PURPOSE
Equality Analysis is a best practice method to demonstrate due regard to the general duty under the Equality Act 2010 to eliminate discrimination, advance equality of opportunity and foster good relations between people from different groups.

The purpose of an Equality Analysis (EA) is to examine the extent to which a proposed service change/policy/strategy may impact differently on different members of the community and, where appropriate, prompt the consideration of alternative measures to ensure an equal standard of service is accessible to all.

RESPONSIBILITY
Responsibility for compliance with the CCGs public sector equality duty rests with the author’s lead Director. Specialist guidance and support is, however, available from the Policy & Engagement Manager and the Director of Governance & Compliance.

Assessments must be carried out for all policies, strategies and service change proposals. New analysis should start early in the development process and must be carried out in the following circumstances:

• Where a new policy or function is planned
• Where an existing policy or function is to be altered significantly
• Where a function has not been assessed for three years

CONSULTATION & ENGAGEMENT
Please note that early engagement is recommended and in many cases is necessary to develop policies, procedures, strategies or service changes. Completing the EA early in the project cycle i.e. at Project Charter stage will identify the groups that you need to engage with. Please ask the Communications & Engagement Team if you would like some help with finding and meeting particular groups.

INSTRUCTIONS: Insert the following pages once completed into Committee and Governing Body Papers between Front Cover and Main Report to inform decision making. Insert the Summary at the front of all Policies with the Equality Analysis appended.

1 Note: Different impact does not necessarily mean adverse (or negative) impact
2 Meeting the Equality Duty in Policy and Decision-Making England (and non-devolved public authorities in Scotland and Wales) 2014
### Summary of Equality Impact Assessment for Older People Day Assessment Service

<table>
<thead>
<tr>
<th>Equality Group</th>
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<th>Positive Impact</th>
<th>Level of Impact</th>
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<td><strong>Vulnerable Groups</strong></td>
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</table>
Name of the strategy / policy / service change (‘activity’) | OLDER PERSONS DAY ASSESSMENT SERVICE (OPDAS)
---|---
Who is this ‘activity’ aimed at? Please delete and explain further if relevant. | Patients/Public - Staff/Workforce
What are the main aims and objectives of the ‘activity’?
• To provide an outpatient ambulatory service to the frail and elderly population in the form of a rapid access service, with the aim to be open 7 days a week, 12 hours a day. It will be situated in the area currently known as the Florence Desmond unit and will be called the Older Persons Day Assessment Service (referred to hereafter in this document as ‘the Service’)
• To provide a multidisciplinary service (MDT, pharmacy, radiology/imaging, pathology) that works around the needs of the patient
• To ensure care is provided to patients in a holistic manner
• To provide interval reviews for vulnerable patients as mutually agreed with primary care as decided by clinical need. This could be brought forward or initiated by patient/ carer request.
• To deliver a seamless pathway incorporating joint working with the various teams (including interface geriatricians, Older People Adult Liaison (OPAL), social care, mental health, community care), including coordination and communication for discharge or transfer of patients to community care.
Details of the new Service
• It will be located at Royal Surrey County Hospital NHS Foundation Trust in Guildford
• In the Service, there will be a whole MDT available including geriatricians, social care and mental health professionals so patients do not have to be moved around the hospital. Assessments will be undertaken in the Service
• The intention is to prevent admissions and reduce length of stay: quality of care has been stated as a priority
• The Service will have access to x-rays, point of care testing, therapies, CT scans, ultrasound, bladder scanning, ECG and BP
• The longer term aim is that GPs will undertake shifts within the Service during the week, with the development of a GP with a Special Interest (GPSI) in Elderly Care as part of this GP support
• Some procedures will take place within the Service, including injections, initiating IV antibiotics, continuation within the community, and blood transfusions

• It is intended to use EMIS Web in the Service to ensure communication with primary care

Referral and access to the new Service

• The concept is that people will 'pass through' the Service rather than be ‘admitted’ to it: it will be run as an outpatient assessment service with no beds

