



Partners in improving local health



North of England  
Commissioning Support



**Equality Impact Assessment**

**Original report July 2016**

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## Introduction - Equality Impact Assessment

An Equality Impact Assessment (EIA) is a process of analysing a new or existing service, policy or process. The aim is to identify what is the (likely) effect of implementation for different groups within the community (including patients, public and staff).

We need to:

- ✓ Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
- ✓ Advance equality of opportunity between people who share a protected characteristic and those who do not
- ✓ Foster good relations between people who share a protected characteristic and those who do not

This is the law. In simple terms it means thinking about how some people might be excluded from what we are offering.

The way in which we organise things, or the assumptions we make, may mean that they cannot join in or if they do, it will not really work for them.

It's good practice to think of all reasons why people may be excluded, not just the ones covered by the law. Think about people who may be suffering from socio-economic deprivation or the challenges facing carers for example.

This will not only ensure legal compliance, but also help to ensure that services best support the healthcare needs of the local population.

Think of it as simply providing great customer service to everyone.

As a manager or someone who is involved in a service, policy, or process development, you are required to complete an Equality Impact Assessment using this toolkit.

<b>Policy</b>	A written statement of intent describing the broad approach or course of action the Trust is taking with a particular service or issue.
<b>Service</b>	A system or organisation that provides for a public need.
<b>Process</b>	Any of a group of related actions contributing to a larger action.



## **STEP 1 - EVIDENCE GATHERING**

<b>Name of person completing EIA:</b>	Andrew Carter
<b>Title of service/policy/process:</b>	Fens, Hartfields, Wynyard Road Procurement
<b>Existing:</b> <input type="checkbox"/>	<b>New/proposed:</b> <input type="checkbox"/>
<b>Changed:</b> <input checked="" type="checkbox"/>	
<b>What are the intended outcomes of this policy/service/process? Include outline of objectives and aims</b>	
<p>Fens Medical Centre, Hartfields Medical Practice and Wynyard Road Primary Care Centre are three of the 15 practices in the Hartlepool area and are based at the following sites;</p> <ul style="list-style-type: none"> <li>• Fens Medical Centre, 434 Catcote Road, Fens Estate, Hartlepool, TS25 2LS</li> <li>• Hartfields Medical Practice, Hartfields Extra Care Village, Hartfields Manor, Hartlepool, TS26 0US.</li> <li>• Wynyard Road Primary Care Centre, Wynyard Road, Hartlepool, TS25 3DQ</li> </ul> <p>Each practice has a contract which delivers essential, additional and enhanced services to a registered list of patients under an Alternative Provider Medical Services (APMS) contract. These contracts have been extended several times at various points. They are now due to end on 31 March 2017.</p> <p>In-line with NHS England policy entitled 'Managing the end of time-limited contracts for primary medical services', each contract for Fens, Hartfields and Wynyard Road practices has been reviewed, in order to determine:</p> <ul style="list-style-type: none"> <li>• Quality of the existing service;</li> <li>• The need for each service in Hartlepool.</li> </ul> <p>In 2014, an extensive engagement exercise was undertaken with stakeholders and a survey was sent to heads of households at the address of where each patient from the three practices was registered. A considerable amount of feedback was received both from stakeholders and from patients in support of their local practices although some did highlight areas of the services where improvements could be made.</p> <p>On the basis of this feedback:</p>	

- the contract for Hartfields Medical Practice was extended until 31 March 2016;
- the contracts for Fens Medical Centre and Wynyard Road Primary Care Centre were extended to enable a more extensive engagement exercise to take place on the future primary care needs of patients registered at both practices.

Since then, NHS England has been out to the market for the provision of services for Hartfields Medical Practice. The service was offered to the market either as a new 5 year APMS contract or as a branch of an existing GMS/PMS contract. This exercise was unsuccessful. There were no bids from existing GMS/PMS contractors and only one APMS contractor. Therefore it was agreed that the current contract would be extended until 31 March 2017 to align with Fens Medical Centre and Wynyard Road Primary Care Centre contracts. This is because an increased patient population might be a more attractive procurement opportunity.

On 01 April 2016, NHS Hartlepool and Stockton on Tees Clinical Commissioning Group (the CCG) assumed responsibility for the commissioning of primary medical care services and is working closely with NHS England to determine the future of the three practices. The options 25 of 154

now available to NHS England and the CCG are:

1. Re-procuring and letting a new contract for each service on a like-for-like basis for each practice
2. Re-procuring a similar service but operated under a different service model (e.g. one contract with two or three sites)
3. Ending the contracts and supporting patients to register with other nearby practices.

This last option is unlikely because

- The practices serve a combined patient list of 7,168 patients with a high degree of health need: from an overall perspective, the health of people in Hartlepool is generally poorer than the England average. There have been changes in the registered list sizes since the initial desktop reviews were carried out which may indicate a growing level of demand.
- Planned housing development may lead to the need for additional general practice capacity in these areas in the future. There are a number of planning applications which have been approved or are pending which may result in an additional 208 houses being built south of Elwick Road, 1501 houses being built in the Rural West ward area, 1230 houses in Fens and Rossmere ward, 297 houses in Hart ward and 264 houses in Seaton ward. In addition there is limited public transport to the area where Hartfields Medical Practice is based.

Can the current practices expand?

Potential to expand has been looked at – this involves assessing whether each of the current buildings for the practices have the space and are able to see a larger number of patients

o The Fens Medical Practice is not able to expand on the existing site

o Hartfields is not able to expand on the existing site

o Wynyard Road is able to expand its service on the existing site, but has poor parking availability and there is limited public transport in the area.

About each service

### **Fens Medical Centre**

The Fens Medical Centre is 0.39 miles away from Wynyard Road Primary Care Centre.

It delivers essential, additional and enhanced services to a registered list of 2,729 patients as at 1 April 2016 under an Alternative Provider Medical Services (APMS) contract.

The contract was originally commissioned under the Equitable Access to Primary Medical Care Scheme (EAPMC), and the contract was awarded to Gatehouse Limited. The contract commenced on 1 May 2008 for a period of five years. The contract was due to expire on 30 April 2013 and was reviewed in 2012 to determine future commissioning intentions in the area. Since 2012, the contract has been extended several times.

Fens and Rossmere ward (where Fens is situated) has some social and health statistics which are better than the Hartlepool average.

There are also housing developments in the local area of the Fens practice which have either already been approved or are pending.

### **Hartfields Medical Practice**

Hartfields Medical Practice is located in Hartlepool and delivers essential, additional and enhanced services to a registered list of 2,417 patients (as at 01 April 2016) under an Alternative Provider Medical Services (APMS) contract.

Hartfields Medical Practice is one of a choice of nine practices within a 1.5 mile radius.

“The contract was originally commissioned under the EAPMC scheme and the contract was awarded to IntraHealth Limited. In 2015/16 NHSE undertook an

unsuccessful procurement process to secure a new contract for this practice.

In 2015/16 NHSE undertook an unsuccessful procurement process to secure a new contract for this practice.

Fens Medical Practice and Wynyard Road Medical Practice are within 3.29 and 2.92 miles of Hartfields respectively.

**Wynyard Road Primary Care Centre (PCC)**

The Wynyard Road Primary Care Centre (PCC) is a GP practice in Hartlepool that delivers essential, additional and enhanced services to a registered list of 2,022 patients as at 01 April 2016 under an Alternative Provider Medical Services (APMS) contract.

