NHS
Wolverhampton
Clinical Commissioning Group

Equality Analysis Form

Name of Project/Review	**Proposed closure of Wood Road branch surgery**
Project Reference number	
Project Lead Name	**Gillian Shelley**
Project Lead Title	**Primary Care Contracts Manager**
Project Lead Contact Number & Email	
Date of Submission	**5/11/19**
Version	**2**

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**

Who holds overall responsibility for the project/policy/ strategy/ service redesign etc
The GP practice
Who else has been involved in the development?
The Practice Manager

Equality Analysis Form

Section A - Project Details

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

For some time the practice has been experiencing difficulty in managing and sustaining the branch surgery in Wood Road, Tettenhall Wood. All patients deserve a high quality healthcare service but for a number of reasons the practice feel unable to deliver the services they would like to from this branch. Therefore, they have made a request to NHS Wolverhampton Clinical Commissioning Group (WCCG) to close the Wood Road Branch Surgery.

For the Partners of Tettenhall Medical Practice the decision to request the closure of the branch surgery has not been taken lightly. Over the past twelve months, they have tried various solutions to keep the branch surgery open. However, the national shortage of GPs has led to difficulty in recruiting permanent doctors. In addition, provision of modern primary healthcare is becoming increasingly difficult and delivery on two sites is no longer sustainable. As GPs they are primarily concerned with the well-being of their patients. They believe that by centralising services on a single site at Lower Green Surgery, they will be able to offer a more flexible, efficient GP service with better access for our patients.

A consultation began on Tuesday 7 May 2019 on the proposed closure of Wood Road Branch Surgery. The consultation will take place over 90 days and will end on Sunday 28 July 2019.

The survey is available online at http://www.tettenhallmedicalpractice.nhs.uk.

Provision has been made to ensure that alternative formats are available as required and that due regard is given to a patient's communication preferences.

Summary of main findings

The area served by the Tettenhall Medical Practice

- Compared to the wider population of England, the area served by the Tettenhall Medical Practice had
  - an older age profile, with higher percentages of people aged 60 years old and over, and lower percentages of people under the age of 40 years old;
  - lower percentages of White people and Black British people, and higher percentages of Asian British people and Mixed-race people;
  - and a higher percentage of people whose main language was English.

- The largest ethnic group in the local area was White British (78%), and the next largest ethnic group was Asian British Indian (10%).

- After English, which was spoken as a main language by 95% of people in the local area, the most widely spoken languages were Punjabi, Urdu, Polish, and

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

Arabic.

Service users registered at the Tettenhall Wood Road Branch Practice

- Compared to the local area population, service users registered at the Tettenhall Wood Road Branch Practice had
  - an older age profile, with higher percentages of people in their seventies and eighties, and a lower percentage of people in their twenties;
  - a similar ethnicity profile in terms of broad ethnic groups;
  - and a similar percentage of people whose main language was English.

- The largest ethnic group amongst service users was White British (77%), and the next largest ethnic group was Asian British Indian (10%).

- After English, which was spoken as a main language by 94% of service users, the most widely spoken languages were Punjabi, Arabic, Urdu, and Spanish.

- White British service users had an older age profile than service users from other ethnic groups.

- Half a percent of service users were housebound. All housebound service users were White British. Rates of being housebound were highest amongst service users in their eighties (2%) and nineties and above (11%).

A total of 4565 patients are registered with the practice (May 2019)

The main practice is around a mile from the branch and is on a direct bus route.

Who will be affected by this work? e.g. staff, patients, service users, partner organisations etc.
The proposal will impact on the practice's patients both those who use the current branch practice and those who use the main site. It is noted that the practice has received no complaints from any patients who have had to attend the main surgery for some services and appointments for a while. There will also be some impact on staff and GP partners although this is expected to be positive if the closure goes ahead.

Section B – Screening Analysis

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 ***Advice and guidance can be sought from: David.king17@nhs.net or agcsu.equality@nhs.net if you are unsure about the answers to the questions.***	
Is the CCG making a decision where the outcome will affect patients or staff?	YES

Equality Analysis Form

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.	
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?	NO
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	NO
Will this decision impact on how a **provider** delivers its services to patients, directly or indirectly?	YES
Will this decision impact on any third parties financial position (i.e. Provider, Local Authority, GP Practices)? *For example are you removing funding from theirs or any contract?*	NO

If you have answered **NO** to **ALL** the above questions, please provide supporting narrative to explain why none of the above applies.	The CCG is supporting the GP practice in carrying out a robust Equality Analysis around this proposal to ensure that potential impacts are identified and mitigated.

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 your initial assessment (section A & B) to David.king17@nhs.net or agcsu.equality@nhs.net once this has been reviewed by the relevant board and the below section has been completed,

The EA will be recorded for information and audit only.

