Equality Analysis Template

Step 1 Evidence | Step 2 Assess | Step 3 Strengthen | Step 4 Monitor | Step 5 Approve

Step 1 Evidence

This equality analysis is being undertaken to prevent my policy, plan or project from adversely affecting people with different protected characteristics or at known disadvantage.

I am using this template to identify potential discrimination or disadvantage, propose steps to strengthen against those and record and monitor the success of those strengthening actions.

Name of your strategy/policy/plan/project	GM While You Wait - Supporting people waiting for planned hospital care www.whileyouwait.org.uk		
Contact details for the person completing the assessment	Rachel Richardson, Strategic Communications Lead, rachel.richardson23@nhs.net		
Design date for the strategy/policy/plan/project	New website launched October 2021 and has continued to be developed.		
Date your equality analysis is completed	Updated 9th November 2022		
Does this template form part of a business case or investment proposal submission?	Yes	No	Unsure
Are you completing this as a result of organisation change?	Yes	No	Unsure
Is there another reason for you completing this template – e.g. renewal of a current service/change to current service – please specify:	Website. This EIA covers accessibility and content.		

If you are unsure about any part of this template, please read the accompanying guidance paper before you complete. ALL sections must be completed – N/A is not applicable in this template as it is used to inform legal compliance. If you need to explain your bespoke approach further, please do so in the text boxes.

1. Initial screening assessment

What are the main aims, purpose of your policy, plan or project? As of end of October 2022, we have over 530,000 people on consultant-led referral to treatment pathway waiting lists. Realistically, long waits will be with us for some time. A priority in GM is to support people to be as well as possible while they wait and to take steps to optimise their condition before treatment. While You Wait launched in October 2021. It is a repository of information aimed at supporting people with their mental and physical wellbeing while they wait. There is also a frequently asked questions (FAQs) section. It is designed to support communication. Throughout 2022 the website has been developed further and three new sections where launched to support people with procedure level advice for Orthopaedics, Gastroenterology and Children's surgery (including dental).
What is your expected outcome? A resource that will support communication with people on the waiting list. To give people advice and information to support them to wait well.
Who will benefit? Patients on consultant-led referral to treatment pathways & their carers. Staff involved in communicating with patients on the waiting list.
Is your project part of a wider programme or strategy (for example, the locality plan)? Yes, While You Wait sites under our Waiting List Pillar in the GM Elective Recovery and Reform Strategy.

2. Are there any aspects/activities of the policy, plan or project that are particularly relevant to equality, socio-economic disadvantage, or human rights?

At this stage, you do not have to list possible impacts, just identify the areas. (E.g. we are commencing a new programme of health care aimed at Caribbean men with diabetes)

No.

3. What existing sources of information will you use to help you identify the likely impact on different groups of people? (For example, statistics, JSNA's, stakeholder evidence, survey results, complaints analysis, consultation documents, customer feedback, existing briefings, comparative data from local or national external sources).

This EIA has been drafted from involvement into the creation of the website and a review of existing insights and research about digital, websites and waiting lists.

Existing insight and research relating to digital and elective care waiting lists:

- Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018.
- Office for National Statistics Internet Users 2020 Research
- Office for National Statistics Internet Access 2020 Research
- Later Life in the United Kingdom 2019, Age UK report.
- NHS digital EIA
- Internet users in the UK: 2017, ONS statistics
- Tackling the elective backlog – exploring the relationship between deprivation and waiting times, The Kings Fund
- People living in poorest areas waiting longer for hospital treatment, Healthwatch
- GM Big Disability Survey 2022, cost of living, GM Disabled People's Panel
- We need to focus on inequalities to address the NHS waiting lists, Healthwatch report
- Strategies to reduce inequalities in access to planned hospital procedures, Midlands Decision Support Unit

The EIA will be reviewed again and updated following completion of the evaluation of While You Wait and GM engagement work.

4. Evidence gaps

Are there gaps in information that make it difficult or impossible to form an opinion on how your proposals might affect different groups of people? If so, what are the gaps

in the information and how and when do you plan to collect additional information? Note this information will help you to identify potential equality stakeholders and specific issues that affect them - essential information if you are planning to consult as you can raise specific issues with particular groups as part of the consultation process. EIAs often pause at this stage while additional information is obtained.