The contract was originally commissioned under the Equitable Access to Primary Medical Care Scheme (EAPMC), and the contract was awarded to IntraHealth Limited. The contract commenced on 01 May 2008 for a period of five years. The contract was due to expire on 30 April 2013 and was reviewed in 2012 to determine future commissioning intentions in the area. Since 2012, the contract has been extended several times.

Manor House ward, where Wynyard Road is situated, is amongst the 5% of the most deprived wards nationally.

**Who will be affected by this policy/service /process? (please tick)**

- Consultants**       **Nurses**       **Doctors**
- Staff members**       **Patients**       **Public**
- Other**

**What is your source of feedback/existing evidence? (please tick)**

- National Reports**       **Internal Audits**
- Patient Surveys**       **Staff Surveys**       **Complaints/Incidents**
- Focus Groups**       **Stakeholder groups**       **Previous EIAs**
- Other**

**If other please state:**

Public Surveys, service data and local data.

<b>Evidence</b>	<b>What does it tell me? (about the existing service/policy/process? Is there anything suggest there may be challenges when designing something new?)</b>
<b>National Reports</b>	<p>NHS England 5 Year Forward View</p> <p>NHS England General Practice Forward View</p>
<b>Patient Surveys</b>	<p>There are two stages to involving people in this process about how the model is developed and decided upon.</p> <p>Phase 1 – pre-engagement (developing the model) and the subject of this report – is a targeted piece of engagement to check that the views on the service and what could be improved are still current. Questions were included in this stage about patient preferences for location and opening times and how important they consider continuity to be.</p> <p>It was intended for this phase to provide reassurance to patients that GP services will continue, and to capture their views and answer any questions or concerns. The approach was sense-checked with Overview and Scrutiny members, Healthwatch Hartlepool and local councillors and the Primary Care Committee and through individual discussions with these stakeholders.</p> <p>Phase 2 will be a formal consultation on the model developed as a result of phase 1.</p> <p><b><u>Feedback from Patient Engagement in 2014</u></b></p> <p><b>Engagement of patients of Fens Medical Centre in 2014</b></p> <p>Strong views were raised by stakeholders and patients regarding any potential loss of the Fens Medical Centre.</p> <p>The views of 655 patients registered at the practice were represented in the survey to heads of households (23.5% of the number of patients on the registered list at the time).</p> <p>Positive comments: Many positive comments (429) in response to accessibility of The Fens Medial practice</p>



outnumbered negative comments (83) by five. Accessibility was one of the main reasons given when patients were asked what they value most about The Fens Medical Practice and why some patients moved to this practice. Quite a few things were listed that people felt made The Fens accessible, including: convenience/ closeness to home/ walkable distance; same day appointments/good appointments system; plenty of free car parking; extended opening hours and Saturday opening; friendly staff; and the practice is close to other conveniences such as the pharmacy and local shops. A number of respondents questioned the description of the practice in the consultation letter as not visible/accessible as they felt this location was very good, being near the shops/pharmacy and all being laid out on one floor.

Accessibility: patients thought that accessibility could be improved with: extended opening hours; making it easier to get a GP appointment and making sure appointments ran on time. A few people also suggested that a faster turnaround and more flexibility with access to appointments and the repeat prescriptions service would be valued.

Accessibility was very much an important consideration for choosing an alternative practice.

Leave it as it is: there were 361 comments saying how much the Fens service is valued and should be 'left as it is'. They stated that they could think of nothing that would improve the service offered by The Fens Medical Practice or expressed the wish to stay registered with this GP practice. Many asked for the practice to remain open due to it being close to where they live and many also complimented the service, using words such as 'excellent' and 'brilliant' to describe it.

Patient experience: over half of people responding (238) offered positive comments about patient experience. In comparison, only a handful (23) of negative comments were put forward. The most common words used to

describe the practice were 'friendly', 'helpful', 'professional' and 'pleasant'. Words such as 'clean and tidy', 'helpful', 'understanding', and 'dedicated' were used to describe the workforce and the patient experience in general. People also felt that its smaller size meant that patients were known, were offered continuity of care and treated as individuals. Nearly half of the people suggesting improvements to patient experience suggested that larger premises would help.

Quality of care: There was considerable praise for the quality of current service. Approximately one third of all people responding (146) were satisfied with only a handful of concerns raised (5). The words 'individual', 'dignity', 'respect', 'caring', 'compassionate', 'extra mile' and 'friendliness' were used. Many felt confident with the ability of practice staff to prioritise urgent cases and the skill of the doctors in diagnosing conditions. Some people who had had a serious health condition themselves or had a relative with a serious health condition shared their personal stories about what had made them feel so well cared for.

Continuity of care: people praising the continuity of care were in the minority (13) with almost 9 times more comments (97) focusing on the need to improve this, with some specifically mentioning the need to have a female doctor available and the need to cut down on use of locums.

Additional services: only a very small number of people (9) stated that they had moved to The Fens Medical Practice due to the specific services that were offered. These are listed below. One person required a Type 2 Diabetes clinic and would have liked this to be encompassed with their new practice.

### **Engagement of patients of Hartfields Medical Practice in 2014**

Previous engagement (2014) showed patients and stakeholders of Hartfields Medical Practice valued the

services and were strongly supportive of keeping the practice as it is.

The views of 1021 people were represented in the survey to households (47% of the number of patients on the registered list at the time of the survey).

Leave the surgery as it is: respondents (719) could think of nothing that would improve the service offered by Hartfields or expressed the wish to stay registered with this GP practice. Many asked for the practice to remain open due to it being close to where they live, to delay the decline of the area and their perception of the quality and accessibility of alternative practices.

Accessibility: the ease of access of locality and to appointments was the main reasons given by patients (535) when asked why they moved to Hartfields and what they now value most about it. Although 71% accessed the surgery by car and valued the free, ample parking, the elderly and disabled population valued the benefit of locality and access and perceived that they would feel the impact of change more, especially those living in the attached retirement village.

Quite a few things were listed that people felt made Hartfields accessible, including: ample/free parking; close to home/not needing to rely on public transport; same day appointments/good appointments (and online) system; disabled access; and the practice being linked to the retirement village. Patients thought that accessibility could be improved with: extended opening hours; making it easier to get a GP appointment; parking and making sure appointments ran on time. Some of these improvements had only recently become a problem and some thought that they were easily rectified where some refuted the fact that parking is a problem. A few people also suggested that a faster turnaround of results and more flexibility the repeat prescriptions service would be of benefit.

Patient experience: words such as 'personal touch',

'helpful', 'willing', 'listen', 'irreplaceable', 'friendly', and 'clean' were used (376 patients) to describe the workforce and the patient experience in general. A few patients identified improvements to workforce empathy and training needs which are covered in quality of care. Some also identified improvements that could be made around the layout of reception in relation to privacy.

Quality of care: Hartfields Medical Practice was praised by patients (322) for the quality of current service including thoroughness of examination and diagnosis (including 32 of 154 registration health check), treatment of long term conditions and the expertise of the doctors. 41 people stated they had moved to Hartfields based on its local reputation and words such as 'excellent', 'award winning', and 'reputation worthy' and 'professional' were used to positively describe it. Seven people were not in agreement and encouraged improvements in prescription and test result processes.