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.

If any of the screening questions have been answered "YES" you will now be required to complete a Full Equality Analysis (section C) (see below)

Equality Analysis Form

Please forward your initial assessment (section A & B) to David.king17@nhs.net or agcsu.equality@nhs.net once this has been reviewed by the relevant board and the below section has been completed

Project Leads Section A and B Assessment

Title	Name	Date
Assessment A & B completed by		
Is a Full Assessment required (section C)	This section has not been completed since a full EA was planned from the start.	
If Yes, what is the time frame for completing Section C		
Review Board		
Board Chair		

The Full Equality Analysis (section C)
This will be completed once you are ready to request approval of the required change from the appropriate Review/Approval board (i.e. Business Case Stage)

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.

Section C - Full Equality Analysis Section

If at an initial stage further information is needed to complete a section this should be recorded and updated in subsequent versions of the EA. An Equality Analysis is a developing document, if you need further information for any section then this should be recorded in the relevant section in the form and dated.

Equality Analysis Form

1. Evidence used

What evidence have you identified and considered in determining the impact of this decision e.g. census demographics, service activity data, consultation responses

The review has taken account of:

- Patient activity data provided by the practice
- 2011 Census data
- Findings from the engagement undertaken with patients and other interested parties during 2019 (7 events from May to September) Further details will be found in the engagement report on this work.

The patient data has been collated and compared with that of the relevant ward population data to produce an enhanced analysis report which is included as an appendix to this EA form.

The consultation responses included equality monitoring data and have allowed the following profile to be determined of responses.

Ethnicity

Answer Choices	Responses	
Arab	0.22%	3
Asian or Asian British	10.44%	137
Black or Black British	1.82%	24
Chinese	0.00%	0
Gypsy/Romany/Irish traveller	0.07%	1
Mixed dual heritage	2.21%	29
White or White British	76.68%	1006
Prefer not to say	4.80%	63
Other (please specify)	2.21%	29
Answered	**98.48%**	**1292**
Skipped	**1.52%**	**20**

Equality Analysis Form

Age:

Answer Choices	Responses	
Under 16	0.83%	11
16-24	4.64%	61
25-34	9.68%	127
35-59	28.36%	372
60-74	30.19%	396
75+	18.68%	245
Prefer not to say	4.35%	57
Answered	**96.72%**	**1269**
Skipped	**3.27%**	**43**

Gender:

Answer Choices	Responses	
Male	35.59%	467
Female	59.52%	781
Transgender	1.29%	17
Prefer not to say	1.90%	25
Answered	**98.32%**	**1290**
Skipped	**1.67%**	**22**

Disability:

Answer Choices	Responses	
Long-term physical or mental-ill-health/disability	11.03%	115
Problems related to old age	14.57%	152

No	63.76%	665
Prefer not to say	6.04%	63
Other (please specify)	4.60%	48
	Answered	**1043**
	Skipped	**269**

This data shows that those who took part in the engagement are broadly reflective of the practice population as a whole.

Corporate Assurance Impact	
State overarching, strategy, policy, legislation this review or service change is compliant with	This section has not been completed since the decision is being made by the GP practice and supported by the CCG.
Will this review or service change fit with the CCGs Boards Assurance Framework Aim and Objectives? If yes, please indicate which ones *(see notes page for guidance)*	
What is the intended benefit from this review or service change?	
Who is intended to benefit from the implementation of this review or service change?	
What are the key outcomes/ benefits for the groups identified above?	
Will the review or service change meet any statutory requirements, outcomes or targets?	

2. Impact of decision

In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should include any identified health inequalities which exist in relation to this work.

2.1 Age

Describe age-related impact and evidence. This can include safeguarding, consent and welfare issues.

2. Impact of decision

In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should include any identified health inequalities which exist in relation to this work.

The main impact of the branch closure will be to require some patients (who live nearer the branch) to travel further to the main surgery than they have historically done. For older patients this is likely to be a particular issue since mobility tends to reduce with age.

Within the consultation feedback the following concerns were raised, should the branch practice close patients will have additional travel with the following issues / impacts

- Limited hourly bus services are insufficient for patients to use to travel to the main surgery
- Taxi costs are high and will impact particularly on this group as they tend to attend appointments more regularly.

From the evidence provided no other impact has been identified for older people and for working age attendees the single premises is likely to deliver an enhanced service.

Although many of the patients of the practice have already attended appointments at the main practice.

Key impacts are on older patients who may find getting to the main practice more difficult if the closure of the branch occurs.