No: Please go on to question 5. (Be sure to have fully considered all communities and parts of communities – e.g. have you considered the needs of gypsies, travellers and Roma communities, other transient communities, do you need to better understand take up of your service by Muslim women or Orthodox Jewish men, for example.)

Yes: Please explain briefly how you will fill any evidence gaps. You might want to start with contacting research or policy colleagues to see whether they can point you in the right direction. Our third sector colleagues will also be pleased to offer support and direction.

Evidence gap	How will the evidence be collated	Individual or team responsible and timeframe

Although we have access to website analytics, this doesn't give us insight to be able to build a picture of who is currently using the website or protected characteristics. We have a good overview of potential benefits and barriers. This EIA will be reviewed and added to following completion of the evaluation of While You Wait and GM wide engagement work.	We will need to build this understanding through engagement work.	Rachel Richardson, lead with colleagues from comms and engagement

5. Involvement and consultation

Note: You are required to involve and consult stakeholders during your assessment. The extent of the consultation will depend on the nature of the policy, plan or project.

(Don't forget to involve trade unions and inclusion staff groups if staff are affected and consider socio-economic impact as well as community and third sector groups for different protected characteristics. If there is potential for different impact across different neighbourhoods, consult your neighbourhood leads)

Consultation and involvement that has taken place, who with, when and how?
• Between August and October 2021, a patient group with Healthwatch Stockport was involved in helping to develop the website, including content, design and accessibility. • Discussion at Wigan Borough Engagement Group, 25th January 2022 and ongoing work with some members between January – March reviewing new specialty sections • Discussion at Wigan Borough Equality Reference Group 29th March 2022, discussion particularly around accessibility • Salford CCG Citizens Panel 10th May 2022, discussion particularly around accessibility
Key feedback from consultation: Content deemed useful but a focus for us should be on accessibility, particularly resources in BSL and alternative formats, e.g. video.
For significant or large strategies and programmes, please provide a link to any written record of the consultation to be published alongside this assessment here: NA. meeting notes can be produced on request. No formal notes/consultation reports, this was engagement work.

How engagement with stakeholders will continue Here you need to explain how you continue to engage throughout the course of the delivery to ensure the measures you take to address any disparity are working.		
Involvement group	**Consultation dates**	**Strengthening actions**
Staff and patients across GM.	Evaluation of While You Wait, which will include feedback from staff and patients. Trusts will undertake between November – end of January 2023.	We have agreed a standard approach to do this piece of work across the 10 localities, to ensure we can compare results. Patient survey includes equality monitoring questions.
Patients and carers across GM	A GM wide piece of engagement work is being planned that will include While You Wait / waiting well questions. Due to launch 2023.	

Step 2

Assessing impact and opportunities to promote equality and human rights

6. If you have piloted a project you want to roll out, add here what you learnt about communities not taking up, accessing or having poorer outcomes from it and what you have done to address those disparities.

N/A, this is not a pilot.

7. What barriers have you identified for the different groups listed by your proposals?

Add the impacts in the box next to the group. (e.g. we have found that working age people are not taking up our services because of our opening hour restrictions)

Complete the identified barriers for each group and identify which group you have identified

You should complete each category. If you believe there is no adverse impact, you should put an explanation as to why.