• The process will be an initial review by a geriatrician from OPAL in A&E, to ensure that the patient receives a full medical assessment and is referred to the right destination

• The majority of patients will be referred to the service via a GP, community matron or consultant referral

• A ‘Geriatrician of the Day’ triage model has been set up; GPs are able to contact the ‘GOTD’ via a bleep from Monday-Friday 09:00-17:00 to support the proactive management of older people with a frailty crisis at risk of admission, older people with a complex frailty crisis as well as early intervention for older people with frailty

• It is intended that this model will operate with patients being sent following discussion between GP and clinicians within the Service. Therefore waiting times are reflective of the fact that, in most cases, it is not anticipated that patients will simply turn up. If they do and they need urgent attention, this will be delivered through A&E. For urgent cases referred through the GP, the waiting time will be 16 hours and for non-urgent, up to 7 days

• Patients with conditions such as Parkinson's Disease will have access to other specialist staff rather than being sent to other parts of the hospital

• Follow up will be case by case either by GP or through proactive case management

Inclusion criteria for patients

• Frailty co-morbidity usually above 75, but needs based and presenting with geriatric medicine problems

• Presence of delirium or dementia
- Fracture as presenting problem but medically unstable
- Weakness
- History of falls/increased frequency of falls
- Care home resident
- Deteriorating function
- Episodes of syncope

Describe the current situation:
- It has been identified that there is a disconnect between services across Guildford and Waverley for the frail and elderly, given that care can be accessed through multiple routes and is available from multiple providers
- The Service has been developed to bring together the strengths of each as a means of providing excellent care to patients
- The Royal Surrey County Hospital has an established Care of the Elderly team, with two interface geriatricians responsible for connecting with primary and community care as well as working across EAU to identify elderly patients from A&E. Full comprehensive geriatric assessments do not take place at the hospital as these assessments require input from a range of professionals in the form of an MDT
- There is currently a community hospital service for frail elderly people in Milford (Waverley) called the Day Assessment Treatment Centre. The focus of this site is to rehabilitate and support therapeutic treatment of frail and elderly people
- There is no direct access to blood tests or CT scans on site
- Medical cover is provided by a geriatrician from RSCH as well as a specialty doctor and the ward is supervised by a band 8 nurse and matron
- However, GPs currently tend to send patients straight to A&E/EAU for urgent care, rather than going to Milford due to the lack of diagnostic facilities
There are concerns that the existing day hospital at Milford is not fulfilling its potential because it cannot provide all the acute support required for frail elderly people.

There are two inpatient units based at Milford Community Hospital for patients who are unable to leave, and it is understood this is for the purposes of rehabilitation. These community beds are separate from the Service, and require a consultant referral, of which patients as part of the Service may be eligible for.

Milford has no bus services and no dedicated transport scheme, although car parking is widely available.

The facility is large but is not being used optimally.

There is a wealth of resources available regarding the population of NHS G&W CCG, some examples are given below. You are recommended to consult and use the following to inform your EIA:

Reports of relevant Patient & Public Engagement forums and formal consultations
Research (the evidence base – include all references)
Local authority monitoring data
Complaints, public enquiries, audits & reviews

Whichever resources you use, please reference them in your EIA below under reasons for positive/negative impact.

Please describe what ENGAGEMENT AND/OR CONSULTATION that has taken place to inform this impact assessment? Consider internal and external routes. If you would like assistance with identifying particular groups to consult with please liaise with the Communications & Engagement team.

Patient & Public Engagement Forums held in April and October 2014 focused on older people, integrating services and 7-day working informed the development of this service change.

Engagement with the clinicians and managers at the RSCH that lead for elderly care informed the design of the service.

The CCG has acknowledged the importance of consulting with all patients who will be affected by this service change, and developing a consultation process to ensure this is done appropriately. It is recommended that engagement has regard to all the elements already set out, namely:
• people with language difficulties
• those with disabilities and impairments that might require specific communication such as visual impairment
• communities with no fixed address such as the travelling community who may not receive traditional posted literature; and
• general consideration for the frail and elderly and their possibly limited ability to utilise new media.