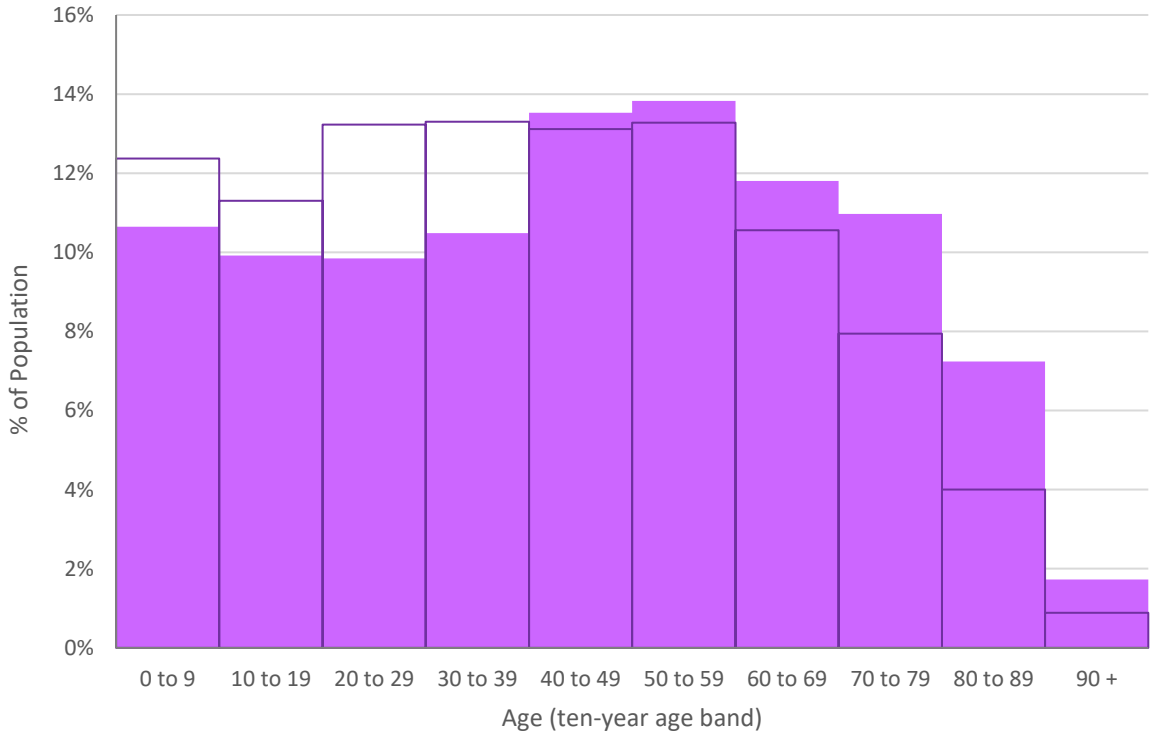
- The relevant percentage of the patients visiting the practice can be seen below in figure 1, split into 10 year sections.

The Tettenhall Regis and Tettenhall Wightwick Wards had an older age profile than the overall population of England, with higher percentages of people aged 60 years old and over, and lower percentages of people under the age of 40 years old (**Error! Reference source not found.**, Figure 1).

Figure 1: Population by ten-year age band: Tettenhall Regis and Tettenhall Wightwick Wards compared against the England benchmark

2. Impact of decision

In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should include any identified health inequalities which exist in relation to this work.



■ Tettenhall Regis and Tettenhall Wightwick Wards, n = 22,828
□ England, n = 55,619,430
Based on ONS mid-year population estimates at June 2017

Concerns have been raised around the impact on older patients of needing to walk up the hill, however it should be noted that a high number of practice patients are car owners and the main practice offers better parking facilities than the branch which did not have its own car park.

The practice has undertaken to ensure that any patients with limited mobility will receive a home visit if they are unable to make the extra journey to be seen.

The practice has already given due regard to patients who find themselves more mobile in the afternoon due to arthritis and other conditions and offers appointments throughout the day to accommodate them.
It is recommended that a review of alternative travel options is carried out to allow patients to be better signposted if the closure went ahead.

- Dialogue with the bus operator to enhance the service
- Review of community transport / volunteer car services that patients may be able to use.

2.2 Disability

2. Impact of decision

In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should include any identified health inequalities which exist in relation to this work.