Age • Young • Middle age • Older age	• From GM data, we know that there is a higher proportion of older people in ethnic minority groups waiting for elective care. • More people are living into older age with multiple long-term conditions, frailty, dementia and social care needs. • 92% of all adults are recent users of the internet, with 99% of 16-44-year olds compared to 54% of those aged 75+, although this figure is rising. Therefore, the internet will be less accessible to the older population. The reduction in usage begins from 55-64 (94%), but there is a more noticeable drop from 65-74 (85%). • 100% of households with 2 adults aged 16-65 or children have access to the internet, compared with only 80% of single adults aged 65+. • Older people are less likely to use the internet and so some are less likely to feel confident in navigating websites. • Those aged 35-54 are most likely to use the internet to access health information or services. Those aged 65+ are least likely to use the internet to engage with public service websites for information of for completing or downloading forms. • From 55+, access to a smart phone significantly declines from 95+% under 55, to 77% for 55-64 and 53% of 65+. • Older people are more likely to suffer from age-related vision and hearing impairments. • The average reading age of the UK is estimated to be that of a 9-year-old. • People in care homes may not routinely access NHS websites, which would potentially leave them uninformed. • National research has shown a disparity between children and young people and adult services. Children's waiting lists are increasing at a greater rate than adults and the North West is higher than other areas. Children's surgery was prioritised as an area to add procedure level information.
Disability Types of impairment can be categorised as physical, sensory, psychosocial, and intellectual. There are several types of barrier that cause exclusion including • Physical • Social/attitudinal • Institutional • Communication Complete which *barriers* you will need to consider in your programme.	• Communication difficulties relating to disability, deaf, autism and/or learning disability and sight loss. • People with a learning disability may have several issues that mean they can potentially be disadvantaged in access health information and advice. May have low literacy or may not be able to read. Disabled people have lower literacy levels than the UK average – accessible information is needed. • Disabled people are significantly less likely than non-disabled people to have internet access. • British sign language is the first language of many deaf people, rather than English. Our accessibility toolbar, Recite Me, does not offer BSL. • The GM Disabled Peoples Panel survey (1495 responses) revealed there is a large percentage of disabled people for whom the layers of disadvantage are significantly impacting on their quality of life. 23% were not using digital services because of lack of money. • 81% of disabled adults are recent users of the internet (disability self-assessed in line with the Equality Act 2010 definition)

	compared with 96% of people who haven't self-assessed as disabled. There is no significant difference between the groups for those aged 16-34, but from 35 onwards, there is a noticeable difference between those who declare a disability and those who don't. • Disabled people are more likely to use the internet to access health information or services. Disabled people are equally likely to use the internet to engage with public service websites for information of for completing or downloading forms. • Disabled people are 10% less likely to have a smart phone, with 76% owning one, vs 86% for those without a disability. • Public Sector Accessibility Guidance - At least 1 in 5 people in the UK have a long-term illness, impairment or disability with many more experiencing a temporary disability. Engagement with residents in GM regarding the new ICP website has informed us that people with disabilities may: • Experience problems with voice overs on videos and the unidentified images with no tags • The language used on websites often isn't accessible to those who use British Sign Language as the word pattern is different and not all those who are profoundly deaf can read. • Find the language and sentence structures too complex • Experience problems if they use their keyboards to navigate websites (particularly those with screen readers) as not all content is accessible via a keyboard on websites • Find the colour of text and the contrast between the text and the background makes it more difficult for them to read and understand the information • Find the accessibility information and tools are often hard to find and may not be accessible via a keyboard • Find the text too small or the font unreadable. Arial bold is the easiest to read, minimum font size should be 14, with large print being 18. • Need access to easy read information • Flickering or blinking content can be problematic • Be unable to use speech as a method of navigating the site
Sex Identify any potential adverse impact to men or women.	• If you are a woman, on a low income or from an ethnic minority background, you are more likely to have a worse experience of waiting for care. • Gynaecology has one of our largest waiting lists in GM. • Men and women access the internet equally, except for those aged 75+ with men more likely to use the internet than women (59% vs 50%). • Women are more likely than men to use the internet to access health information or services. • Women and men are equally likely to have access to smart phone.
Race Identify any adverse potential impact on different ethnic groups	• If you are a woman, on a low income or from an ethnic minority background, you are more likely to have a worse experience of waiting for care

