NHS
Greater Manchester
Integrated Care

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	Utilising the Independent Sector		
Contact details for the person completing the assessment	Tal Twist / Holly Crabtree / Ian Mello Tal.twist@nhs.net holly.crabtree@nhs.net Ian.mello@nhs.net		
Design date for the strategy/policy/plan/project	October 2022		
Date your equality analysis is completed			
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:	To support the Independent Sector (IS) pillar as part of the GM Elective Care Recovery and Reform Programme.		

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?

Aim and Purpose

A GM strategy has been developed to help improve the elective care recovery position over the next three years. To deliver this, the GM Elective Recovery Strategy is focused on six key programmes, of which Utilising the Independent Sector is one. The Independent Sector Programme has been established to support effective utilisation of independent sector capacity and contribute to the overall aim of the Elective Care Recovery and Reform Programme to reduce the flow of patients onto waiting lists.

Programme objectives:

- To manage and ensure the maximisation of the Independent Sector capacity for demand across the whole of GM to reduce waiting list sizes
- To ensure the approach to the utilisation of the independent sector is data driven, inclusive and actively reduces health inequalities across the whole of GM
- To build longer term relationships and develop a system-level approach to future partnerships with the IS to meet the GM need
- To be clear on the overall financial position of the IS and also the financial and contractual implications of any schemes put in place including clarity on who pays

What is your expected outcome?

The expected impact and outcomes include:

ISPs

- Stronger working relationships with GM ICB and NHS providers
- Standardised processes for ISPs to provide available capacity

Patients

- To be seen through an alternative provider at a shorter timescale for various specialities where IS capacity is available.
- To have a better patient experience.
- Improved and consistent outcome across all providers

Trusts

- To have a standardised process for acute trusts to identify emerging demand
- A standardised operational process for acute trusts to effectively utilise the capacity offered by the ISPs
- Strengthened relationships with ISPs
- To eliminate long waiters (104/78/52 week waits)
- Meet national Targets / Guidance.

GM

- Increase overall capacity for Elective Care in GM.
- The system in having a more coordinated and joined up approach to elective care with the IS.
- Data dashboard developed to understand the impact of the IS and areas of focus
- To eliminate long waiters.
- Meet national Targets / Guidance.

Who will benefit?

Patients – Shorter waiting times
Trusts – Reduced backlogs
GM System – improved performance
ISPs – closer relationship with the NHS

Is your project part of a wider programme or strategy (for example, the locality plan)?

This work is part of the GM Elective Care Recovery and Reform Programme (which is part of the Greater Manchester 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)

As this theme is only one of a number within the overall Elective Care programme, we will need to consider how the different themes interact and how we prevent widening of inequalities unintentionally and ensure that patient choice does not result in longer waiting times where barriers linked to poverty are not removed. Access and waiting times are the specific areas to be considered for the IS pillar.

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 is based on known barriers for different people to health and care services, however we need to ensure that we continue to gather intelligence and evidence as the programme progresses. Data will be used from Trusts and ISPs – patient feedback and surveys. We will also gather feedback through ICS Engagement leads.
Business Intelligence (BI) – GM Tableau.
Intelligence, data and feedback will also be provided through each CRG.

In addition to this EIA we need to review and act on EIAs or performance, quality and improvement monitoring completed by the localities as the lead commissioners of the ISP contracts.

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**
There is clear evidence of barriers to health services for some communities within primary care e.g. homeless people, refugees but this does not necessarily translate into elective care and there is no flag on the patient system which can allow us to understand access, experience and outcomes.	We will work with the ICS engagement leads and specialist providers/VCSE organisations e.g. Doctors of the World, who support these communities to ensure that we continue to collect evidence around experience and act on recommendations.	PID lead, commissioners, Trusts and ISPs.
There is a gap in the collection of protected characteristics and other data items such as DNA reasons from the independent sector providers, meaning we are unable to monitor our impact effectively	Work with the independent sector providers to standardise data collection to include all data items needed	ISPs and programme team

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?
The GM Elective Recovery Programme has a dedicated Communications and Engagement resource who will be responsible for the communications across GM for the whole of the programme. They will take an overview of the programme as a whole to the ICS and Trust Engagement leads who will in turn be asked to engage with their patient and public/health inequalities groups, feeding back on any gaps and need for actions. It is proposed that this will be an iterative approach to ensure that we continue to listen to patients and act on their feedback. We will need to consider how we engage and listen to our GM groups and stakeholders within the IS purview to ensure that we satisfy the EIA regulations and wider values of the ICB around inclusion and diversity.
Key feedback from consultation: None to date?
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: N/A for this element
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**
ICS Engagement Leads meeting	28.06.22	

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

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	Limited ISP services available for Paediatrics. This is not a unique to GM but a national issue. It is mainly due to limited clinical staff available and the tariff rates being low from a private / commercial perspective to operate. Where ISP services are not available patients will remain with the NHS. Some patients of all ages may not be able to access ISPs due to: Travel - do not own transport or limited public transport available. Parents working and services not available at suited times. Limited availability of carer to take them to ISPs or dependent on carer