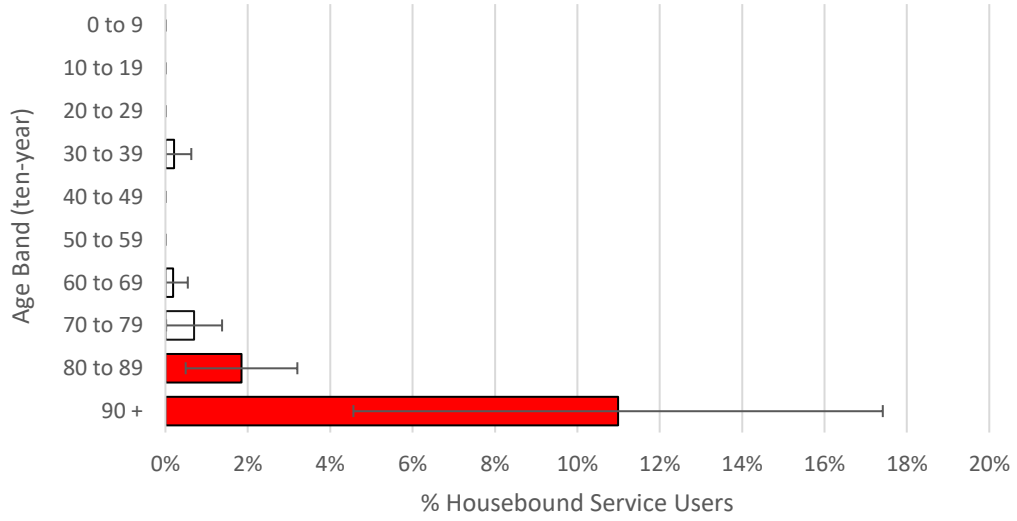
Describe disability-related impact and evidence. This can include attitudinal, physical, communication and social barriers as well as mental health/learning disabilities, cognitive impairments.

The practice has not been able to collect data on whether patients have a disability or not however, the practice has collected data on patients who are classified as housebound, who are an important consideration during this process.

Housebound service users

- All service users who were housebound were White British. Rates of being housebound were significantly higher amongst those in their eighties and, most markedly, those in their nineties and above (**Error! Reference source not found.**, Figure 2).

Figure 2: Rates of being housebound amongst Tettenhall Wood Road Branch Practice Service Users, by ten-year age band



With regard to housebound patients, the surgery will continue to provide home visiting as required and expect no impact as a result of this change.

It is recognised that the requirement to travel (distance) will impact particularly on patients for whom travel is more difficult due to a physical disability.

It should be noted that parking provision at the main site is greater (5 blue badge spaces) than that at the branch (which has none of its own) and overall access to the building is superior. The only parking provided at the branch being in a public car park which the practice has no control over and can be busy due to other users at certain times.

2. Impact of decision

In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should include any identified health inequalities which exist in relation to this work.

An access review has been carried out at both the main practice site and the branch site. The findings of which illustrate that superior access is provided at the main site both in terms of numbers of blue badge spaces and the quality of surface. The public car park at wood road has drainage issues, which the council have not resolved and as a result dangerous ice forms in winter.


Access Template 2019 to inform EIA V


Access Template 2019 to inform EIA L

In particular the car park used by patients attending the branch is a public car park, used by a range of users including patients at the surgery. In recognition that patients with a range of disabilities will attend, not all of who will have a blue badge it is expected that such individuals will see improved access at the main site.

A key requirement for the practice will be to review if any patients due to their conditions will be unable to travel to the new practice, home visits will be provided. This is anticipated to support patients with severe arthritis, cystic fibrosis and other such conditions.

Where a patient has a condition such as arthritis which affects a number of practice patients later appointment times are offered to help with their mobility.

The practice will also ensure that communication of the changes gives due regard to the NHS Accessible Information Standard and that individual's communication needs are met appropriately.

It is recognised that the increased travel will particularly affect this group. As stated in the previous section it is noted that the hourly bus service is not sufficient and if closure were to go ahead a review of alternative community transport options will be undertaken in order to signpost more cost effective options to patients than taxis.

2.3 Gender reassignment (including transgender)

Describe any impact and evidence in relation to transgender people. This can include issues such as privacy of data and harassment.

It is not anticipated that this group will experience any negative impact. In general terms it is anticipated that the main practice will offer a better environment due to more space and greater appointment choice.

2.4 Marriage and civil partnership

Describe any impact and evidence in relation to marriage and civil partnership. This can include working arrangements, part time working and caring responsibilities.

2. Impact of decision
In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should include any identified health inequalities which exist in relation to this work.

No impact is identified for this group.

2.5 Pregnancy and maternity
Describe any impact and evidence in relation to Pregnancy and Maternity. This can include working arrangements, part time working and caring responsibilities.

It is anticipated that expectant mothers and those with small children may find travel more difficult and those experience a greater impact as a result of the branch practice closure. This would leave a limited bus service and or taxis (which are expensive) as options for non car users.

This must be balanced against the improved parking at the main site, greater space and baby change provision. In particular the main site having its own car park is expected to improve access for this group since the surgery can have no control over parking in the public car park. It is however recognised that as it stands the use of the public car park at the branch is of benefit to this group.