Complete the table below asking “how will this group be affected by this proposal/policy/strategy?”

Does the ‘activity’ have the potential to:

- Have a positive impact (benefit) on any of the equality or vulnerable groups? Answer YES or NO. If YES please explain (Reasons) and detail amendments.
  - If there is an impact is this High (H), Medium (M) or Low (L)? If no impact, insert N/A
- Have a negative impact / exclude / discriminate against any of these groups? Answer YES or NO. If YES please explain (Reasons) and detail amendments.
  - If there is an impact is this High (H), Medium (M) or Low (L)? If no impact, insert N/A

You must be familiar with what your activity wants to achieve and/or what would result and the corresponding evidence base before being able to complete this assessment comprehensively. For the different Equality Groups and Vulnerable Communities please make sure you are familiar with the Joint Strategic Needs Assessment and the Health Profile for this CCG.

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<thead>
<tr>
<th>AGE</th>
<th>Negative Impact: NO Level:</th>
<th>Positive Impact: YES Level:</th>
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<tbody>
<tr>
<td>AGE</td>
<td>NO</td>
<td>HIGH</td>
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</table>

Reasons for positive / negative impact: Please reference evidence you have considered as part of your analysis

The CCG has an older population that is projected to rise over the coming decades.

19.7% of the population of Guildford and Waverley CCG is projected to be over the age of 65 by 2020 with 3.7% of the population projected to be over the age of 85 by 2020. Due to the high proportion of the CCG population aged 75 and over, emergency admissions are of particular significance to commissioners, and seeking better ways to manage frail and elderly people who require acute care is imperative.

An increasing proportion of the population will be suffering from multi morbid conditions that span across the health and social care system. The clinical problems and needs of older patients are often substantially different from those of younger patients. Many older patients are admitted with acute or sub-acute medical illness, which often presents in a non-specific manner, and may be accompanied by cognitive or functional deterioration. Financially, there is a growing body of evidence which points to the need to have an integrated care pathway in
place to prevent harm and additional costs to the system.

What amendments can be/have been made to the activity in order to eliminate or reduce adverse impact on different community groups?

This service will improve the care and experience of older people presenting with deterioration that would otherwise lead to an unplanned admission to hospital. It brings together a multidisciplinary team to assess and devise a management plan that understands frailty and how to improve health of older people.

<table>
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<tr>
<th>DISABILITY</th>
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<tbody>
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Reasons for positive / negative impact: Please reference evidence you have considered as part of your analysis

Guildford and Waverley has a large population of residents with learning difficulties. There are approximately 3,800 residents with learning disabilities aged 18-64 and 970 aged 65 and over.

Given the age profile of the CCG being older and the higher prevalence of conditions that are chronic but can present acutely e.g. COPD, urinary retention, the service will meet these needs by offering the Comprehensive Geriatric Assessment. Older people presenting with a variety of long term conditions as well as those presenting for the first time will benefit from this comprehensive service.

There are an estimated 3,700 people in the population diagnosed with dementia. The service will benefit these patients as it is designed to avoid an unnecessary admission; evidence shows that admission to hospital in general adversely impacts the health of people with dementia in terms of disorientation and distress.

What amendments can be/have been made to the activity in order to eliminate or reduce the adverse impact on different community groups?

To ensure the significant number of older patients with learning disabilities residing in Guildford & Waverley benefit equitably from this service, provisions will be made by linking with the LD Liaison Nurse at the RSCH and utilising existing mechanisms such as the My Care Passport (reinforcing use with patients and carers on attendance).