Continuity of care: about two thirds of comments on continuity care appreciated seeing their own doctor for each visit, whilst the remainder thought that this was an area for improvement. Patients wanted to see more permanent doctors with less reliance of locums. There were positive comments but nearly half of the patients responding (195) wanted assurance that their care plan would continue with any new practice.

Additional services: additional services at the practice were commented on positively about additional services offered. There were 107 comments by people saying they had moved to Hartfields due to the different services that were offered. Below are some examples of the current services offered that are valued. All of the improvements suggested related to how a local pharmacy would improve their experience of Hartfields.

Engagement of patients of Wynyard Road Primary Care Centre in 2014

Previous engagement showed that there were no concerns that were specifically raised regarding the future of Wynyard Road practice, however the number of responses was much lower. People were supportive of keeping the current practice

The views of 247 people were represented in the survey to households (13% of the number of patients on the registered list at the time of the survey, a very low response rate).

Accessibility: accessibility was a main reason given (by 112 patients) for the value attributed to the service provided by Intrahealth Wynyard Road Primary Care Centre.

A few things were listed that people felt made Wynyard Road accessible. The most popular reason was the ease of getting an appointment. A few people mentioned how friendly and helpful the staff are when making appointments. A few also mentioned that appointments tend to be on time. Many people also liked the convenience of it being close to where they live and some mentioned the usefulness of the pharmacy being close-by.

The small number of people that suggested improvements mostly mentioned that access to appointments and the timeliness of appointments could improve.

Accessibility was very much an important consideration for choosing an alternative practice and is covered later in the report.

Leave the surgery as it is: many patients (120) said how much the Wynyard Road service is valued and should be 'left as it is'.

They could think of nothing that would improve the service offered by Wynyard Road or expressed the wish to stay registered with this GP practice. A few people expressed concern that politicians and NHS managers should be wishing to close the practice down. 33 of 154

Patient experience: over a third of people responding (90) offered positive comments about patient experience. The majority of comments referred to the workforce and words such as 'friendly', 'helpful' and 'listened' were used most. People also valued the responsiveness of the GP practice when help is needed. In comparison, there were only a handful of negative comments (6) some of which related to workforce attitude.

Quality of care: approximately one quarter (63) of the comments praised the quality of care and only a small number of concerns about quality were fed back (9). The small number of negative comments mostly related to diagnosis or staff attitude. All of the staff were complimented within the positive comments and the words 'caring', 'helpful', 'listen', 'professional' and 'friendly' were used.

Continuity of care: there were a small number (37) patients who wanted to see continuity of care improved, with a number (5) of positive comments. Most people felt that more GPs were needed at the practice. A few comments related to the need for a female doctor and being able to see the same doctor. A handful of people (5) praised the continuity of care received from the staff and doctors.

Additional services: these were commented on by half a dozen people (6) with only 2 negative comments.

### **How this information has been used**

As a result of the views expressed by patients of the practices and local stakeholders about these primary care services:

- Information about the quality of care and any specific issues were fed back directly to the practices.
- Fens Medical Centre and Wynyard Road Primary Care Centre contracts were extended temporarily while a provider for the Hartfields Medical Practice was sought.

	<ul style="list-style-type: none"> <li>• NHS England then went to the market to try and procure a standalone service for the Hartfields Medical Practice. This has been unsuccessful.</li> </ul>
<b>Staff Surveys</b>	Included in patient surveys
<b>Complaints and Incidents</b>	Not Applicable
<b>Results of consultations with different stakeholder groups – staff/local community groups</b>	<p>Patient information sessions were held in each practice area as follows:</p> <p>Session 1: Wednesday 22 June 2016 attended by 4 patients and 2 councillors. 5.30pm – 6.30pm Throston Youth Project (Formerly Boys Welfare Centre), Wiltshire Way, Hartlepool, TS26 0TB</p> <p>Session 2: Monday 27 June 2016 attended by 6 patients and 2 councillors. 10.00am – 11.00am Rossmere Youth Centre, Rossmere Way, Hartlepool, TS25 5EB</p> <p>Session 3: Thursday 30 June 2016 attended by 6 patients. 6.00pm – 7.00pm Owton Manor Community Centre, Wynyard Road, Hartlepool, TS25 3LQ</p> <p>Key feedback was concern that:</p> <ul style="list-style-type: none"> <li>• the local residents' associations wanted to be more involved in this engagement exercise;</li> <li>• people were concerned about older people, those with long-term conditions being engaged in the process;</li> <li>• there were points raised about people being able to complete a survey and some comments about how attendees thought that the letter and questions were confusing;</li> <li>• the local Patient Participation Groups as would have liked to be involved as a group in this engagement exercise;</li> <li>• there was concern about the impact of closure on accessing appointments in other practices; and</li> </ul>

	<ul style="list-style-type: none"> <li>• the development of local housing in the area and how this would affect accessibility of appointments and services..</li> </ul>
<b>Focus Groups</b>	<p><b>Feedback from the focus group</b></p> <p>A focus group was organised and facilitated by Groundwork North East and Cumbria and took place on the morning of 30 June 2016. People were asked if they were interested in participating in the focus group via the patient letter and information sent to each patient over 16 in each practice, a poster was provided with contact details on for the practice to put up and Groundwork North East also provided each practice with a poster to advertise the focus group.</p> <p>Three people attended.</p> <p>Key points from the feedback were the support for continuing with Hartfields and the concern patients have about the whole process.</p> <p><b>Feedback from Healthwatch Hartlepool on behalf of a practice patient participation group</b></p> <p>A draft report has been submitted by the chair of the Hartfields Patient Participation Group (PPG), written by Healthwatch Hartlepool in respect of the ongoing engagement with patients of the practice. Healthwatch and the PPG asked patients for their views. This is following concerns that were raised by the Patient Participation Group in relation to communication was received by patients from NHS England in November 2015.</p> <p>They spoke to 43 patients about the letter from NHS England and commissioning timetable, and asked people to complete a survey. This engagement took place over a two-day period in December 2015.</p> <p>The report concludes that</p>



	<p>“ 4.1 Communications from NHS England to patients of the Hartfields Medical Practice regarding the process could have been clearer. A significant group of patients commented that they were either unaware that the recommissioning process was taking place or that after reading the patient letter from NHS England they were still unclear about the process and the potential implications for patients.</p> <p>“4.2 There is still real concern amongst some patients (and particularly those who live in Hartfields Retirement Village) that the Centre will either close or relocate as a result of the current procurement exercise.</p> <p>“4.3 Overall, patients are extremely happy with the quality of service they receive from Hartfields Medical Practice although significant concerns were raised about the lack of a permanent G.P and the subsequent use of locum doctors. Also, problems were highlighted around accessing same day appointments. It should however be noted that all feedback regarding consultations with locum GP's was very complimentary.</p> <p>“4.4 The staff team at Hartfields Medical Practice is clearly held in very high regard by patients, as evidenced by frequent positive comments. Patients clearly do not want to lose current nursing and reception staff teams as a result of the procurement exercise.”</p>
<p><b>Other evidence (please describe)</b></p>	<p><b>Travelling distances</b></p> <p><b>2.3.1</b> The distances between the three practices and travelling times are detailed below in <b>tables 1 and 2.</b></p> <p>The distance between Fens Medical Practice and Wynyard Road Primary Care Centre is 0.5 miles and approximately 2 minutes travel by car. Between Fens Medical Centre and Hartfields Medical Practice the distance is 4.3 miles and approximately 13 minutes by car.</p>

The distance between Wynyard Road Primary Care Centre and Hartfields is 3.9 miles by car and approximately 12 minutes travel by car.