The main surgery site has controlled access out of hours to the car park which reduces non surgery users opportunity to park there which has been an issue previously.

2.6 Race
Describe race-related impact and evidence. This can include information on different ethnic groups, Roma gypsies, Irish travellers, nationalities, cultures and language barriers.

The population served by the practice is marginally less diverse than that of Wolverhampton as a whole.

Ethnicity

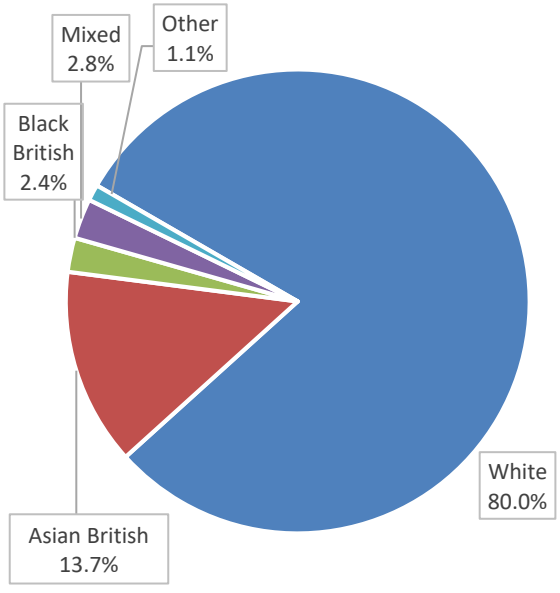
2. Impact of decision

In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should include any identified health inequalities which exist in relation to this work.

- Compared to their levels of representation in the population of the Tettenhall Regis and Tettenhall Wightwick Wards, broadly, White people, Asian British people, Black British people, Mixed-race people, and people of other ethnicities were proportionately represented amongst service users (**Error! Reference source not found.**, Figure 3). Looking at the ethnic groups in greater detail, compared to the population of the Tettenhall Regis and Tettenhall Wightwick Wards, there were higher percentages of "other" White, Asian British Bangladeshi, and Black British African people amongst service users, and a lower percentage of Black British Caribbean people amongst service users (**Error! Reference source not found.**).

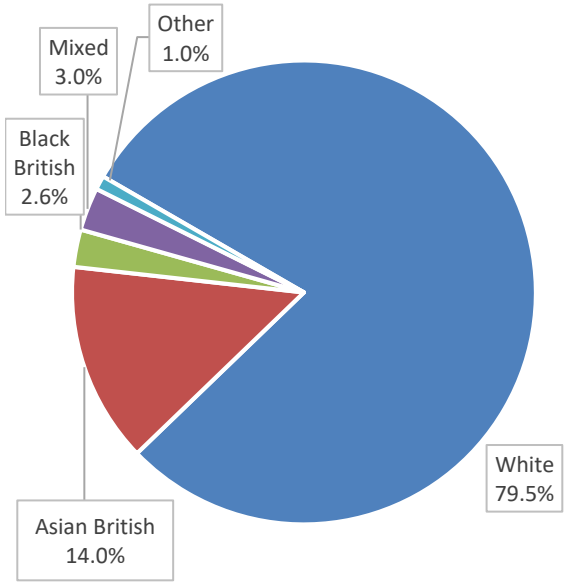
Figure 3: Service users by ethnicity: Tettenhall Wood Road Branch Practice Service Users compared against the Tettenhall Regis and Tettenhall Wightwick Wards benchmark

Tettenhall Regis and Tettenhall Wightwick Wards



n = 22,783
based on 2011 Census

Tettenhall Wood Road Branch Practice Service Users



n = 4,338
based on electronic patient records, April 2019

those of known ethnicity only
ethnicity was not known for 5.0% of service users

■White ■Asian British ■Black British ■Mixed ■Other

2. Impact of decision

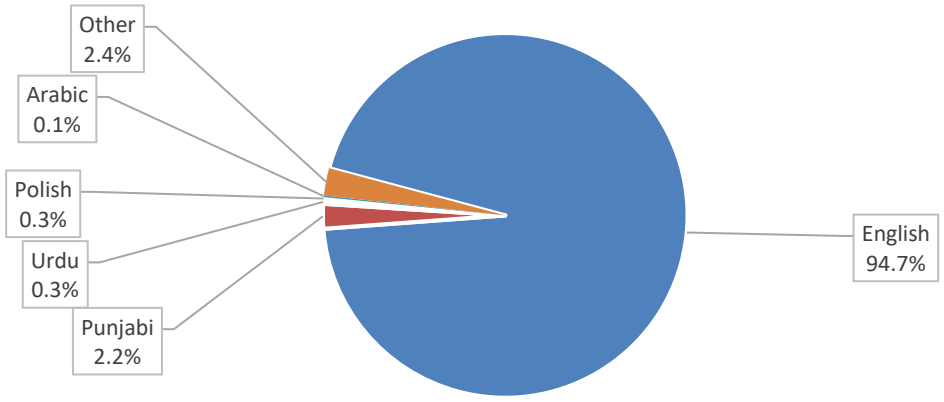
In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should include any identified health inequalities which exist in relation to this work.

