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 existing or proposed services/policies/strategies may benefit different members of the community and, where appropriate, prompt the consideration of adjustments.

RESPONSIBILITY

Responsibility for compliance with the CCG’s public sector equality duty rests with the author’s lead Director. Specialist guidance and support is, however, available from the Head of Partnership & Engagement.

CONSULTATION & ENGAGEMENT

Please note that early engagement is recommended and in many cases is necessary to develop strategies or service changes. Please ask the Partnership & Engagement Team if you would like help with this.

INSTRUCTIONS

- Consult the Equality Analysis Demographic Information document on Sharepoint. Consider how your proposal would impact the different groups and what reasonable adjustments need to be made. Make recommendations to adjust or amend the proposal to address any positive or negative impacts. If no impact is predicted, simply state that.

- Include the Summary and the Equality Analysis in all Committee and Governing Body Papers where decisions regarding your proposal are recommended after removing this instruction page.
### SUMMARY OF EQUALITY ANALYSIS for Advice and Guidance

<table>
<thead>
<tr>
<th>EQUALITY GROUP</th>
<th>Negative Impact</th>
<th>Positive Impact</th>
<th>ADJUSTMENTS PROPOSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>NO</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Disability</td>
<td>NO</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Ethnicity / Race / Ethnic Group</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>Gender</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
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<tr>
<td>Gender Reassignment</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>Religion &amp; Beliefs</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>Marriage &amp; Civil Partnership</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>Pregnancy &amp; Maternity</td>
<td>NO</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td>NO</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Carers</td>
<td>NO</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Areas of Deprivation/Geographical Location</td>
<td>NO</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Vulnerable Groups</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
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<table>
<thead>
<tr>
<th>NAME OF THE SERVICE/STRATEGY / SERVICE CHANGE PROPOSAL / PLAN (‘ACTIVITY’)</th>
<th>PROVIDING GP ACCESS TO CONSULTANT ADVICE AND GUIDANCE TO PROMOTE MANAGEMENT OF PATIENTS IN PRIMARY CARE</th>
</tr>
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</table>

What are the main aims and objectives of the ‘activity’?

This project enables advice and guidance to be given to primary care professionals from a secondary care clinician without the need for a referral for treatment. This advice is delivered electronically via the e-referral system. The main impact of the service will be a reduction of new first outpatient attendances. The CCG has commissioned advice and guidance from both its main local provider, Royal Surrey County Hospital (RSCH) and Ashford and St Peter's (ASPH), and is looking to commission renal advice and guidance from Epsom and St. Helier.

Describe the current situation

Currently, advice and guidance is operational in 28 specialties across RSCH and ASPH. With another 2 specialties planned to go live and renal advice and guidance being investigated with Epsom and St. Helier. From July 2016 to January 2017, over 330 advice and guidance requests were sent using the service.

What engagement, including with different equality groups, has taken place to inform this equality analysis?

Survey to be completed following all specialties going live to determine patient satisfaction with the service and any issues.

For each of the Equality Groups detailed below, consider how your proposal will affect or address health needs relevant to that group. Refer to demographic information about people living in Guildford and Waverley CCG and consider who will be affected.

**AGE**

- As the service is predicted to reduce referrals for outpatient appointments, the service is likely to benefit elderly, working age and school aged individuals. This is because all age groups will have a reduced number of hospital appointments, thereby reducing time taken out of their lives to attend appointments and the associated costs for travel and/or car parking.

Conclusion & Recommendations

The service will have a positive impact on people from all age groups.
### Disability (mental, physical, learning disability, dementia)
- The service is predicted to reduce first outpatient attendances, and increase the number of patients who are managed successfully in primary care within a familiar environment.
- This would reduce the amount of travel into hospital for individuals with a disability, and benefit patients who find attending hospital challenging due to their disability.

### Conclusion & Recommendations

The service will have a positive impact on individuals who find it challenging to attend hospital appointments. For example, people with some physical and learning disabilities, as well as some specific mental health conditions.

The service is likely to have a neutral impact on other disabilities.

### Ethnicity / Race / Ethnic Group
- The service provision is unlikely to impact positively or negatively on people with different ethnicities.
- The service may not be able to benefit some of the Gypsy Roma and Traveller population in its current form, as individuals from this group are less likely to be registered with a GP and therefore would not have access to this service.

### Conclusion & Recommendations

The service provided will have a neutral impact on people from different ethnicities, with the exception of those from a Gypsy Roma and Traveller background.

The service may have a negative impact on the Gypsy Roma and Traveller population, as this group is less likely to be registered at a GP practice and therefore would not have access to the service. Patients should be encouraged to register at the practice, either via their address or in accordance with guidance for patients with no fixed address as appropriate.

