Equality Analysis
Guidance and Template

March 2013

Equality Analysis(EA) Guidance

The Equality Act (2010) requires public organisations to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people who may or may not share a protected characteristic. The Equality Act has identified nine protected characteristics that you must test against to ensure equality has been addressed.

"This document demonstrates commitment to create a positive culture of respect for all individuals, including staff, patients, their families and carers as well as community partners. The intention is, as required by the Equality Act 2010, to identify, remove or minimise discriminatory practice in the nine named protected characteristics of age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief, and marriage and civil partnership. It is also intended to use the Human Rights Act 1998 to promote positive practice and value the diversity of all individuals and communities".

To achieve this we are required to analyse the effect of any policy, practice, function or service change. This is what is known as an Equality Analysis or what used to be referred to as Equality impact Assessment.

Equality Analysis and why you have to do it

An equality analysis(EA) is a review of a project/document/function/strategy/service change etc. which establishes whether there is a negative effect or impact on particular social groups. In turn this enables the organisation to demonstrate it does not discriminate and, where possible, it promotes equality.

This Equality Analysis Tool, is both transparent and simple to use. There are a number of benefits. Some of these are as follows:

- The template will support you to focus on the protected characteristics so you are clear what you are checking against.
- By introducing a shared approach to Equality Analysis the process is simpler and makes it easier to identify additional information to demonstrate equality impact in your documentation
- You will have an organisational network of colleagues undertaking Equality Analysis in a similar way which will promote sharing and support.

All organisational developments whether policies, strategies or functions will require you to consider the impact of the Equalities Act, but hopefully most will have a positive impact on all the communities you serve.

By **not completing** an Equality Analysis, you will open yourself to challenges from either the Board (if your process requires Board Approval at which member of the public may be present) or by members of the public once in the public domain in some way.
Delays to your 'documentation/service development' implementation will be both costly and damaging in relation to the trust the public has in the service and will seriously impede the business of the organisation.

In order to complete Equality Analysis you must have undergone training in this area. Please contact your Equalities lead to identify when the next training is available.

How to complete the template – reassurance!
You won't believe how easy this is, but a couple of reassurances before we start!

- You are not expected to know every aspect of every community or protected characteristic, but you must be sensitive to their needs, open, and listening to their messages.

- The training you will receive will take you through every step of completing an Equality Analysis and it is helpful to identify support after the training.

- Keep the focus of your thinking on what you are trying to achieve and then think about the protected characteristic you are considering

How to complete the template –5 steps to Equality Analysis.

Column 1 -Equality group (or protected characteristic): This column tells you what the protected characteristic is and guides you in how you should be thinking about it in relation to your document or [process. There is also a link embedded in there to take you to further information about that protected characteristic.

Column 2 - What evidence has been used for this assessment**:** this is where your work begins! Have you checked for local evidence or national evidence? This could be something like checking what your JSNA says, or even "Googling" the characteristic issue to see what information is available on the internet (this might be particularly useful when checking out less familiar characteristics). Has any work been done with patients or patient groups locally? Your PPI lead should be able to help you with this, or steer you in the right direction

Column 3 - Have you consulted on this policy, service, strategy, procedure or function. Have you done any patient involvement and engagement work on this? Talk to your PPI lead, there may be plenty of evidence that has been collected to support your thinking on this.

Column 4 - What is the negative impact? So you have identified there may be some negative impact on a protected characteristic. What is it? Could this negative impact also affect any other of the protected characteristics?

Column 5 - How are you going to address issues identified? This is your mini action plan! What can you/the organisation do to mitigate the effect of this process on that particular characteristic? Are there resource implications? How quickly can this be addressed? Finally remember that you may not be able to avoid the issue, but you need to be up front and say that it will have an impact on a particular community.

Final thoughts

Equality Analysis is there to enhance your work. It is meant to be worthwhile but also a challenging process

- .It should be carried out at the beginning of the planning stage of the project
- Take a common-sense approach to it; step outside your own role and look at this as an outsider would view it.
- Make time for it in your planning and allow for potential collaboration with other stakeholders.
- Where a likely impact is not known, action should be taken to try to acquire that information.
- Your equality analysis will be a public document and published so be prepared for people to check how you conducted it.