**Table 1 -Travelling distance (miles)**

	Fens		Wynyard Road		Hartfields	
	<i>Car</i>	<i>Walking</i>	<i>Car</i>	<i>Walking</i>	<i>Car</i>	<i>walking</i>
<b>Fens Medical Centre</b>	0	0	0.5	0.5	4.3	4.2
<b>Wynyard Road PCC</b>	0.5	0.5	0	0	3.9	3.8
<b>Hartfields Medical Practice</b>	4.3	4.2	3.9	3.8	0	0

**Table 2- Travelling time (hours)**

	Fens		Wynyard Road		Hartfields	
	<i>Car</i>	<i>Walking</i>	<i>car</i>	<i>Walking</i>	<i>Car</i>	<i>walking</i>
<b>Fens Medical Centre</b>	0	0	00:02	00:10	00:13	01:21
<b>Wynyard Road PCC</b>	00:02	00:10	0	0	00:12	01:14
<b>Hartfields Medical Practice</b>	00:13	01:21	00:12	01:14	0	0



## STEP 2 - IMPACT ASSESSMENT

**What impact will the new policy/system/process have on the following:  
(Please refer to the 'EIA Impact Questions to Ask' document for reference)**

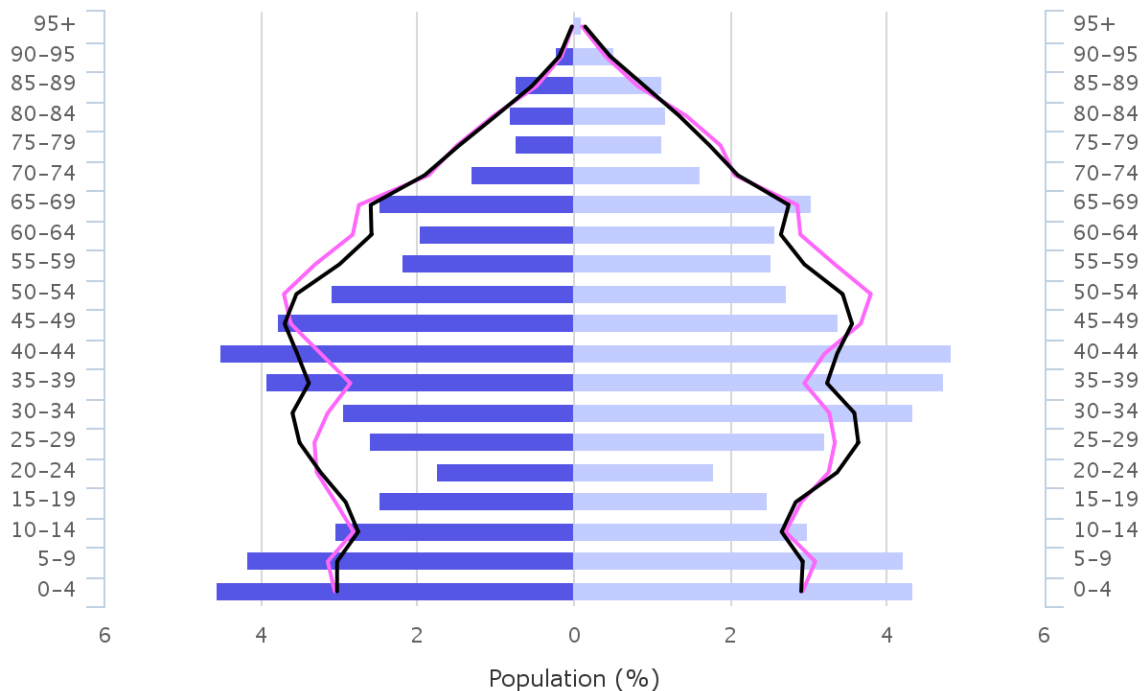
**Age** A person belonging to a particular age

The GP Services provided at Fens Wynyard Road and Hartfields are provided to all regardless of their age, based on clinical need. The service is currently open to all people regardless of age.

The service does not make assumptions against people because of their age, and information that is provided gives positive messages to all age groups, it is available in a variety of formats to reach different ages such as written, verbal and online information.

### Service & Local data

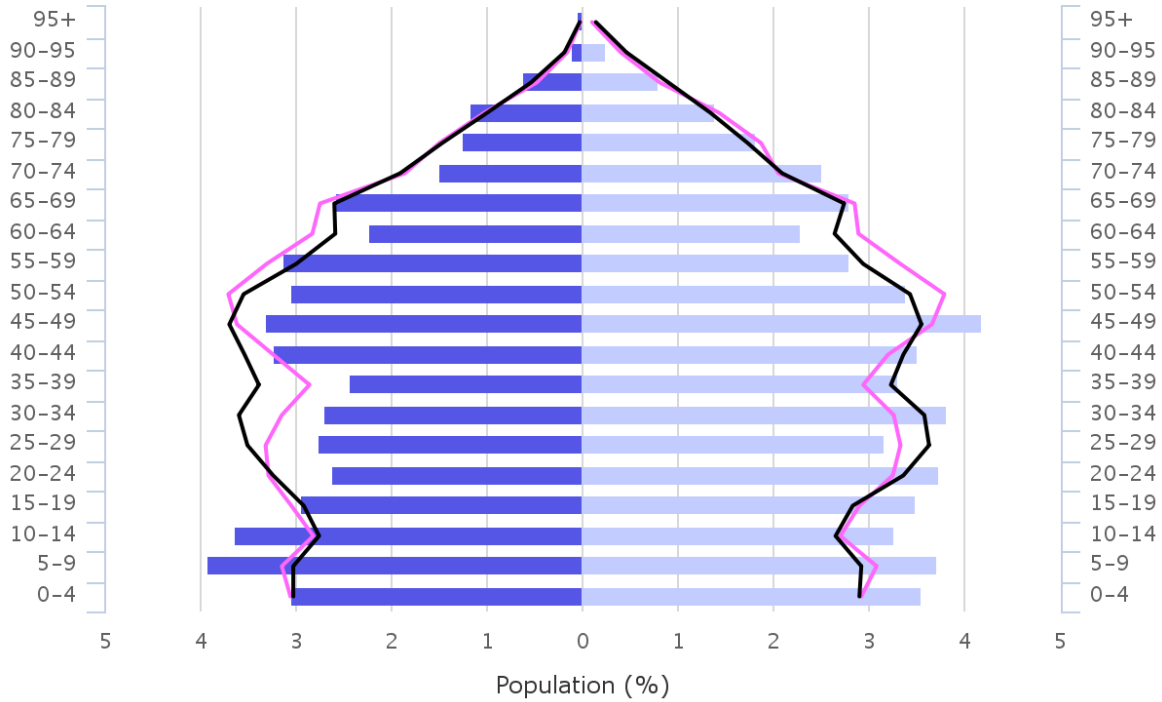
**Age Distribution 2015 for NHS Hartlepool And Stockton-On-Tees CCG (Y02501 - Hartfields Medical Practice)**



The data in Table 1 shows that the highest % of population is between 30 and 44.