and identify which ethnic groups you may need to specifically consider.	• There is a higher proportion of older people in ethnic minority groups waiting for elective care. More people are living into older age with multiple long-term conditions, frailty, dementia and social care needs. • People of Bangladeshi background are least likely to have been recent internet users (88%) followed by white and Pakistani backgrounds (92%). 95% of Black, African, Caribbean and Black British, 96% of Indians, 97% of other Asian backgrounds, 98% of Chinese and 99% of Mixed or multiple ethnic backgrounds are recent internet users. • Greater Manchester is very diverse, with some Boroughs much more ethnically diverse than others, e.g. Bolton and Manchester. Many different languages are spoken across GM both within the resident populations and also by health and care staff. • English may not be the first language for many people meaning that they will need translation services, or clear, simple language. • There may be some communities who have less trust in the NHS and service provision.
Religion/ belief Identify any adverse potential impact on different religious groups and identify which you may need to specifically consider.	• Greater Manchester is very diverse, with people of many faiths within the resident populations and also by health and care staff. There may be a lack of trust from some faith groups of the NHS. • People from some communities will have limited or no digital access linked to their beliefs, e.g. Orthodox Jewish communities so they will not be able to access the While You Wait website.
Sexual Orientation Identify any adverse potential impact on different sexual orientations and identify which sexual orientations you may need to specifically consider.	• Lesbian, gay, bisexual and trans (LGB&T) people experience significant health inequalities, which impact both on their health outcomes and their experiences of the healthcare system. • Greater Manchester is home to an estimated 215,000 LGBT people. A population larger in size than that of the whole of Rochdale, LGBT people face a significant number of inequalities compared to their heterosexual neighbours; from poorer physical and mental health, increased risk of hate crime and discrimination, to loneliness and isolation and negative experiences in employment. (LGBT Foundation) • We know that within the community there is sometimes a lack of trust in the NHS and the services and programmes like Pride in Practice try to overcome this.
Transgender Identify any adverse potential impact on transgender or non-binary people.	• Lesbian, gay, bisexual and trans (LGB&T) people experience significant health inequalities, which impact both on their health outcomes and their experiences of the healthcare system. • People experiencing gender dysmorphia, those transitioning or those who have transitioned are less likely to trust health services. They are significantly more likely to suffer with mental ill health.
Carer status	• 90% of the economically inactive, which includes those looking after family are recent users of the internet. This compares to 94% of unpaid family workers and 99% of employed people. • Carers are likely to use the internet to look up information for others. They are likely to be short on time and may have

	distractions going on around them. They information quickly findable.
Socio-economic status Identify any adverse potential impact because of deprived communities and identify which communities you may need to specifically consider.	• If you are a woman, on a low income or from an ethnic minority background, you are more likely to have a worse experience of wai for care • People living in more deprived areas are more likely to wait longer for hospital care and will need support. • Ownership or access to technology, particularly in light of current cost of living crisis. May not own a computer or device, may not have access to internet. • Long waiting times can impact people's financial and economic security, polling commissioned by NHS England found that 42% of adults who experience a delay said it impacted on their ability to work. • The GM Disabled Peoples Panel survey (1495 responses) revealed there is a large percentage of disabled people for whom the layers of disadvantage are significantly impacting on their quality of life. 23% were not using digital services because of lack of money. • Without targeted support, patients from deprived communities will be less able to derive benefit from online resources such as While You Wait. Digital is not taken up equally across socio-economic groups. • 92% of people from Greater Manchester are recent internet users, which is on par with the national average, but lower than more affluent parts of the country including London (95%), the South East (94%) and the South West (93%). It is higher than Merseyside (88%) our closest comparable region. The North West areas of Greater Manchester are lower for recent internet usage than the average (89%), with the city centre being the highest usage (94%). • 99% of Employed people (UK wide) are recent users of the internet, compared with 98.5% of unemployed, 94% of unpaid family workers, 71% of retired people and 90% of the economically inactive, including looking after family and a disability amongst other reasons. • 1 in 11 disadvantaged children in the UK say that they don't own a book. Children who don't own a book have much lower literacy levels than those who do. Our disadvantaged children are more likely to find reading challenging and need simplified information. • 16.4% of adults in England can be described as having "very poor literacy skills" or functional illiteracy (National Literacy Trust). They need short, straightforward text.
Pregnancy or maternity Identify any adverse potential impact because of pregnancy or maternity.	• Pregnancy and maternity services aren't in scope of RTT waiting lists. • However, some women who are pregnant or recently delivered will be waiting for non-maternity related treatment. Advice on condition management may need to be bespoke/tailored.