Further information

To learn more about the Equalities Act (2010) click on this link
To learn more about Protected Characteristics click on this link
To see more resources relating to Equality Analysis click on this link

Equality Statement

This statement is to be inserted within the first three sections of the documentation

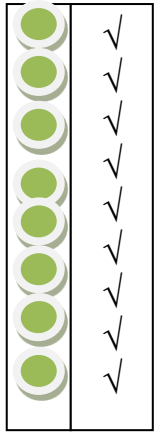
"This document demonstrates Hounslow CCG commitment to create a positive culture of respect for all individuals, including staff, patients, their families and carers as well as community partners**.** The intention is, as required by the Equality Act 2010, to identify, remove or minimise discriminatory practice in the nine named protected characteristics of age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief**,** and marriage and civil partnership. It is also intended to use the Human Rights Act 1998 and to promote positive practice and value the diversity of all individuals and communities".

Equality Analysis Checklist

By completing this document in full you will have gathered evidence to ensure, documentation, service design, delivery and organisational decisions have due regard for the Equality Act 2010. This will also provide evidence to support the, Public Sector Equality Duty and the Equality Delivery System grading process.

Evidence of:

- an understanding that there are differing complexities for each protected characteristic group
- a dialogue occurring
- wider engagement and involvement
- the impact of the document or process on each protected characteristic group
- data and information from consultations, routine data collection (highlighting areas where this is not collected)
- agreement regarding the impact of the evidence
- agreement on the remedial actions required
- identification of a lead to take the action forward, with timescales



Full and comprehensive guidance on equality analysis can be found on the Equality and Human Rights Commission website

Proportionality and relevance are key drivers to this process

Equality Analysis Checklist
An equality analysis is a review of a policy, function or service which establishes whether there is a negative effect or impact on particular social groups. In turn this enables the organisation to demonstrate it does not discriminate and, where possible, it promotes equality.
This check list is a way to help staff think carefully about the likely impact of their work on equality groups and take action to improve services and projects for local people where it has a positive or negative impact.

Name of the policy / function / service development being assessed	We are currently reviewing the way patients access primary care medical services outside of core hours. Patients currently access primary medical services outside of core hours through a number of services, these include: ▪ Primary Care Access Centre (walk-in) ▪ GP Access Hubs ▪ Out of Hours service providers ▪ UCC's – Northwick Park, Central Middlesex Hospital & others ▪ Accident and Emergency departments ▪ Walk in Centres – cross boundary ▪ NHS 111 ▪ Minor Injuries Unit ▪ Pharmacists This service review is focussed on GP Access Hubs and the GP Access Centre.
Briefly describe its aims and objectives:	The existing GP extended access services have been reviewed against the context of: 1. Changes in national requirements for extended primary care access 2. The Integrated Unscheduled Care model developing in Brent and Harrow 3. The model of care in line with patient, provider and stakeholder feedback 4. Reviewing the non-compliant Walk in Centre service 5. Aligning the model of care with future strategic direction of travel The review has identified that there are a number of areas for improvement within current

	GP extended access services: 6. There are 9 GP Access Hubs located across Brent and many of the hubs are underutilised, especially on the weekend. There are more hubs in Brent then in any other borough in North West London and we believe across London. In June 2017, GP Access Hub utilisation was at 66%. Guidance to CCGs recommend one top-up hub per 150,000 population (Access Hub modelling by NHSE) 7. There is variation in the model of care across GP Access Hubs. Nurse-led appointments are only available in some GP Access Hubs meaning that there are issues with equal access to care across extended hours GP services in Brent. 8. The GP Access Centre does not meet national GP out of hours access requirements[1] as it only provides a see and treat function. The access centre does not have the ability to view results of diagnostic tests or order diagnostic therefore does not provide continuity of care. Furthermore, the centre can only prescribe medication that is immediately necessary and cannot refer people for more tests. These issues suggest that there is potential for improvement in the commissioning of GP access services in order to: • Remove the overlap in the care provided by the current services • Achieve a more equal distribution of services • Gain better value for money for the residents of Brent • Improve the quality of care of primary care services for Brent residents The objectives of this service are to ensure that GP extended access services are to: • Provide more equitable access to the residents of Brent. • Ensure patients can access any hub site. • Commission Nurse and GP appointments across the borough consistently. • Ensure when they do, their clinical records are available to the GP or Nurse and