*Table 1 Public Health England*

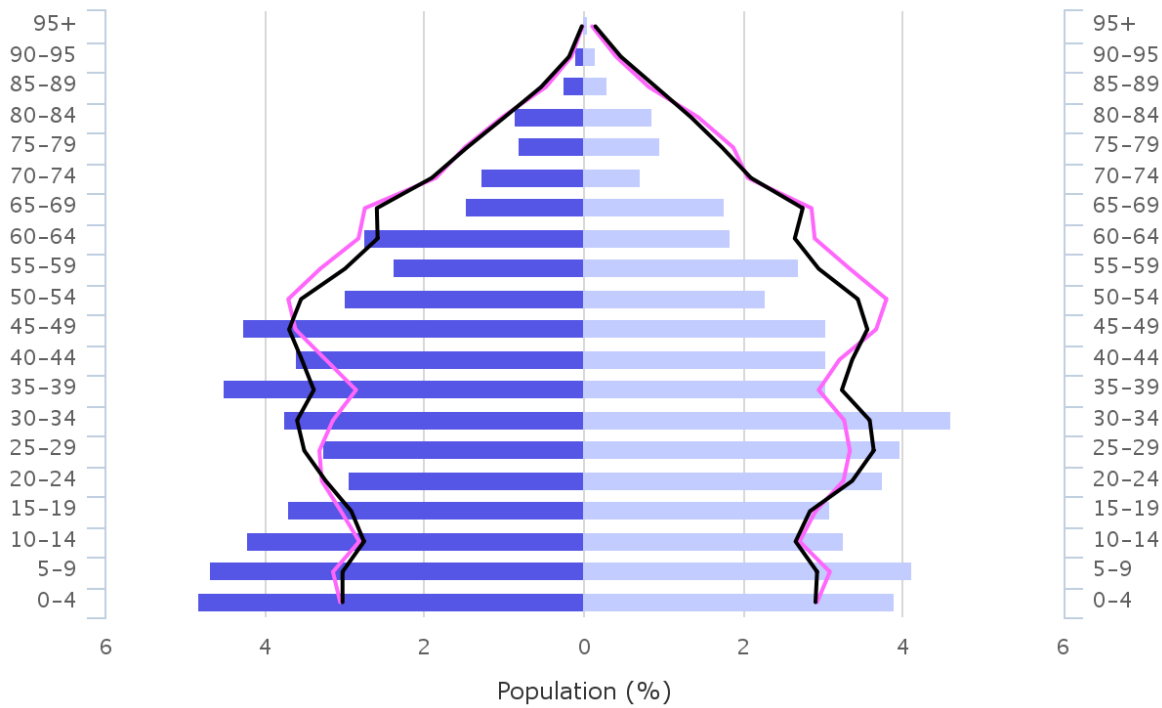
**Age Distribution 2015 for NHS Hartlepool And Stockton-On-Tees CCG (Y02597 - The Fens Medical Centre)**



The data in Table 2 shows that the highest % of population is between 5 and 19

*Table 2 Public Health England*

**Age Distribution 2015 for NHS Hartlepool And Stockton-On-Tees CCG (A81070 - Wynyard Road Primary Care Centre)**



*Table 3 Public Health England*

## **Staff**

Due to their size GP Practices are not required to collect and publish data in relation to age.

All staff within GP Practices are required to undertake Mandatory Equality and Diversity Training which covers this protected group and ensures staff are fully aware of the impacts and difficulties facing younger and older people both when accessing services and within the workplace.

## **Engagement**

From the surveys undertaken:

### **Question 13: Please state your age**

More responses were received in the 65-75 age groups in the Fens and Hartfields practices. In Wynyard Road responses, the highest number of responses is in the 55 – 64 age group.

#### **Fens**

The highest number of responses were from the 65-74 year old age group for this practice (154 – 13.90%). There were 10 (0.90%) responses from people aged under 18 years old (0.90%). There were 28 (2.53%) responses from people in the 18-24 year old age group. A further 86 (7.76%) responded from those aged between 25 and 34. For the age groups between 35 and 64 there were between 9.12% and 10.38% of the total number of responses for each group from people registered with this practice.

Age Group	Response Count	%
Under 18	10	0.90
18-24	28	2.53
25-34	86	7.76
35-44	101	9.12
45-54	107	9.66
55-64	115	10.38
65-74	154	13.90
75-84	99	8.94
85 and over	26	2.35
answered question	726	65.52
skipped question	382	34.48

#### **Hartfields**

The highest number of responses was from people aged 65 – 74 years of age (110 – 12.09%). There were just 4 (0.44%) responses from those under 18 and 27 (2.97%)

aged between 18 and 14 at the time of the survey. Between the ages of 25 and 64, there were between almost 9% and just under 11% responses for each age group. There were 112 (12.31%) responses from people aged over 75.

Age Group	Response Count	%
Under 18	4	0.44
18-24	27	2.97
25-34	81	8.9
35-44	101	11.1
45-54	96	10.55
55-64	99	10.88
65-74	110	12.09
75-84	79	8.68
85 and over	33	3.63
answered question	630	56.86
skipped question	280	48.44

#### Wynyard Road

The highest number of responses was from people aged between 55 and 64 (75 – 12.98%). There were 10 (0.90%) responses from people aged under 18 and 47 (8.13%) responses from people aged 18 to 24 years old. For the age groups between 25 and 74, there were responses from approximately 12% of the total responses from the practice in each group. There were 60 (10.38%) responses from people aged 75 and over.

Age Group	Response Count	%
Under 18	2	0.35
18-24	47	8.13
25-34	74	12.80
35-44	74	12.80
45-54	70	12.11
55-64	75	12.98
65-74	67	11.59
75-84	52	9.00
85 and over	8	1.38
answered question	469	81.14
skipped question	109	18.86

## **Impact**

The services are currently open to people of all ages, and regardless of which option is chosen, this will still be the case, although due to the nature of the service, there is a specific age group which make up the majority of service users.

We do not believe that there will be anything from any age category that would discourage a service user from this protected group.

**Disability** A person who has a physical or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities

The CCG and NHS England are fully aware that not all disabilities are visible, and that any communications with the public around GP services at Fens, Wynyard Road and Hartfields need to be available in various formats taking into consideration the communication needs of people with various disabilities, ensuring information is easy to read and understand.

### Service and Local Data

Currently, it is not a mandatory requirement that services collect data around who is using the service in relation to disability, therefore local data has been used to assess the impact of the proposed changes in relation to this protected group.

Table 3 has been taken from the 2011 Census and shows that there are more people who believe that their day-to-day activities are limited a lot in Hartlepool.

There is a fairly significant number (23%) of people who consider themselves as to having their day to day activities limited by some degree, and this needs to be taken into consideration for all of the 3 proposed options to prevent this group from being negatively affected by the changes.

*Table 4 (Census 2011)*

Variable	Hartlepool	%
<b>Day-to-Day Activities Limited a Lot</b>	11,137	12%
<b>Day-to-Day Activities Limited a Little</b>	10,178	11%
<b>Day-to-Day Activities Not Limited</b>	70,713	77%
<b>Whole population</b>	92,028	100%

## Staff

It is not possible to publish data in relation to Disability around the staff currently employed by the GP services

The Equality and Diversity Mandatory training provides training around disability, ensuring staff treat people with a physical or mental health condition, learning disability or sensory impairment with respect and dignity.