Language

- Similar percentages of people spoke English as their main language amongst service users and in the population of the Tettenhall Regis and Tettenhall Wightwick Wards (**Error! Reference source not found.**, Figure 4). After English, the most widely spoken languages amongst service users were Punjabi, Arabic, Urdu, and Spanish in that order; whilst in the in the Tettenhall Regis and Tettenhall Wightwick Wards the most widely spoken languages after English were Punjabi, Urdu, Polish, and Arabic.

Figure 4: Top five main languages by percentage of speakers: The Tettenhall Regis and Tettenhall Wightwick Wards, and Tettenhall Wood Road Branch Practice Service Users

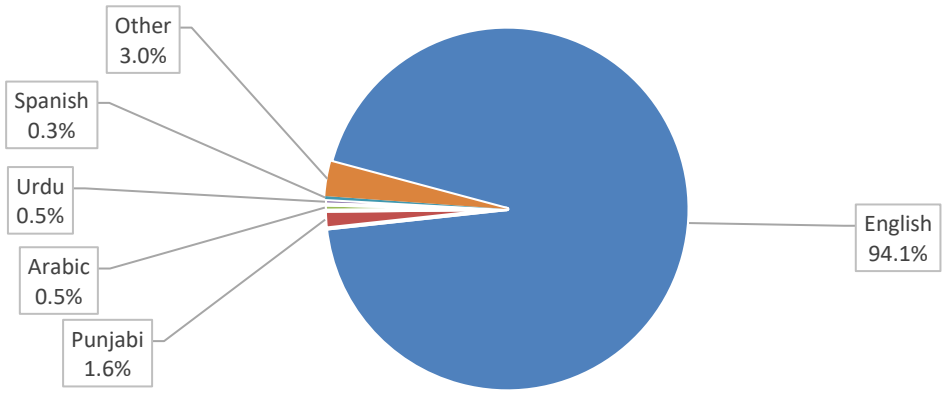
Tettenhall Regis and Tettenhall Wightwick Wards
n = 22,243 based on 2011 Census
usual residents aged 3+ years



Tettenhall Wood Road Branch Practice Service Users
n = 4,218 patient counts based on electronic patient records at April 2019
those of known main language only, main language was not known for 7.6% of Service Users

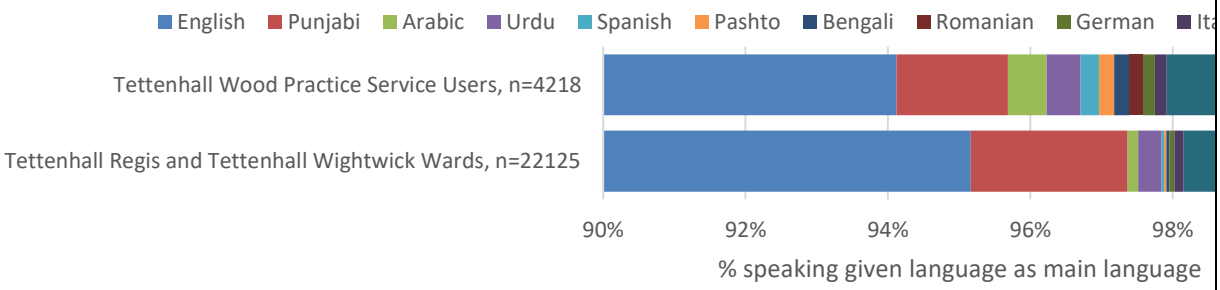
2. Impact of decision

In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should include any identified health inequalities which exist in relation to this work.



- Compared to their levels of representation in the population of the Tettenhall Regis and Tettenhall Wightwick Wards, amongst service users there was a lower percentage of people whose main language was Punjabi, and higher percentages of people whose main language was Arabic, Spanish, Pashto, Bengali, or Romanian (**Error! Reference source not found.**, Figure 5).

Figure 5: Top ten main languages by percentage of speakers amongst Tettenhall Wood Road Branch Practice Service Users and their levels of representation in the population of the Tettenhall Regis and Tettenhall Wightwick Wards



Tettenhall Regis and Tettenhall Wightwick Wards' population based on the 2011 Census, usual residents aged 3+ years
Service user counts based on electronic patient records at April 2019, those of known main language only, main language was not known for 7.6% of service users

No particular impact is identified for this group but a key requirement will be to ensure that due regard is given to communicating practice changes to patients for whom English is not their first language.