Given that older people are more likely to suffer with sensory impairment e.g. visual impairment, hearing impairment, the service will need to be adapted to ensure resources and the environment enable these patients to equally benefit. A walk-through pathway is proposed with consultation rooms having room for mobility equipment.
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<tr>
<td><strong>Reasons for positive / negative impact:</strong></td>
<td>Please reference evidence you have considered as part of your analysis</td>
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</table>

**What amendments can be/have been made to the activity in order to eliminate or reduce the adverse impact on different community groups?**

The service will be expected to make provision for the language needs of patients, including the need for British Sign Language interpreters. It is provided by RSCH which has contracts with interpretation services in place.

<table>
<thead>
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<td>Please reference evidence you have considered as part of your analysis</td>
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**What amendments can be/have been made to the activity in order to eliminate or reduce the adverse impact on different community groups?**

There are 20,897 women aged 65yrs and over in Guildford & Waverley compared with 17,018 men (Surrey i), a 19% difference (2013). As the service is targeting this age group, more women than men would be expected to benefit from the service. However, men will equally benefit as the service is open to both men and women.

**What amendments can be/have been made to the activity in order to eliminate or reduce the adverse impact on different community groups?**

No amendments required as this is reflective of the CCG’s demography only.

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<th>GENDER REASSIGNMENT</th>
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<td>Please reference evidence you have considered as part of your analysis</td>
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**What amendments can be/have been made to the activity in order to eliminate or reduce the adverse impact on different community groups?**

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<th>RELIGION &amp; BELIEFS</th>
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Equality Analysis/SERVICE CHANGE: OLDER PEOPLE DAY ASSESSMENT SERVICE/01.11.14
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Other categories relevant to CCG’s statutory duty to reduce health inequalities:
### CARERS

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**Reasons for positive / negative impact:** Please reference evidence you have considered as part of your analysis

More than 18,300 people of all ages are estimated to provide unpaid care in Guildford & Waverley; 2,200 are over 65 providing >20 hours a week. Should a carer be referred to this service, provision needs to be made for the person that they care for and the carer needs to be reassured that systems are in place to take on this care to enable them to benefit from this service.

**What amendments can be/have been made to the activity in order to eliminate or reduce the adverse impact on different community groups?**

The OPDAS will have links with agencies that support Carers and will always ask patients if they have caring responsibilities. Being a comprehensive day assessment there should not be a need for overnight care but the service must be linked with teams that can step in e.g. the adult social care team at the RSCH.

Carers may present with Carer Strain to this service; the service should ensure it screens appropriately for this and is able to offer the right help e.g. refer for a Carer’s Assessment; links to GPs.

### GYPSY, ROMA & TRAVELLER COMMUNITIES

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**Reasons for positive / negative impact:** Please reference evidence you have considered as part of your analysis

The service requires referral from a GP. GP registrations are lower amongst this community compared with the non-transient majority community.

**What amendments can be/have been made to the activity in order to eliminate or reduce the adverse impact on different community groups?**

There is provision for patients to be diverted from A&E to the OPDAS, although this is not ideal. Work is required to increase GP registration to ensure they benefit …

### AREAS OF DEPRIVATION

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### Equality Analysis

**SERVICE CHANGE: OLDER PEOPLE DAY ASSESSMENT SERVICE**

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**Reasons for positive / negative impact:** Please reference evidence you have considered as part of your analysis

The RSCH is based close to Woodbridge, an area of recognised deprivation in comparison to the majority of the CCG.

**What amendments can be/have been made to the activity in order to eliminate or reduce the adverse impact on different community groups?**

**GEOGRAPHICAL LOCATION (urban, rural, isolated)**

Negative Impact: YES
Level: HIGH
Positive Impact: YES
Level: HIGH

**Reasons for positive / negative impact:** Please reference evidence you have considered as part of your analysis

Public transport to the RSCH from the villages around Guildford & Waverley is not universally accessible. However, Milford Hospital still provides a day assessment service that patient can be referred to should they require additional therapy and rehabilitation.

Patients living in the Guildford area will be nearer to the OPDAS. However, public transport can also be difficult.

Car parking features prominently amongst complaints to the RSCH.