[1] Integrated Urgent Care Commissioning Standards Guidance (Amanda Doyle & Keith Willetts, September 2015)

	are subsequently updated so their own practice can see what support their patient has received. • Ensure clinicians are not 'lone working' • Support Brent residents (and those within the catchment area of a Brent GP practice) to register. • Encourage patients registered with a GP outside Brent to use services in the borough in which they are registered – this ensures better continuity of care and clinical record sharing is not enabled between practices in different boroughs.
Directorate lead	Fana Hussain, Assistant Director, Primary Care
Is the Equality statement situated in the first three sections of the document?	Yes

If you are conducting an EA on a procedural document please identify evidence sources and references, who has been involved in the development of the document, process or strategy, and identify positive or negative impacts. It is the discussion regarding the equality impact of the document that is important.

Equality Analysis Checklist
Go through each protected characteristic below and consider whether the policy / function / service could have any impact on groups from the identified protected characteristic, involve service users where possible and get their opinion, use demographic / census data (available from public health and other sources), surveys (past or maybe carry one out), talk to staff in PALS and Complaints.

Please ensure any remedial actions are Specific, Measureable, Achievable, Realistic, and Timely(SMART)

Equality Group	What evidence has been used for this assessment?	What engagement and consultation has been used	Identify positive and negative impacts	How are you going to address issues identified?	Lead and Timeframe
Age Think about different age	The age profile for Brent is based on the local authority's Joint	In January 2014, over 1200 people were	Positive	Commissioners will ensure that	Fana Hussain

Equality Group	What evidence has been used for this assessment?	What engagement and consultation has been used	Identify positive and negative impacts	How are you going to address issues identified?	Lead and Timeframe
groups and think about the policy / function / service and the way the user would access, is it user friendly for that age?	Strategic Needs Assessment (JSNA) data. Brent's population is younger than England's average, but people aged 65 and above are expected to grow at a faster pace than the wider population. Between 2011 and 2021 the population aged between 65 and 74 is expected to grow by 16%, 75-84 by 16% and 85 and over by 72%, while the total population only grows at the rate of 7%. Data gathered from the current GP access centre service indicate that: ▪ 30% of people who use the access centre are between the age of 0-10 ▪ 44% of people who use the access centre are between the ages of 21-50 Audit of primary care patient data has identified the highest users of GP Access Hub (extended hours services) fall within the 0-9 years (20% of demand) and 20 to 49 years age groups. It is not known whether these attendances are for more episodic care seeking.	involved in providing feedback on the GP Access Hub pilot. Engagement included: population of surveys, discussion with PPG chairs and groups, public meetings and stands at the Health Partners Forum. GP Access Hub providers must regularly engage in patient surveying and report these findings to the CCG. These surveys regularly report high levels of patient satisfaction with the service and have been gathered since the service commenced in April 2015. In March 2017, GP access was surveyed and we have accessed the results of the quarterly GP Survey. The current engagement period commenced on 13th	Extended access to GP appointments 8-8, 7 days/week Convenient appointments for working age people who make up significant group of services users. Older patients with LTCs will have increased access to core hours GP appointments to choose from and this may reduce A&E attendance of this cohort. Younger patients will have the option of booking more conveniently timed appointments Negatives TBD when locations are confirmed.	patients, carers and communities are an on-going part of development of services to address GP out of hours access. We will raise awareness of the GP Access hubs with a more targeted campaign aimed at 0-9 and 20-49 year old patients as part of the mobilisation phase of the next contract. Public transport Central locations and disabled parking and access will all be considered when determining location.	