2.7 Religion or belief

Describe any impact and evidence in relation to religion, belief or no belief on service delivery or patient experience. This can include dietary needs, consent and end of

2. Impact of decision

In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should include any identified health inequalities which exist in relation to this work.

life issues.

No impact is expected from this change for this group.

2.8 Sex

Describe any impact and evidence in relation to men and women. This could include access to services and employment.

Overall, the percentages of men and women were similar amongst service users and in the Tettenhall Regis and Tettenhall Wightwick Wards. In the Tettenhall Regis and Tettenhall Wightwick Wards, the population contained a higher percentage of women at older age bands, especially amongst those aged 70 years old and above; however, this pattern was more variable and not as pronounced amongst service users.

No particular impact can be identified for either men or women as a result of this change on this basis.

2.9 Sexual orientation

Describe any impact and evidence in relation to heterosexual people as well as lesbian, gay and bisexual people. This could include access to services and employment, attitudinal and social barriers.

No impact identified for this group.

2.10 Carers

Describe any impact and evidence in relation to part-time working, shift-patterns,

2. Impact of decision *In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should include any identified health inequalities which exist in relation to this work.*
general caring responsibilities. (Not a legal requirement but a CCG priority and best practice)
This group are likely to find travelling with / transporting patients more challenging, so any extending of travel requirements will have a negative impact. However the increased provision at the main site will improve access times for all patients.
2.11 Other disadvantaged groups *Describe any impact and evidence in relation to groups experiencing disadvantage and barriers to access and outcomes. This can include socio-economic status, resident status (migrants, asylum seekers), homeless people, looked after children, single parent households, victims of domestic abuse, victims of drug/alcohol abuse. This list is not finite. This supports the CCG in meeting its legal duties to identify and reduce health inequalities.*
No specific impact has been identified for these groups, though it is expected that a single enhanced service may be marginally beneficial. As the distance between the sites is around a mile it is considered that patients who are not car owners will be able to travel to the new site without issue. While there is a direct bus service is available between the 2 locations to support travel for those who do not have access to a car the service is only hourly. The consultation responses indicated that the cost of taxis would be a concern for patients and as a result a review of alternative transport options available will be carried out wit the aim of signposting these to patients if a closure goes ahead.

3. Human rights *The principles are Fairness, Respect, Equality, Dignity and Autonomy.*				
Will the proposal impact on human rights?	Yes	☐	No	☑

3. Human rights *The principles are Fairness, Respect, Equality, Dignity and Autonomy.*				
Are any actions required to ensure patients' or staff human rights are protected?	Yes	☐	No	☑
If so what actions are needed? *Please explain below.*				

It is not expected that this change will impact on a patient's human rights since continuity of care will be maintained.

4. How will you measure how the proposal impacts health inequalities?

<u>The CCG has a legal duty to identify and reduce health inequalities.</u>

e.g. patients with a learning disability were accessing cancer screening in substantially smaller numbers than other patients. By revising the pathway the CCG is able to show increased take up from this group, this a positive impact on this health inequality.

It should be noted that the practice rather than the CCG is the decision maker her.

There is a risk that for some patients they will find it more difficult to attend their GP if appointments are only available at the main surgery in future. This does not link to a specific health inequality but fits into a wider issue around access to GP services. It is noted that the practice is not located in an area of high deprivation.

Should the practice close a review of the impact will be needed.

5. Engagement/consultation What engagement is planned or has already been done to support this project?		
Engagement activity	**With who?** *e.g. protected characteristic/group/community*	**Date**
Drop in session for practice patients Lower Green Surgery	Practice patients, Lower Green Surgery	**Monday 13th May 2019**
Drop in session Wood Road Surgery (the branch proposed for closure)	Affected patients of the practice.	Wednesday 15th May 2019
Consultation Survey on the proposed closure of Wood Road Branch Surgery.	All patients and other interested parties	Tuesday 7 May 2019 The consultation will take place over 90 days and will end on Sunday 28 July 2019
Please summarise below the key finding / feedback from your engagement activity and how this will shape the policy/service decisions e.g. patient told us, so we will… (If a supporting document is available, please provide it or a link to the document)		
Consultation has now been completed and will be published.		

6. Mitigations and changes

If you have identified mitigations or changes, summarise them below. E.g. restricting prescribing over the counter medication. It was identified that some patient groups require high volumes of regular prescribing of paracetamol, this needs to remain under medical supervision for patient safety, therefore an exception is provided for this group which has resolved the issue.