If data was available in relation disability around those using the services, this would further the analysis on the impact of this protected group. We have therefore reflected our recommendations below and within the action plan.

## Engagement

### **Question 17: Do you consider yourself to have a long-standing illness or disability?**

All practices show that 30% or more of patients have a long-standing illness or disability.

### **Fens**

<b>Do you consider yourself to have a long-standing illness or disability?</b>		
<b>Answer Options</b>	<b>Response Count</b>	<b>%</b>
Yes	334	30.14
No	706	63.72
<i>answered question</i>	1040	93.86
<i>skipped question</i>	68	6.14

### **Hartfields**

<b>Do you consider yourself to have a long-standing illness or disability?</b>		
<b>Answer Options</b>	<b>Response Count</b>	<b>%</b>
Yes	285	31.32
No	583	64.07
<i>answered question</i>	<b>868</b>	95.38
<i>skipped question</i>	<b>42</b>	4.62

### **Wynyard Road**

<b>Do you consider yourself to have a long-standing illness or disability?</b>		
<b>Answer Options</b>	<b>Response Count</b>	<b>%</b>
Yes	180	31.14
No	374	64.71
<i>answered question</i>	554	95.85
<i>skipped question</i>	24	4.15



## Impact

To be reviewed

**Gender reassignment (including transgender)** Medical term for what transgender people often call gender-confirmation surgery; surgery to bring the primary and secondary sex characteristics of a transgender person's body into alignment with his or her internal self perception.

A transgender person is someone who proposes to, starts or has completed a process to change his or her gender. Currently, data in this area is not routinely collected either at a service level and national data is limited.

## Staff

The Equality and Diversity Mandatory training undertaken by all staff ensures that they are fully aware of the potential negative impacts this group may experience both within the workforce and for patients when accessing services.

At present GP Practices are not able to report on this equality strand as these details are not captured on the standard documents / application forms that are used to gather personal details.

## Engagement

### **Question 21: Have you undergone gender reassignment?**

#### **Fens**

There was 1 respondent who stated they had undergone gender reassignment, 6 who stated they preferred not to say.

#### **Hartfields**

There were no responses submitted from anyone stating yes to gender reassignment. There were 11 responses from people who preferred not to say.

#### **Wynyard Road**

There was one response from a respondent who stated they had undergone gender reassignment. There were 5 responses from people who preferred not to say.

## Impact

From the available evidence, we have not identified any negative impact for this group. However, within the next Census we understand that this data will be collected and would advise the trust to ensure that when available this is taken into consideration when changes are made to any services. We would also recommend working towards collecting this at a service usage level, however understand that this is one of the objectives identified as part of the EDS2. **Conclusion:** No negative impact identified.

**Marriage and civil partnership** Marriage is defined as a union of a man and a woman (or, in some jurisdictions, two people of the same sex) as partners in a relationship. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must be treated the same as married couples on a wide range of legal matters

Although the services do collect data in this area at a service level, it is not a mandatory field and therefore sparsely populated. The Census data in Table 5 shows the population breakdown. The majority of people are living in a couple or married.

Table 5 (Census 2011)

Variable	Hartlepool	%
All Usual Residents Aged 16 and Over in Households	73,296	100%
Living in a Couple; Married	32,264	44%
Living in a Couple; Cohabiting	8,924	12%
Living in a Couple; In a Registered Same-Sex Civil Partnership or Cohabiting (Same-Sex)	427	1%
Not Living in a Couple; Single (Never Married or Never Registered a Same-Sex Civil Partnership)	18,753	26%
Not Living in a Couple; Married or in a Registered Same-Sex Civil Partnership	599	1%
Not Living in a Couple; Separated (but Still ... or Still Legally in a Same-Sex Civil Partnership)	1,494	2%
Not Living in a Couple; Divorced or Formerly ... Civil Partnership which is Now Legally Dissolved	5,428	7%
Not Living in a Couple; Widowed or Surviving Partner from a Same-Sex Civil Partnership	5,407	7%

### **Staff**

The Equality and Diversity Mandatory training provided to all staff ensures that they are aware of civil partnerships rights and competent in applying them. It ensures that staff are aware that patients and also the workforce should not be treated any differently because of their status.

## Engagement

### Question 14: What is your marital status?

Over half the patients responding to Fens and Hartfields practices were married, in Wynyard Road, there is a higher proportion of single patients. In both Fens and Hartfields there are over 10% of patients responding who are widowed.

#### Fens

Answer Options	Response Count	%
Married	610	55.05
Single	149	13.45
Divorced	83	7.49
Widowed	135	12.18
Separated	17	1.53
Civil Partnership	24	2.17
Other: living with someone (one person getting divorced)	31	2.80
<b>answered question</b>	<b>1049</b>	<b>94.68</b>
<b>skipped question</b>	<b>59</b>	<b>5.32</b>

#### Hartfields

Answer Options	Response Count	%
Married	510	56.04
Single	136	14.95
Divorced	59	6.48
Widowed	123	13.52
Separated	7	0.77
Civil Partnership	20	2.20
Other : living with someone	17	1.87
<b>answered question</b>	<b>872</b>	<b>95.82</b>
<b>skipped question</b>	<b>38</b>	<b>4.18</b>

#### Wynyard Road

Answer Options	Response Count	%
Married	261	45.16
Single	142	24.57
Divorced	55	9.52
Widowed	42	7.27
Separated	22	3.81
Civil Partnership	30	5.19
Other - living with someone	6	1.04
<b>answered question</b>	<b>558</b>	<b>96.54</b>
<b>skipped question</b>	<b>20</b>	<b>3.46</b>

## **Impact –**

Although it is likely that the majority of service users will have this characteristic, we believe that they are likely to see a positive impact and improvement when using services. **Conclusion:** No negative impact.

**Pregnancy and maternity** Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context.

### **The child population in this area**

	<b>Local</b>	<b>North East</b>	<b>England</b>
<b>Live births in 2013</b>	1,021	28,961	664,517
<b>Children (age 0 to 4 years), 2013</b>	5,800 (6.2%)	151,800 (5.8%)	3,414,100 (6.3%)
<b>Children (age 0 to 19 years), 2013</b>	22,600 (24.4%)	594,200 (22.8%)	12,833,200 (23.8%)
<b>Children (age 0 to 19 years) in 2020 (projected)</b>	22,500 (23.9%)	595,100 (22.3%)	13,325,100 (23.6%)

**Table 6 Public Health England: Child Health Profile**

## **Staff**

The mandatory Equality and Diversity training covers this protected group and ensures that staff are fully aware of the needs of this protected group. Staff have been engaged throughout the consultation period and there are currently no members of staff on maternity leave on the unit.

## **Engagement**

### **Question 20: Are you pregnant or do you have a child under two years old?**

By far the largest percentage of patients responding to the survey who were pregnant at the time or have a child under two years old was in the Wynyrd Road practice, with 14%. In Fens and Hartfields, only between around 4% and 7% fall in this category.