Equality Group	What evidence has been used for this assessment?	What engagement and consultation has been used	Identify positive and negative impacts	How are you going to address issues identified?	Lead and Timeframe
	Brent's older population is growing at a higher rate than other adult age ranges (JSNA 2015/16). • Primary care data shows older patients with LTCs favour core GP hours with busiest times 10:00-12:00. • Attendance for 60+ patients in A&E is at highest during core GP hours. • It is not known whether there us a relationship between these findings in the data. It is recommended that engagement be carried out to explore whether they is a relationship.	November and will complete on 22nd December 2017	Currently no option for patient to book directly or on line. But this is planned for the future.	Patients will be made aware of how to book these appointments via a communications campaign	

Equality Group	What evidence has been used for this assessment?	What engagement and consultation has been used	Identify positive and negative impacts	How are you going to address issues identified?	Lead and Timeframe
Disability Think outside the box, you may not be able to see the disability. It could be physical (hearing, seeing) or a learning disability (Autism). • Accessibility – venue, location, signage, furniture, getting around • Disability awareness training for staff • Actively involve the service user and talk it through with them	The service will ensure provision to adults and children with long term mobility problems. The outcome of the procurement will be to ensure that GP access services are located in accessible locations across Brent. The GP Access Hubs will be located in existing GP practices and will use staff that are already involved in providing primary care services. It is estimated that 15,057 people in Brent aged 18 to 64 years had a moderate physical disability in 2015. There is no data available for the proportion of GP practices that do not have easy access for wheelchair users in Brent. Studies conducted by 55 local Healthwatch across England suggest that there are significant issues of concern for some groups of people with disabilities, particularly for those with hearing, visual and mobility impairments.2 Making an appointment is considered the hardest part for	Desktop search in Voluntary Sector, Healthwatch and NHS England sites for feedback and insight carried out. Published data shows that people with physical disability face barriers in accessing some GP premises, with some carers having to physically carry them up stairs.	Positive Potentially better access to core hour appointments Negative Travel may be an issue for appointments after 3pm, for patients living out of proximity. Disabled parking available at site. Auditory loop in place for hearing impaired Patients with visual impairment may find it difficult to navigate around an unfamiliar building, which is different to their GP premises.	Public transport routes Central location Disabled parking will be assessed Building sites will be assessed to meet standards of Disability Discrimination Act. Lifts and corridor suitable for wheelchair access to be assessed Appointments can be booked at a time convenient to the Patient, giving sufficient time for carer to be arranged by the patient. Awareness of this need will form part of training and info for receptionists or 111 services booking appointments. Hearing impaired	Fana Hussain

[2] http://www.healthwatch.co.uk/news/disabled-people-struggling-access-gp-appointments.(2015). Accessed 31st March 2017.

Equality Group	What evidence has been used for this assessment?	What engagement and consultation has been used	Identify positive and negative impacts	How are you going to address issues identified?	Lead and Timeframe
	patients due to GP surgeries' policy for on-the-day only appointments, meaning patients who are reliant on a carer, cannot always find a suitable carer to take them to their appointments in time. 20% of people in Brent aged between 65 and 74 are living with a moderate or severe hearing impairment (JSNA, 2015/16). Deaf patients are also being told they can only book over the phone by most GP practices according to these Healthwatch studies3 12% of the population aged 75 and over in Brent (JSNA, 2015/16) have a moderate or severe visual impairment. Primary care data shows older patients with LTCs favour core GP hours with busiest times 10:00-12:00		People with Learning disabilities may face difficulties with travel to unfamiliar GP premises and seeing a GP they do not know. However, these patients still retain the option to book with their own GP in the usual way	patients (or carers) have choice of booking into GP Access Hubs in person at their GP reception It is anticipated that core appointments times will be more available for older cohorts with LTC and disabilities. At the hub site, signage should be in place in keeping with DD Act.	
Gender Reassignment Think about creating an environment within the service / policy or function that is user	Gender or gender reassignment will be managed in the same way as it currently is within core GP hours.	As above	Negative Lack continuity with own GP	Patient will still have option of booking with their own GP practice for 48 hour	Fana Hussain

[3] http://www.healthwatch.co.uk/news/disabled-people-struggling-access-gp-appointments.(2015)