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.	All ISP sites will be accessible to meet the needs of all patients. ISPs will assist patients where possible to ensure needs are met. Some possible barriers may include: communication of information – not available in various languages and formats, ability to travel, anxiety linked to new and unfamiliar venues, need for an advocate. Referral / patient records not including patient specific requirements. ISPs must comply with the Equalities Act requirements
Sex Identify any potential adverse impact to men or women.	Women are more likely to be carers so may not be able to travel further/have the same flexibility of availability, may only want to see a female clinician (same applies to some men)
Race Identify any adverse potential impact on different ethnic groups and identify which ethnic groups you may need to specifically consider.	As above – need for choice of gender of clinician, chaperone, information in the right language and access to an interpreter for not only the appointment but any booking queries.
Religion/ belief Identify any adverse potential impact on different religious groups and identify which you may need to specifically consider.	As above – patients from some faiths would only be able to see a clinician of the same gender, may be restricted by availability of a chaperone to attend with them, may need choice of day to avoid holy days.
Sexual Orientation Identify any adverse potential impact on different sexual orientations and identify which sexual orientations you may need to specifically consider.	Many LGBTQIA+ people have had bad experiences of health services linked to their sexual orientation and may therefore be reluctant to attend a new setting where they feel that they might have to explain their circumstances.
Transgender Identify any adverse potential impact on	As above

transgender or non-binary people.	
Carer status	Many carers will be restricted to certain hours and locations and may decline if they are not sure how to manage getting to a new, unfamiliar place if they need to bring the people they care for with them.
Socio-economic status Identify any adverse potential impact because of deprived communities and identify which communities you may need to specifically consider.	Some patients may be unable to travel to some of the ISPs sites as they may be further away from their locality and therefore more expensive to travel to, which will mean patients remaining at the Trusts. Impact of poverty on digital communications/ability to make a call where they may have no credit or data and therefore potential for higher DNAs and delay.
Pregnancy or maternity Identify any adverse potential impact because of pregnancy or maternity.	Travel to another site might be difficult for some pregnant women where it involves a longer journey, unfamiliar route and potential discomfort.
Marriage /civil partnership This category is only required for employment discrimination matters.	N/A
Other Are there other discriminations or disadvantages that you think you need to address?	None

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.

Patients are not mandated to go to any ISP if they choose not to, however this could lead to longer waiting times and worse health outcomes for people unable to travel to ISP sites. Adjustments therefore need to be made.

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.

The IS programme will positively impact on some groups by enabling patients to be treated quicker and supported to lead healthier and happier lives, however this needs to be monitored and linked to the removal of barriers outlined.

As mentioned above, benefits realised include:
Patients – Shorter waiting times
Trusts – Reduced backlogs
GM System – improved performance
ISPs = closer relationship with the NHS

The IS programme includes plans to standardise processes across GM and implement a consistent approach and service delivery by all ISPs and therefore reduce health inequalities and equity of access

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

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.

This is covered within 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
Not all patients own transport or may have limited access to public transport so may be restricted on where they can travel or the time of day they can attend	Canvas current arrangements, including times of appointments available and work with ISPs to ensure all providers cross GM have clear information on location and directions to get there.	GM Trusts and ISPs with support from contract leads
Digital Communication – not all patients have access to smart phones or to the internet	Work with ISPs to ensure they all consistently have an alternative communication methods including free / low cost phone numbers	GM Trusts and ISPs with support from contract leads
Some patients may want to be seen by same sex clinician. e.g. female patients by female clinician or may require a chaperone or advocate	ISPs to offer female or male choice of clinician, chaperones and advocates depending on patient needs. Work with ISPs to ensure they all consistently have this option and that the information relating to this is recorded within the referral.	ISPs
It may not be outlined in the referral that patients require information, maps and directions in the right language and access to an interpreter for not only the appointment but for any booking queries (including deaf patients)	Canvas current offer and work with ISPs to have a consistent offer across GM to offer translation services and communication in various languages and ensure that the information relating to this is recorded within the referral.	ISPs
LGBTQIA+ people are disadvantaged due to being reluctant to attend a new setting where they feel that they might have to explain their circumstances.	Ensure that ISPs follow a Pride in Practice type model to ensure that patients feel safe and welcome. Ensure that the information relating to this is recorded within the referral.	ISPs
The new GM-wide access policy inadvertently widens health inequalities relating to the IS	Work with the WLM pillar to ensure the IS section of the access policy is inclusive of the above areas	IS and WLM pillar programme teams

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.

The Independent Sector theme is currently live. All key groups and networks such as CRGs are aware of this work and will be asked to promote equality of opportunity through defined

actions which will be logged and reported to Board. Through the ISP governance we will seek out good practice which can be shared and rolled out.

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.

n/a

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.

To review options where additional support could be provided to patients to encourage acceptance in the use of the independent sector. i.e. explore free transport offers, alternate providers local providers etc.

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.

This will depend on what has been built into the contracts by the CCGs. Some require all providers to describe their approach to and delivery of social value. Where this is not a

contractual requirement, ISPs will be asked to promote social value where possible on the basis that this support improved delivery of services to our communities.

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
Undertake review of what is currently in place	July 2022	Checklist sent to Commissioner leads to provide update

Step 5 – Sign off

Strategy, policy, plan, project or service owner or Work Programme Lead*	
Name Tal Twist	Date Nov 2022
Health Inequalities Champion This equality analysis has been quality-checked and will be passed to the senior responsible officer for final sign off.	
Name Ian Mello	Date Nov 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 Rae Wheatcroft	Date

*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.