### Fens

Are you pregnant or do you have a child under two years old?		
Answer Options	Response Count	%
Yes	52	4.69
No	960	86.64
Prefer not to say	10	0.90
<i>answered question</i>	1022	92.24
<i>skipped question</i>	86	7.76

### Hartfields

Are you pregnant or do you have a child under two years old?		
Answer Options	Response Count	%
Yes	65	7.14
No	785	86.26
Prefer not to say	7	0.77
<i>answered question</i>	857	94.18
<i>skipped question</i>	53	5.82

### Wynyard Road

Are you pregnant or do you have a child under two years old?		
Answer Options	Response Count	%
Yes	81	14.01
No	458	79.24
Prefer not to say	5	0.87
<i>answered question</i>	544	94.12
<i>skipped question</i>	34	5.88

### Impact

**Conclusion:** No negative impact

**Race** It refers to a group of people defined by their race, colour, and nationality, ethnic or national origins, including travelling communities.

The practices are aware of the diverse population of which it services and strives to ensure that people from minority ethnic backgrounds are not negatively impacted when accessing services. The services are currently available to all and mechanisms are in place for this protected group to ensure that people are respected regardless of their ethnicity/race.

## Local

The local area has a diverse population, the trust fully understand the need to ensure services are accessible, taking into account cultural issues. The current ARU is accessible to the population regardless of their ethnic background. Information is available in different languages for all service users at their request.

In Hartlepool, there is a total make up of 97.7% people who state they are of a white ethnicity. 2.3% of the population are from a Black/ Minority Ethnic background (BME). We recognise that these communities may speak different languages and Interpreters can be requested for appointments when and where appropriate

Table 7 (Census 2011)

Ethnicity	Hartlepool	%
All Usual Residents	92,028	100.00%
White	89,899	97.7%
Mixed/ Multiple ethnic groups	550	0.6%
Asian/Asian British	1304	1.4%
Black/African/Caribbean/Black British	170	0.2%
Other Ethnic Group	105	0.1%

## **Staff**

Staff receive mandatory Equality and Diversity Training which includes information about this protected group, ensuring that staff are fully aware of any negative impacts that they may face both in the workplace and when accessing services.

## Engagement

**Question 15 (Ethnicity): please state which ethnic group you consider yourself to be**

Most people (over 75%) responded they are "White British" "White" or "English".

### Fens

Declared ethnicity	Response Count	%
British	159	14.35
English	109	9.84
Polish	2	0.18
Scottish	1	0.09
White	211	19.04
White British	524	47.29
<b>answered question</b>	<b>1006</b>	<b>90.79</b>
<b>skipped question</b>	<b>102</b>	<b>9.21</b>

### Harfields

Declared ethnicity	Response Count	%
British	111	12.20
Caucasian	1	0.11
English	82	9.01
European	1	0.11
Irish	3	0.33
Philipino	2	0.22
UK	1	0.11
Welsh	1	0.11
White	93	10.22
<b>White British</b>	<b>516</b>	<b>56.70</b>
<b>skipped question</b>	<b>394</b>	<b>43.30</b>

### Wynyard Road

Declared ethnicity	Response Count	%
American	1	0.17
British	71	12.28
English	149	25.78
Indian	1	0.17
Polish	7	1.21
Scottish	1	0.17
White	36	6.23
White British	262	45.33
<b>answered question</b>	<b>528</b>	<b>91.35</b>
<b>skipped question</b>	<b>50</b>	<b>8.65</b>

### Impact

There should be no negative impact

**Religion or belief** Religion is defined as a particular system of faith and worship but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

Religion or Belief is not currently collected on a mandatory basis.

Local data

The 2011 Census provides a local overview of population currently served by the UHH. The majority of the population that the service currently serves report being of a Christian religion. However, it is clear to see that there is a high percentage of Muslims living in the Stockton-on-Tees area. This is significant in relation to the service, as the majority of inpatients/day cases on the Unit are from this area.

Table 8 (Census 2011)

Religion/Belief	Hartlepool	%
All Usual Residents	92,028	100.00%
Christian	64,349	69.92%
Buddhist	152	0.17%
Hindu	168	0.18%
Jewish	9	0.01%
Muslim	689	0.75%
Sikh	97	0.11%
Other Religion	178	0.19%
No Religion	20,507	22.28%
Religion Not Stated	5,879	6.39%

**Staff**

The mandatory Equality and Diversity training ensures that staff are fully aware of the rights of those from differing religions and of differing beliefs. Clinical staff receive training to understand the needs of their patients, such as respecting their beliefs around, for example, being treated by a member of staff of the same gender and respecting the wishes of those who have particular beliefs around blood transfusions, respecting religious holidays (such as Ramadan) and being flexible around meal times.



## Engagement

Question 16 (religion or belief): please tell us your religion or belief:

### Fens

Please tell us your religion or belief:		
Responses	Response Count	%
Agnostic	2	0.18
Anglican	0	0.00
Athiest	14	1.26
Baptist	6	0.54
Christian	75	6.77
Church of England	430	38.81
Jehovah's Witness	3	0.27
Methodist	5	0.45
None	117	10.56
Other	13	1.17
Protestant	7	0.63
RC / Catholic	189	17.06
Spiritualist	1	0.09
Uncategorized	0	0.00
URC	2	0.18
<i>answered question</i>		1028
<i>skipped question</i>		80

### Hartfields

Please tell us your religion or belief:		
Responses	Response Count	%
Agnostic	1	0.11
Anglican	1	0.11
Athiest	6	0.66
Baptist	1	0.11
Christian	57	6.26
Church of England	393	43.19
Church of Scotland	1	0.11
Methodist	2	0.22
Non-conformist	1	0.11
None	107	11.76
Other	5	0.55
Protestant	4	0.44
RC / Catholic	135	14.84
Spiritualist	1	0.11
<i>answered question</i>		715
<i>skipped question</i>		195

## Wynyard Road

### Please tell us your religion or belief:

Responses	Response Count	%
Agnostic	1	0.17
Athiest	7	1.21
Baptist	1	0.17
Christian	20	3.46
Church of England	253	43.77
Jehovah's Witness	1	0.17
Methodist	1	0.17
Muslim	2	0.35
None	140	24.22
Other	2	0.35
Protestant	2	0.35
RC / Catholic	66	11.42
Unsure/ undecided	4	0.69
<i>answered question</i>		500
<i>skipped question</i>		78

## Impact

### Sex/Gender A man or a woman.

#### Local

The table below shows the male/female breakdown of the local population. There is an even male/ female split across all three areas. The ARU service is used significantly more by females however this is due to the nature of the service itself rather than the representation of the male/female split in the area.

Table 9 (Census 2011)

Gender	Hartlepool	%
All Usual Resident	92,028	100%
Males	44,751	49%
Females	47,277	51%

## Engagement

### Question 12: Please state your gender

More women than men responded to the survey in each practice.

#### Fens

Answer Options	Response Count	%
Male	430	38.81
Female	619	55.87
Prefer not to say	3	0.27
<i>answered question</i>	1052	94.95
<i>skipped question</i>	56	5.05

#### Hartfields

Answer Options	Response Count	%
Male	349	38.35
Female	521	57.25
Prefer not to say	4	0.44
<i>answered question</i>	874	96.04
<i>skipped question</i>	36	3.96

#### Wynyard Road

Answer Options	Response Count	%
Male	262	45.33
Female	298	51.56
Prefer not to say	1	0.17
<i>answered question</i>	561	97.06
<i>skipped question</i>	17	2.94

## Impact

**Conclusion:** No negative impact.

**Sexual orientation** Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes

Data around this protected group is not currently collected nationally, locally or at a service level. The trust Equality and Diversity Policy respects Lesbian, Gay and Bisexual (LGB) people. It ensures that those working within the trust respect and foster good relations between their colleagues and patients and the public who are of this

protected group.