**What amendments can be/have been made to the activity in order to eliminate or reduce the adverse impact on different community groups?**

The CCG has asked the RSCH to present short and longer term solutions to the car parking and related access issues. Patients and carers will be routinely asked how easily they were able to access the service. Responses to this will be included in CCG discussions with Surrey County Council and the borough councils of Guildford and Waverley that seek to improve access to the RSCH.

**VULNERABLE GROUPS e.g. ex-military, homeless, looked-after children, those seeking asylum**

Negative Impact: NO
Level: 
Positive Impact: NO
Level:

**Reasons for positive / negative impact:** Please reference evidence you have considered as part of your analysis

The OPDAS is not specifically targeted at any particular vulnerable group. It is open to all patients over the age of 65yrs that meet the criteria for assessment and management.

**What amendments can be/have been made to the activity in order to eliminate or reduce the adverse impact on different community groups?**
The CCG has acknowledged there needs to be education for GPs around the new service and will utilise the existing Primary Care Liaison Team, Practice Update, the Frailty Forums, Practice Council meetings and Practice Manager Forums to facilitate this on-going education and awareness.

Ensuring that GPs understand how their patients can access this service will be an important aspect of equitable access.

GPs with large populations of hard to reach groups, such as the travelling community, people with language difficulties, and people with cognitive impairments such as dementia, should be targeted initially to ensure inequities don’t arise.

The unit where the new service will be based is an existing unit that caters for older people (the Florence Desmond Unit); however, the project team recognise that improvements could be made to signage, hearing loops, flow and written patient information to meet the different needs of older people and people with disabilities. A learning disability liaison nurse is employed by the RSCH so links will be strengthened to ensure that appropriate expertise is available for older patients with learning disabilities.

**CONCLUSION: What is your overall assessment regarding the equality impact of this activity?**

With careful implementation the OPDAS will have a positive impact on older people; on people with disabilities and slightly more impact on women than men due to the demography of the CCG population. The service will need to adapt to ensure it meets the needs of people with different needs, as all services are expected to.

**RECOMMENDATIONS: What steps, if any, should be taken to ensure the activity does not have an adverse impact (responsible organisation is in brackets)**

- Ensure that GPs in member practices understand how their patients can access this service, and put in place a process for informing those GPs whose patients DNA. (CCG)
- Monitor referrals from GP practices to monitor trends. (OPDAS)
- Work with GPs to ensure patients from hard to reach groups are registered in primary care (CCG & NHS England)
- Ensure adequate provision for patients who are hard of hearing, visually impaired or unable to communicate by speech (OPDAS)
- Ensure adequate provision for language issues, both interpreting services and the translation of any documents and materials (OPDAS)
- Provide mandatory equality and diversity training for all staff in A&E and the OPDAS, with specific reference to age and disability awareness (RSCH)
- Ensure that staff are adequately trained to work with priority groups, namely those with learning disabilities, dementia and other
- Undertake ethnic monitoring of all patients, to understand the pattern of attendance and to develop culturally appropriate support to patients who attend (OPDAS)
- Ensure OPDAS premises are accessible, including areas such as toilets, and that appropriate signage is provided
- Ensure that single sex accommodation is provided in the new service, wherever possible, and that chaperone policies are appropriate for vulnerable, elderly patients

### Once implemented, how do you intend to monitor the actual equality impact of this activity?

The above recommendations will be added to the implementation plan for the service. Regular meetings with the provider will be scheduled during the early phase. The service will be provided by the RSCH and as such will be subject to the requirements within the NHS Standard Contract.

<table>
<thead>
<tr>
<th>Name of person completing EIA</th>
<th>Job Title</th>
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<tbody>
<tr>
<td>Hannah Yasuda</td>
<td>Clinical Pathways Change Manager</td>
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<tr>
<th>Name of lead Manager / Director</th>
<th>Signature</th>
<th>Date completed</th>
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<tbody>
<tr>
<td>Joe McEvoy</td>
<td></td>
<td>5th March 2015</td>
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