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.
<table>
<thead>
<tr>
<th>EQUALITY GROUP</th>
<th>Negative Impact YES / NO</th>
<th>Positive Impact YES / NO</th>
<th>ADJUSTMENTS PROPOSED YES/NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>NO</td>
<td>YES</td>
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</tr>
<tr>
<td>Disability</td>
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</tr>
<tr>
<td>Ethnicity / Race / Ethnic Group</td>
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<tr>
<td>Gender</td>
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<tr>
<td>Gender Reassignment</td>
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<tr>
<td>Religion &amp; Beliefs</td>
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<tr>
<td>Marriage &amp; Civil Partnership</td>
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<tr>
<td>Pregnancy &amp; Maternity</td>
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</tr>
<tr>
<td>Sexual Orientation</td>
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<td>Areas of Deprivation/Geographical Location</td>
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<td>YES</td>
</tr>
<tr>
<td>Vulnerable Groups</td>
<td>YES</td>
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</table>
What are the main aims and objectives of the ‘activity’?

This programme will target outpatient attendances at a number of local trusts. The programme will seek to redesign pathways of care across a number of specialities, including gynaecology, inflammatory bowel disease (IBD) and rheumatology. This will be achieved through working closely with local partners, and streamlining existing pathways where possible. Within the gynaecology service, this may be achieved through the creation of integrated services, streamlining triage routes and maximising the use of the GPwSI skillset where possible. In the rheumatology service, the model being explored is to maximise the full potential of management in primary care for stable rheumatology patient reviews. Within the IBD service, it will be reviewed whether patients can be managed more proactively through telephone helpline and educational clinic support.

Describe the current situation

It is felt that there are a number of other speciality areas where there are duplications between community/primary/acute settings, or where patients are being retained under acute outpatient care longer than necessary. There is an opportunity to redesign pathways to maximise potential efficiencies and to improve quality for patients.

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

Engagement with service users to be conducted as appropriate for each individual project.

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**

- The proposed changes are predicted to reduce unnecessary hospital appointments, utilise primary care more effectively, deliver one-
stop and streamlined pathways where possible and enable advice to be delivered rapidly where required.

- These changes are likely to benefit elderly, working age and school aged groups. 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 proposed changes will have a positive impact on people from all age groups.

### DISABILITY (mental, physical, learning disability, dementia)

- The proposed changes are likely to benefit some individuals by maximising the support provided in primary care closer to home, or streamlining pathways for hospital attendances, thereby reducing repeated trips to hospital. This is likely to have a positive impact on some individuals with disabilities who may find it harder to attend hospital for their appointment.
- Where increased helpline support has been suggested, this should be able to receive and send text in order to make it accessible for individuals who are deaf.

### Conclusion & Recommendations

The proposed changes are likely to have a positive impact on some individuals with disabilities. Where helpline support has been proposed the phone should be able to send and receive text in order to cater for deaf individuals.

### ETHNICITY / RACE / ETHNIC GROUP

- As the proposed changes are likely to reduce unnecessary hospital appointments and maximise the use of care closer to home in the community, these changes are unlikely to impact any patient based on their ethnic group.

### Conclusion & Recommendations

The proposed changes will have a neutral impact on people based on their ethnic group.
### GENDER

- The proposed changes are likely to maximise the support provided in primary care closer to home, or streamline pathways for hospital attendances, thereby reducing repeated trips to hospital. The proposed changes are therefore unlikely to have an impact based on gender, with the exception of changes in the gynaecology service provision.
- The gynaecology service changes are likely to positively impact women by streamlining the services currently provided, working to create a joined-up service and creating one-stop clinics where possible.

**Conclusion & Recommendations**

The proposed changes are predicted to have a positive impact on women.

### GENDER REASSIGNMENT

- The proposed changes are likely to maximise the support provided in primary care closer to home, or streamline pathways for hospital attendances, thereby reducing repeated trips to hospital. The proposed changes are unlikely to impact any patient based on them undergoing or having undergone gender reassignment.

**Conclusion & Recommendations**

The proposed changes will have a neutral impact on people who are undergoing or have undergone gender reassignment.

### RELIGION & BELIEFS

- The proposed changes are likely to maximise the support provided in primary care closer to home, or streamline pathways for hospital attendances, thereby reducing repeated trips to hospital. The proposed changes are unlikely to impact any patient based on their religious beliefs.

**Conclusion & Recommendations**
The proposed changes will have a neutral impact on people with different religions and beliefs.

### MARRIAGE & CIVIL PARTNERSHIP

- The proposed changes are likely to maximise the support provided in primary care closer to home, or streamline pathways for hospital attendances, thereby reducing repeated trips to hospital. The proposed changes are unlikely to impact any patient based on their marriage or civil partnership status.

### Conclusion & Recommendations

The proposed changes will have a neutral impact on people based on their marriage or civil partnership status.

### PREGNANCY & MATERNITY

- The service changes proposed are likely to result in a reduction in hospital attendances. This 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. This is also predicted to be of benefit to pregnant women who may find it harder to travel into hospital for their appointment.
- The service changes proposed are unlikely to have any further impact on this area as obstetrics is out of the scope of the gynaecology service developments.

### Conclusion & Recommendations

The proposed changes will have a positive impact on people who are pregnant or have young children.

### SEXUAL ORIENTATION

- The proposed changes may have an impact on individuals who are concerned about experiencing stigma based on their sexual
orientation. This has been reported as a potential barrier to individuals accessing healthcare, or revealing information that may benefit their care\(^1\). This is likely to be experienced differently dependent on the individual project and person, but should be considered in more detail within each project.

### Conclusion & Recommendations

The proposed changes may have a positive or negative impact on people who are concerned about stigma associated with their sexual orientation, subject to the project and the person, as patients may have a preference for who they are treated by. Patient choice should be upheld where patients have a preference about who they are seen by.

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

**CARERS**

- The service is predicted to reduce unnecessary hospital attendances, maximise the support offered in primary care and offer increased support and advice to patients to manage their condition.
- These changes are predicted 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, and will have increased support to manage their condition.

### Conclusion & Recommendations

The proposed changes 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)**

- This is likely to be of benefit to those in geographically isolated locations, as they will have fewer attendances to hospital
- This is likely to be of benefit to those in areas of deprivation as they will not have to pay for travel and/or parking to attend their hospital appointments

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**Conclusion & Recommendations**

The proposed changes will have a positive impact on people who are geographically isolated or from areas of deprivation.

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

- This is likely to have a positive benefit for homeless individuals, and other vulnerable groups that have little access to transportation. Because the service changes are predicted to reduce outpatient attendances, patients will not have to make travel arrangements to attend hospital appointments.
- The proposed changes may have a negative impact on homeless individuals and those seeking asylum that may not have easy access to helpline services.

**Conclusion & Recommendations**

The proposed changes will have a positive impact on people who are from vulnerable groups that may have reduced access to transportation. However, there may be a negative impact on those who do not have easy access to helpline services. In order to mitigate this, helplines should be provided free of charge for patients to call.

**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.

Further work is needed with different equality groups to inform the operational delivery of the proposed changes should they be approved, and this should be done individually for each project stream proposed.

<table>
<thead>
<tr>
<th>Name of person completing EA</th>
<th>Job Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genevieve Ryan</td>
<td>Planned Care Commissioning Manager</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Name of lead Manager / Director</th>
<th>Signature</th>
<th>Date completed</th>
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<tbody>
<tr>
<td>Liz Patroe</td>
<td></td>
<td>23\textsuperscript{rd} February 2017</td>
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