The Practice recognises the potential impact on a small number of patients (with limited mobility) as a result of this change will ensure that if a patient now finds it difficult to attend the surgery they will receive a home visit. Appointment times will be staggered to ensure that for patients how find mobility easier later in the day they can be accommodated.

A review of alternative transport options to be undertaken, encompassing influencing the bus operator to enhance the service and scoping the alternative community transport options such as community transport to support patients accessing cost effective alternatives to taxis.

As it stands patients who have registered at the main site and who wish to attend

6. Mitigations and changes *If you have identified mitigations or changes, summarise them below. E.g. restricting prescribing over the counter medication. It was identified that some patient groups require high volumes of regular prescribing of paracetamol, this needs to remain under medical supervision for patient safety, therefore an exception is provided for this group which has resolved the issue.*
that site may need to go to the branch practice if they require an appointment on a given day if appointments are only available there.

7. Is further work required to complete this EA?
Please state below what work is required and to what section e.g. additional consultation or engagement is required to fully understand the impact on a particular protected group (e.g. disability)

Work needed	Section	When	Date completed
e.g. Further engagement with disabled service users to identify key concerns around using the service.	*2 - Disability*	*June to July'17*	*September 2017*
Complete Consultation and write up results	Section 2 (clarity on impacts) and Section 5	Finishes 28/7/2019	October2019
Review of alternative community transport opportunities for patients to use to enable signposting	Section 2, Age, Disability, Pregnancy and Maternity	November 2019	

8. Development of the Equality Analysis
If the EA has been updated from a previous version please summarise the changes made and the rationale for the change, e.g. Additional information may have been received – examples can include consultation feedback, service Activity data

Version	Change and Rationale	Version Date
e.g. Version 0.1	*The impact on wheelchair users identified additional blue badge spaces are required on site to improve access for this group.*	*26 September 2017*
1	Update EA with results of consultation – which was extended into October	10/5/2019
2	EA updated following the end of the consultation period	24/10/2019

9. Preparation for Sign off	
	Please Tick
1) Send the completed Equality Analysis with your documentation to Equality@ardengemcsu.nhs.uk and David.king17@nhs.net 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 / version section to record the changes you are intending to make to the document and the timescales for completion.	

10. Final Sign off The Completed EA forms must be signed off by the completing manager. They will be reviewed as part of the decision making process. The completed form should also be sent to PMO so that the CCG can maintain an up to date log of all EAs.	
Version approved:	
Designated People	
Project officer* (Senior Officer responsible including action plan) Name: Date:	
Equality and Human Rights Manager Review and Quality Assurance Name: Lucie Carrington Date:	
Executive Director Review: Name: Date:	
Name of **Approval Board** (*e.g. Commissioning Committee; Governing Body; Primary Care Commissioning Committee*) at which the EA was agreed at: Approval Board: Approval Board Ref Number: Chair: Date: Comments: Actions from the Approval Board to complete:	

BOARD ASSURANCE FRAMEWORK NOTES

(Please **DELETE** before submission)

Following a review of the BAF, it will now be based on the risks associated with the CCG achieving its strategic aims and objectives as follows:-

Strategic Aims	Strategic Objectives
1. Improving the quality and safety of the services we commission	a. <u>Ensure on-going safety and performance in the system</u> Continually check, monitor and encourage providers to improve the quality and safety of patient services ensuring that patients are always at the centre of all our commissioning decisions

2. Reducing health inequalities in Wolverhampton	a. Improve and develop primary care in Wolverhampton – Deliver our Primary Care Strategy to innovate, lead and transform the way local health care is delivered, supporting emerging clinical groupings and fostering strong local partnerships to achieve this b. Deliver new models of care that support care closer to home and improve management of Long Term Conditions Supporting the development of Multi-Speciality Community Provider and Primary and Acute Care Systems to deliver more integrated services in Primary Care and Community settings
3. System effectiveness delivered within our financial envelope	a. Proactively drive our contribution to the Black Country STP Play a leading role in the development and delivery of the Black Country STP to support material improvement in health and wellbeing for both Wolverhampton residents and the wider Black Country footprint. b. Greater integration of health and social care services across Wolverhampton Work with partners across the City to support the development and delivery of the emerging vision for transformation; including exploring the potential for an 'Accountable Care System.' c. Continue to meet our Statutory Duties and responsibilities Providing assurance that we are delivering our core purpose of commissioning high quality health and care for our patients that meet the duties of the NHS Constitution, the Mandate to the NHS and the CCG Improvement and Assessment Framework d. Deliver improvements in the infrastructure for health and care across Wolverhampton The CCG will work with our members and other key partners to encourage innovation in the use of technology, effective utilisation of the estate across the public sector and the development of a modern up skilled workforce across Wolverhampton.