Equality Group	What evidence has been used for this assessment?	What engagement and consultation has been used	Identify positive and negative impacts	How are you going to address issues identified?	Lead and Timeframe
friendly and non judgemental. If the policy / function / service are specifically targeting this protected characteristic, think carefully about training, confidentiality and communication skills.			Cohorts have sited safety issues using public transport in the evenings and accessing services located in lonely areas in the evenings Patients may not wish to have their medical records shared in full Patient records available at this site Consent will besought from patient before consultation to access record	appointment if prefer not to see hub GP Process for selecting Access hub locations will give due regard to security Recommend that guidance be sought about sharing medical records belonging to these patients GP practices and their staff participate in mandatory equalities training Recommend that training for GPs on understanding trans identities and clinical pathways should be considered.	
Marriage and Civil Partnership	No data available on marital status	As above	Positive Potential better	NA	Fana Hussain

Equality Group	What evidence has been used for this assessment?	What engagement and consultation has been used	Identify positive and negative impacts	How are you going to address issues identified?	Lead and Timeframe
Think about access and confidentiality, the partner may not be aware of involvement or access to the service. Staff training.			access for both individuals in a marriage or civil partnership to attend together if it is their preference No negative impact anticipated - service will not discriminate or deliver a different service to a person, on the basis of marriage/civil partnership status No negative impacts except in same sex partnerships – see sections on sexual orientation and transgender		
Pregnancy and maternity The policy / function / service must be accessible for all for example opening hours. Are the chairs appropriate for breast feeding is there a private area? Are there baby	The General Fertility Rate (GFR) is the number of live births per 1,000 women aged 15 to 44. The GFR in Brent in 2012 was 72, higher than Outer London (71.8) and nationally (64.8). There were 7,430 conceptions to all women in Brent in 2011. 17 (0.2%) of these were to women aged under 16.	As above	No negative impacts	NA	Fana Hussain

Equality Group	What evidence has been used for this assessment?	What engagement and consultation has been used	Identify positive and negative impacts	How are you going to address issues identified?	Lead and Timeframe
changing facilities and is there space for buggies?	The conception rate for all women in Brent was 1 in 10 (99 per 1000), higher than the England and Wales and London rates (80.4 and 89.5 per 1000 respectively). For women aged under 16, the conception rate in Brent was almost half (3.2 per 1000) the rate for England and Wales (6.1 per 1000). The GP Access Hubs will be located in existing GP practices.				
Race You need to think carefully about the local demographics of the population who will be accessing the policy / function / service. Talk to public health. Think about: • Cultural issues (gender, clothing etc) • Languages • Support to access • Staff training on cultural awareness, interpreting	Brent is ethnically diverse: In 2015, 66.4% of the population is black, Asian or other minority ethnicity (BAME); source is the JSNA. The White group make up 33% of Brent's ethnic profile. There are many languages spoken in Brent. English is the main language for 62.8% of the population. Gujarati is the main language for 7.9% of the population and Polish is the main language for 3.4% of the population. One in five households in Brent does not have English as their main	As above Based on the surveys that have been collected so far: • 47 respondents are Asian/Asian British • 16 respondents are Black/Black British • 13 respondents are white/white Irish/white British • 4 respondents are British • 10 respondents are mixed/other/prefer not to say	Positive Access services will be located at convenient sites across Brent allowing access for patients The proposal aims to increase access for patients that may face barriers to obtaining urgent GP appointments No negative impacts based on race	Practice have access to interpretation services Practices to ensure the Accessible Information Standard is being applied for patients with information and communication needs	Fana Hussain

Equality Group	What evidence has been used for this assessment?	What engagement and consultation has been used	Identify positive and negative impacts	How are you going to address issues identified?	Lead and Timeframe
	language. In single households where English is not the main language, the provision of information in the relevant language to deliver an appropriate service will need to be considered. In the 2011 Census, 63.7% of the population were BAME. By contrast, 14% of people in England and Wales and 40% of people in London were BAME. The largest ethnic groups in Brent were Asian: Indian or British Indian people (18.6% of Brent's population compared to 8.8% of the Outer London population) and White: English/ Welsh/ Scottish/ Northern Irish/ British people (18.0%). Brent had a higher proportion of the following ethnic groups than London and nationally: Black African people (7.8%), Black Caribbean people (7.6%), White Irish people (4%), Arab people (3.7%), White Polish people (2.9%) and White: Other Eastern European people (2.1%). 0.1% of Brent's population were White: Gypsy or Irish Traveller which was on par with London		.		