Marriage /civil partnership This category is only required for employment discrimination matters.	• 100% of Households with 2 adults aged 16-65 have access to the internet, compared to only 95% of those with one adult household of the same age range. These figures are 94% for 2 adults aged 65+ and 80% of single households of the same age.
Other Are there other discriminations or disadvantages that you think you need to address?	• All areas in Greater Manchester are signed up to the Greater Manchester Armed Forces Covenant which is a commitment to support armed forces members and veterans. • Veterans can experience increased mental health conditions due to their experiences. They can also have a lack of trust in the NHS and services.

8. Can the adverse impacts you identified be justified and the original proposals implemented without making any adjustments to them? If so, please set out the basis on which you justify implementing the proposals without adjustments.

Adjustments have been made. While You Wait is designed to be a resource to support communication and offer advice and information. The analysis reveals several groups who may experience barriers accessing While You Wait. Mitigating actions have been taken to improve the accessibility and content of the website & to have some alternative resources.

9. Having analysed the initial and additional sources of information including feedback from consultation, is there any evidence that the proposed changes will have a *positive* impact on any of these different groups of people and/or promote equality of opportunity? Please provide details of who will benefit from the positive impacts and the evidence and analysis used to identify them.

While You Wait will have a positive impact on people who are able to access the content and information.

10. Is there any evidence that the proposed changes have *no* equality impacts? Please provide details of the evidence and analysis used to reach the conclusion that the proposed changes have no impact on any of these different groups of people.

No, it does have an impact on equality.

11. Please provide details of how you will consult and involve communities on the proposed changes. If you do not plan to consult and involve, please provide the rationale behind that decision.

Detailed in section 5.

Step 3 – Strengthening your policy plan or project

Please use the table below to document your strengthening actions.

12. What changes are you planning to make to your original proposals to minimise or eliminate the adverse equality impacts you have found?

Please provide details of the proposed actions, timetable for making the changes and the person(s) responsible for making the changes.

Adverse impact	Proposed action	Person responsible
Across most protected characteristics, it was identified that there may be people who will struggle to access the website and its contents.	1. Simple navigation 2. Make the content clear and simple 3. Make the language simple, clear, concise and specific, but remaining human with an active voice, with short, simple sentences 4. Use plain English and avoid buzz words 5. High contrast colour scheme particularly around text 6. Make sure the website is easily usable on a mobile 7. No flickering or blinking content 8. Reduce the use of PDFs	This was picked up in the design of the website, led by Alison Whelan with input from the patient group in Stockport and staff across the system. We have continued to use the principles when adding new sections, and working with patients to review language, design etc.
There are some people who will need to be able to access the information in alternative formats, languages views. (particularly disability and ethnicity)	1. Offer an accessibility toolbar that allows for: Simplification Read aloud Text enlargement Zoom Colour contrast changes 2. Offer an accessibility toolbar that allows for translation 3. Make sure the accessibility toolbar is visible and easy to access	Rachel Richardson In April 2022, we had Recite Me added to the website. This toolbar enables visitors to customise the website in a way that works best for them including into 100+ languages. Recite Me does not cover BSL.
The language used on websites often isn't accessible to those who use British Sign Language as the word pattern is different and not all those who are profoundly deaf can read. Profoundly deaf people will need BSL.	To work on resources in BSL.	Rachel Richardson We need to pick this up and work with experts to identify what content and how we get this done.
There will be people across most groups who won't be able to access written content online or	1. Produce a leaflet version of key information and translate it into different languages and formats.	Rachel Richardson A leaflet version of key information from While You

would benefit from alternative formats.	2. Explore how we can offer core content in multiple ways, e.g. video, audio, easy read	Wait was produced in April 2022. This includes translation into key languages and easy read. This has been made available to services across GM to give out to patients who would not be able to access the information online. We still need to do some work to around offering core content in multiple ways.
Greater Manchester is very diverse and some groups may have less Trust in health services.	1. Make the design and pictures reflective of everyone 2. Make content gender neutral 3. Use imagery and design that is equally appealing to all genders and not gender specific.	This was picked up in the original design of the website and we will continue to do this as new content is added.
There will be people on the waiting list unable to access While You Wait for a number of resources.	Work with diverse, potentially disadvantaged and excluded groups to understand how best to support them while they wait. Potentially work with VCSE organisations and community assets, such as libraries, community centres, places people may access for support.	Rachel Richardson In planning GM wide engagement work, plans to work with VCSE groups who support groups we haven't reached. This will be led by engagement leads in the locality who know communities best.
If we do decide to develop further content for While You Wait, post evaluation, use insight from this EIA to prioritise.	Gynaecology may be an area to prioritise if we decide to add more specialty sections.	Rachel Richardson

