health Checks</li> </ul> NHS Healthchecks for patients on severe Mental Illness Registers (SMI) |
| <b>Project Lead Name</b>  | <b>Jo Reynolds</b>  |
| <b>Project Lead Title</b>   | <b>Primary Care Transformation Manager</b>  |
| <b>Project Lead Contact Number &amp; Email</b>  | <a href="mailto:jo.reynolds2@nhs.net">jo.reynolds2@nhs.net</a><br><br>01902 442579  |
| <b>Date of Submission</b>   | <b>01/11/2018</b>   |
| <b>Version</b>  |   |
| <b>Is the document:</b>   |   |
| <b>A proposal of new service or pathway</b>   | <b>NO</b>   |
| <b>A strategy, policy or project (or similar)</b>   | <b>NO</b>   |
| <b>A review of existing service, pathway or project</b>   | <b>NO</b>   |
| <b>Who holds overall responsibility for the project/policy/ strategy/ service redesign etc</b>    |   |
| Sarah Southall- Head of Primary Care  |   |
| <b>Who else has been involved in the development?</b>   |   |
| Discussions at CRG, group leads and PCCC<br><br>Leads from each area have had input into the spec |   |

## Section A - Project Details

### Preliminary Analysis – *copy the details used in the scoping report*

The associated specification is an enhancement of the work required for the national QOF scheme. This programme of work supports practices within Wolverhampton to extend the areas of dementia diagnosis, LD health checks and SMI health checks in order to fully support those affected by these conditions.

### Who will be affected by this work? e.g. staff, patients, service users, partner organisations etc.

Patients with the identified conditions  
Practice Staff  
Referral Agencies eg memory clinic

## Section B – Screening Analysis

### Equality Analysis Screening

## Equality Analysis Form

### Equality Analysis Screening

It is vital that the CCG ensures that it demonstrates that it is meeting its legal duty, as the responsible manager you will need to identify whether a Full Equality Analysis is required.

A full EA will only not be required if none of the following aspects are identified and you are confident there is no impact.

*E.g. 'This report is for information only' or 'The decision has not been made by the CCG' or 'The decision will not have any impact on patients or staff'. (Very few decisions affect all groups equally and this is not a rationale for not completing an EA.)*

| Screening Questions   | YES or NO |
|---|-----------|
| <p>Is the CCG making a decision where the outcome will affect patients or staff?</p> <p><i>For example will the project result in you making decisions about individuals in ways which may have a significant impact on them? e.g. service planning, commissioning of new services.</i></p> | No        |
| <p>If the CCG is enacting a decision taken by others, e.g. NHS England or Local Authority - does it have discretion to change, modify or mitigate the decision?</p>   | No        |
| <p>Is the board/committee being asked to make a decision on the basis that this proposal will have a consequential effect on any change? e.g. Financial changes</p>   | No        |
| <p>Will this decision impact on how a <b>provider</b> delivers its services to patients, directly or indirectly?</p>  | No        |
| <p>Will this decision impact on any third parties financial position (i.e. Provider, Local Authority, GP Practices)? <i>For example are you removing funding from theirs or any contract?</i></p>   | No        |
| <p>If you have answered <b>NO</b> to <b>ALL</b> the above questions, please provide supporting narrative to explain why none of the above apply.</p> <p><i>(Advice and guidance can be sought from the equality team if required).</i></p>  |           |
| <p>The interventions are already in place and BAU, the specification is an enhancement of these interventions</p>   |           |

## Equality Analysis Form

If the answer to **ALL** the questions in the screening questions is “**NO**”, please complete the below section only and do not complete a full assessment.

Please forward the form with any supporting documentation to [Blackcountry.Equality@ardengemcsu.nhs.uk](mailto:Blackcountry.Equality@ardengemcsu.nhs.uk)

These initial assessments will be saved and retained as part of the CCG’s audit trail. These will also be periodically audited as part of the CCG’s Quality Assurance process and the findings reported to the Chief Nurse, PMO Lead and the CCG’s Governance team.

Please ensure you are happy with the conclusion you have made, advice and guidance can be sought from: [David.king17@nhs.net](mailto:David.king17@nhs.net) or [Equality@ardengemcsu.nhs.uk](mailto:Equality@ardengemcsu.nhs.uk)

### Sign Off / Approval (Section A and B)

| Title                           | Name                | Date       |
|---------------------------------|---------------------|------------|
| Project Lead                    | Jo Reynolds         | 09/11/2018 |
| Equality and Inclusion Officer  | David King          | 09/11/2018 |
| Equality and Inclusion Comments | no action is needed |            |
| Programme Board Review          |                     |            |
| Programme Board Chair           |                     |            |

If any of the screening questions have been answered “**YES**” then please forward your initial assessment to [David.king17@nhs.net](mailto:David.king17@nhs.net) or [Equality@ardengemcsu.nhs.uk](mailto:Equality@ardengemcsu.nhs.uk)

And complete the next section of the Equality Form Assessment, once you are ready to request approval of the change from the appropriate approval board.

If you required any support to complete the FULL Equality form, please contact the Equality Manager.

The Completed EA will then require a final sign off as per section 10.