### Gender

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<table>
<thead>
<tr>
<th>Conclusion &amp; Recommendations</th>
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<tbody>
<tr>
<td>The service provision is unlikely to impact any patient based on their gender.</td>
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**GENDER REASSIGNMENT**

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<tr>
<th>Conclusion &amp; Recommendations</th>
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<tbody>
<tr>
<td>The service provision will have a neutral impact on people who are undergoing or have undergone gender reassignment.</td>
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**RELIGION & BELIEFS**

<table>
<thead>
<tr>
<th>Conclusion &amp; Recommendations</th>
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<tr>
<td>The service provision will have a neutral impact on people with different religions and beliefs.</td>
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</table>

**MARRIAGE & CIVIL PARTNERSHIP**

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<thead>
<tr>
<th>Conclusion &amp; Recommendations</th>
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<tbody>
<tr>
<td>The service provision is unlikely to impact any patient based on their marriage or civil partnership status.</td>
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</tbody>
</table>
The service provision will have a neutral impact on people based on their marriage or civil partnership status.

**PREGNANCY & MATERNITY**

- The service is predicted to have a positive impact on parents with young children, due to a reduced requirement for parents to arrange childcare around hospital appointments.
- The service is also predicted to have a positive impact for pregnant women who may find it harder to travel into hospital for their appointment.

**Conclusion & Recommendations**

The service provision will have a positive impact on women who are pregnant or parents with young children.

**SEXUAL ORIENTATION**

- The service provision is predicted to have a positive impact on individuals who may be concerned about experiencing stigma based on their sexual orientation. This has been reported as a potential barrier to individuals accessing healthcare.
- The service may have a negative impact if the patient does not feel comfortable with their GP.

**Conclusion & Recommendations**

The service provision will have a positive impact on people who are concerned about experiencing stigma associated with their sexual orientation.

If a patient feels uncomfortable being managed by their GP then the patient should be able to change GP in accordance with patient choice.

**Other categories relevant to CCG’s statutory duty to reduce health inequalities:**

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### CARERS
- The service is predicted to reduce first outpatient attendances, which will mean patients do not have to travel into hospital for their appointment. This is likely to have a positive impact on carers, whether the carer looks after the patient or is the patient themselves. This is because they will not have to take time out of their lives to attend a hospital appointment.

### Conclusion & Recommendations
The service provision will have a positive impact on people who are caring for others or on the patient’s carer(s).

### AREAS OF DEPRIVATION and GEOGRAPHICAL LOCATION (urban, rural, isolated)
- The service is predicted to have a positive impact on those in geographically isolated locations, due to this group potentially finding it harder to attend hospital appointments than the general population.
- The service is also likely to be of benefit to those in areas of deprivation as the predicted reduction in outpatient attendances will result in patients not needing to pay for travel and/or parking to attend their hospital appointments.

### Conclusion & Recommendations
The service provision will have a positive impact on people who are geographically isolated or in areas of deprivation.

### VULNERABLE GROUPS e.g. ex-military, homeless, looked-after children, those seeking asylum
- The service is likely to have a positive impact on homeless individuals, and other vulnerable groups that have little access to transportation. The predicted reduction in outpatient attendances will result in patients not needing to make travel arrangements to attend hospital appointments.
- The service may have a negative impact on homeless individuals or those seeking asylum due to fewer individuals in these groups being registered at a GP practice compared to the general population.

### Conclusion & Recommendations
The service provision will have a positive impact on people who are from vulnerable groups that may have reduced access to transportation.
The service provision may have a negative impact on patients who are less likely to be registered at a GP, such as homeless...
individuals or those seeking asylum. Patients with no fixed abode should be offered the ability to register with the GP practice using a temporary address according to guidance on registering those with no fixed abode. 

OVERALL CONCLUSIONS & RECOMMENDATIONS: Summarise your findings for all equality groups

Overall the service is likely to have neutral or positive impacts on the majority of equality groups. Where negative impact could be felt, amendments and reasonable adjustments have been suggested. The main recommendations from the equality analysis are as follows:

- Conduct a patient survey to understand satisfaction with the service and any potential gaps in current service provision based on equality groups
- Patients from a Gypsy Roma and Traveller background should be encouraged to register at the practice to ensure they have access to the service
- Patients who are homeless or seeking asylum that have no fixed address should be registered at the practice according to guidance on registering patients with no fixed abode

Name of person completing EA: Genevieve Ryan
Job Title: Planned Care Commissioning Manager

Name of lead Manager / Director | Signature | Date completed
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3 http://www.cqc.org.uk/content/nigels-surgery-29-looking-after-homeless-patients-general-practice
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