13. Describe here how you could further promote equality of opportunity. What action/s do you recommend and when?

This is where you are taking the opportunity to advance addressing inequalities beyond the mitigations you are putting in place, for example, your mitigations when moving a service to digital provision will be to ensure alternatives are available for those who

cannot access digital services. Your opportunity to *further promote* equality with a new digital service would be to extend a service to people from their own home where they had previously experienced physical barriers to reaching your surgery.

We have worked on a number of mitigating actions of the website. **There are some outstanding actions in terms of BSL and exploring having content in some different formats, e.g. use of more videos.**

While You Wait needs to be discussed in the wider context of what the local NHS can do to support people on the waiting list.

The impact that a website of this nature can have will always be limited as it relies on the patient/carer being able to access the website, understanding information and taking action. There will always be some people unable to access this.

The discussion should be how this supports a wider 'waiting well' model that supports people from disadvantaged and potentially excluded groups who may need a more proactive approach to being supported. This can be informed from the insight to be gathered in the GM wide engagement work.

To be discussed in the waiting list pillar group.

14. Describe how you could further promote human rights principles. What action/s do you recommend and when? Please provide details.

For example, if you are putting in place improved access to interpreter provision that may enhance the human rights of those that need it to access public services.

Once the further engagement work around the elective care programme is complete, this will identify whether there are further actions that can be taken to further promote human rights principles

15. Describe how you could further reduce socio-economic disadvantage. What action/s do you recommend and when?

For example, if you are undertaking a focused anti-smoking campaign in areas of high deprivation, you can expect to reduce socio-economic disadvantage.

People from more deprived areas are waiting longer than average for elective care and therefore may require more support while they wait. There are a number of barriers to accessing information online and so further discussion needs to be held about how people could be supported in a different way, potential outreach into these communities.

16. Describe here how you could further promote social value. What action/s do you recommend and when?

For example, you might be able to offer new jobs or apprenticeships to people struggling to get employment or offer contracts to community led social enterprises to deliver your services.

Funding VCSE to support GM engagement work is an example of social value. There may be future discussions about social value if we explore how people can be proactively supported while they wait.

Step 4 – Monitoring and review

17. You are legally required to monitor and review the proposed changes after implementation of your strategy or programme to check they work as planned and to screen for unexpected equality impacts. Please provide details of how you will monitor, evaluate or review your proposals and when the review will take place.

What	When	How
Evaluation of While You Wait, include staff and patient feedback	Between November 2022 and February 2023.	Key lines of enquiry agreed. Trusts leading more elements.
GM wide engagement work will include how we can best support people while they wait	Being planned to be undertaken early 2023.	Mixture of delivery in each locality.

Step 5 – Sign off

Strategy, policy, plan, project or service owner or Work Programme Lead*	
Name: Rachel Richardson	Date: 09/11/2022
EIA Lead (the person completing this form) This equality analysis has been quality-checked and will be passed to the senior responsible officer for final sign off.	
Name: Rachel Richardson	Date: 09/11/2022
Director or Senior Responsible Owner * This equality impact assessment has been completed in a rigorous and robust manner and I agree with the actions identified. It will now be progressed and published where required.	
Name: Sharon Barber	Date: March 2023

*By signing off your EIA you are confirming that you are satisfied that the policy/strategy/project/activity/service has been designed with the needs of different equality groups and communities in mind, and that the groups it is intended to serve will be able to access the service and experience similar outcomes from it.

For records, this EIA will also need to be copied to elaine.mills7@nhs.net to ensure we can evidence our legal duties to undertake equality analysis. However, the original version must be kept with the project documents and pro-actively used to inform the progress of the work, alongside budget, risk and health and safety monitoring.