### Staff

The Equality and Diversity Mandatory training covers “Making Judgements”, which ensures that staff are trained to not be prejudice when patients or other colleagues disclose their sexual orientation and respect the rights of this group.

The Equality and Diversity Annual Report publishes trust wide data around sexual orientation, however due to the small number of staff working on the unit we cannot publish data around the staff on the Unit.

The Equality and Diversity Working group have a named Sexual Orientation lead who plays a key role in ensuring that good relations are fostered between people who are of this protected group and who are not.

### Engagement

#### **Question 19: How would you describe your sexuality?**

Overall, there were nearly 90% of people who said they were heterosexual/straight , 2 people stated they were Bisexual, 16 people stated their sexuality as gay or lesbian, and 121 said they preferred not to say.

### Impact –

**Conclusion:** No negative impact.

**Carers** A family member or paid helper who regularly looks after a child or a sick, elderly, or disabled person

It is recognised that a large percentage of the population they serve are carers and that they need to take into account the needs of this could when delivering services for people who are providing care and also for those who need a carer with them when accessing service.

### Local

A total of 6% of the local population regard themselves as providing 1 – 19 hours of unpaid care a week and 3% provide 50 or more hours. Although we have no service data to show how many of those using the service are carers or need care to access services, the ARU needs to consider this group and how they may have differing needs to those who are not of this protected group.

Considerations need to be given to patients who may be carers and also those who care for the patients that may be using the service, this means providing a service

that is flexible and providing options for appointment times.

Table 10 (Census 2011)

Variable	Hartlepool	%
All Usual Residents (Persons)	92,028	100%
Provides No Unpaid Care (Persons)	82,104	89%
Provides 1 to 19 Hours Unpaid Care a Week (Persons)	5,325	6%
Provides 20 to 49 Hours Unpaid Care a Week (Persons)	1,555	2%
Provides 50 or More Hours Unpaid Care a Week (Persons)	3,044	3%

### Staff

The Equality and Diversity Mandatory training ensures that staff consider those with protected characteristics both within the workforce and with regards to patients when accessing services. They are aware of the need to provide flexibility for this specific group.

### Engagement

#### **Question 18: Do you care for someone with a long-standing illness or disability?**

Over 12% of patients responding are carers in Fens and Hartfields practices, less so in Wynyard Road (nearly 9%).

#### **Fens**

<b>Do you care for someone with a long-standing illness or disability?</b>		
<b>Answer Options</b>	<b>Response Count</b>	<b>%</b>
Yes	137	12.36
No	893	80.60
<i>answered question</i>	1030	92.96
<i>skipped question</i>	78	7.04

#### **Hartfields**

**Do you care for someone with a long-standing illness or disability?**

Answer Options	Response Count	%
Yes	114	12.53
No	751	82.53
<i>answered question</i>	865	95.05
<i>skipped question</i>	45	4.95

**Wynyard Road**

**Do you care for someone with a long-standing illness or disability?**

Answer Options	Response Count	%
Yes	51	8.82
No	498	86.16
<i>answered question</i>	549	94.98
<i>skipped question</i>	29	5.02

Impact

**Other identified groups** such as deprived socio-economic groups, substance/alcohol abuse and sex workers

Deprivation

We are aware that people from deprived areas often have poorer health, they understand that the population they serve currently has higher deprivation than the national England average. Consideration should be given to those who are living in these areas, such as travel, childcare costs and the level of health education for this group.

Local

The table below shows some key deprivation data for the areas in comparison to the England national average. Unemployment rate is currently higher than the national England average in all three areas, and there are more people claiming jobseekers allowance than the national England average.

Variable	Hartlepool (%)
Economically Active People Aged 16-64 (Persons, Apr12-Mar13)	70.2

Employment Rate; Aged 16-64 (Persons, Apr12-Mar13)	60.9
Unemployment Rate; Aged 16-64 (Persons, Apr12-Mar13)	12.9
All People of Working Age Claiming a Key Benefit (Persons, Aug10)	25
Jobseeker's Allowance Claimants (Persons, Aug10)	7
Incapacity Benefits Claimants (Persons, Aug10)	11

**Engagement**

XXXX

Impact

XXX



**STEP 3 - ENGAGEMENT AND INVOLVEMENT**

**How have you engaged stakeholders in testing the policy or process proposals including the impact on protected characteristics?**

A wide range of stakeholders will be involved throughout the process through many different forms of communication. A full stakeholder map can be seen in the consultation and engagement plan.

**Internal Stakeholders**

**To be completed following consultation**

**External Stakeholders**

**To be completed following consultation**

I

**Please list the stakeholders engaged:**

A detailed stakeholder map has been developed and can be seen in the consultation and engagement plan.

- Providers (NHS Trusts)
- General Public and patients
- Staff
- Voluntary development agencies (HVDA and Catalyst)
- Charity and community groups
- Statutory authorities and regulatory bodies (such as Overview and Scrutiny Committees)
- Internal (such as other CCGs)
- Media (such as local and national radio and TV)
- Government (such as MPs)
- Health partners (such as NHS England)
- Public sector parties (such as NHS England)



**STEP 4 - METHODS OF COMMUNICATION**

**What methods of communication have you used to inform service users of the changes?**

**To be completed following consultation**



**If other please state:**

**To be completed following consultation**

### **ACCESSIBLE INFORMATION STANDARD**

The Accessible Information Standard directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of service users.

**Tick to confirm you have you considered an agreed process for:**

**To be completed following consultation**

**If any of the above have not been considered, please state the reason:**



### **STEP 5 - SUMMARY OF POTENTIAL CHALLENGES**

Having considered the potential impact on the people accessing the service, policy or process please summarise the areas have been identified as needing action to avoid discrimination.

Potential Challenge	What problems/issues may this cause?
<b><u>To be completed</u></b>	<b><u>To be completed</u></b>
<b><u>To be completed</u></b>	<b><u>To be completed</u></b>
<b><u>To be completed</u></b>	<b><u>To be completed</u></b>
<b><u>To be completed</u></b>	<b><u>To be completed</u></b>

<b>To be completed</b>	<b>To be completed</b>
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### STEP 6- ACTION PLAN

Ref no.	Potential Challenge / Negative Impact	Protected Group Impacted (Age, Race etc)	Action(s) required	Expected Outcome	Owner	Timescale/ Completion date
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### SIGN OFF

<b>Completed by:</b>	
<b>Date:</b>	
<b>Signed:</b>	
<b>Presented to: (appropriate committee)</b>	
<b>Publication date:</b>	

1. Please send the completed Equality Analysis with your document to:  
**[necsu.equality@nhs.net](mailto:necsu.equality@nhs.net)**
2. Make arrangements to have the EA added to all relevant documentation for approval at the appropriate Committee
3. Publish Equality Analysis

**For further advice or guidance on this form, please contact the NECS Equality Team: [necsu.equality@nhs.net](mailto:necsu.equality@nhs.net)**