Equality Group	What evidence has been used for this assessment?	What engagement and consultation has been used	Identify positive and negative impacts	How are you going to address issues identified?	Lead and Timeframe
	and national figures. The GP Access Hubs will be located in existing GP practices using existing staff.				
Religion or Belief As above think about local population and what religion or belief they may have. Think about: • Staff training on respecting differences, religious beliefs • Are you trying to implement during a time of religious holidays e.g. Ramadan • Is there are area for prayer times	Specific data on religion/belief relating to GP access services is not currently available. More people in Brent had a religion than London and nationally: 1 in 10 Brent residents stated they had no religion, compared to 1 in 5 people in London and 1 in 4 people in England and Wales. The largest religious groups in Brent were: • Christian (41% compared to 48.4% in London) • Muslim (18.6% compared to 12.4% in London) • Hindu (17.8% compared to 5.5% in London).	As above	Negative Choice of same sex clinician may not always be available	Staff training to maintain privacy and confidentiality Staff training in equality duties Patient will still have option of booking with their own GP practice if prefer not to see hub GP	Fana Hussain
Sex This is simply the impact on males/females. For example same sex accommodation, are there areas for privacy? Is it accessible for both, taking into account working service	No data available for access hubs, extrapolating from Access centre data, 54% female and 46% males attend	As above Add % from engagement so far Early stats from engagement show 28% of respondents are male versus 64% for females.	Positive Access to GP services out of core hours is delivered to patients based on their individual need. Therefore sex is not a factor	NA	Fana Hussain

Equality Group	What evidence has been used for this assessment?	What engagement and consultation has been used	Identify positive and negative impacts	How are you going to address issues identified?	Lead and Timeframe
users / is it accessible would it be a venue they would go to?		We will therefore take a more targeted approach to male outreach for engagement	that can result in discriminatory treatment being provided. Booked appointments at convenient times with access to patient medical records Older patients (60+) will have more access to core hours GP appointments with named GP to choose from		
Sexual Orientation Don't make assumptions and this protected characteristic may not be visibly obvious. Providing an environment that is welcoming for example visual aids, posters, leaflets. Using language that respects LGB&T people.	Specific data on sexual orientation relating to GP out of hours access services is not available. The census did not include information about sexual orientation and gender reassignment. Stonewall estimates lesbian, gay and bisexual (LGB) people make up 5-7% of the UK population. This equates to an LGB	As above	Negative Lack continuity with own GP Patient records available at this site Consent will be sought from patient before consultation to access record	GP practices and their staff participate in mandatory equalities training Patient will still have option of booking with their own GP practice for 48 hour appointment if prefer not to see	Fana Hussain

Equality Group	What evidence has been used for this assessment?	What engagement and consultation has been used	Identify positive and negative impacts	How are you going to address issues identified?	Lead and Timeframe
Staff training on how to ask LGB&T people to disclose their sexual orientation without fear or prejudice.	population in Brent of between15,561 and 21,785. These estimates are applying the UK averages to Brent and do not take into account variance; they should therefore not be interpreted as definitive figures.		(See Transgender section)	hub GP	
Carers Does your policy / function / service impact on carers? Ask them. Do you need to think about venue, timing? What support will you be offering?	Brent has a population of 311,200 (Government Census July 2011). There are 22,900 known carers within Brent, which is likely to underestimate the true numbers.	As above CCG will be engaging with carers directly for their views	Positive Increased availability of access and choice of appointment times (evening and weekends) Increased access to appointments at named GP during core hours Access to patient records ensures identified carers receive priority slots	Ensure parking at sites is DDA compliant	Fana Hussain

For all negative impacts, please provide a SMART action plan to identify how you will address these.

Please send to the Equality/Governance Lead for publication on website (this is a legal requirement).

Screening completed by (please include everyone's	Organisation	Date

name)		
Meena Mahil	NHS Brent CCG	25/10/2017
Michelle Johnson	NHS Brent CCG	24/11/2017