



# Equality Impact Assessment (EIA) Template for Stages 1 and 2

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# Stage 1: Equality Impact Assessment – Initial Screening

## Introduction

This screening document is the first stage in a two-stage process to take a systematic approach to assessing the equality impact of an activity/project. An activity/project may mean a:-

- policy review or policy development
- business case
- business plan
- project initiation
- decision to implement a service
- decision to decommission a service.

This template has been developed to enable a first stage initial screening to be carried out to support the process of reviewing an activity or project or when proposing new activities or projects.

It is recommended that EIA's be undertaken as an integral part of any review or development process, so that any potential adverse impact on different protected characteristics can be identified from the outset, and measures can be proposed as part of the ongoing work of the activity or project. The first stage process is not onerous, and should only take a small amount of time if completed alongside the activity or project.

If the Stage 1 screening of your activity/project highlights an adverse impact on particular protected characteristics and/or populations more than others and you have concluded (on page 6) that a full assessment needs to be carried out then you will need to go through the questions stated in the Stage 2 assessment and collect relevant evidence to support your answers.

## Stage 1: Equality Impact Assessment – Initial Screening

Name of the Activity/Project:	Extended Access Across South & South West Lincolnshire CCGs
Name of Lead:	Jacqui Bunce
Date Screening Commenced:	

### 1. Baseline Information

Please give a brief description and overview of the activity/project, including the following details as per the box below:

#### a) Overview and description

Implement the delivery of extended access to primary care for GP registered patients, in South West and South Lincolnshire Clinical Commissioning Groups over 7 days of the week, including appointment provision in the evening and over the weekend.

This is a national NHS England project one of the objectives set out in the General Practice Forward View (April 2016) to deliver improved access to primary care.

#### b) Aims and objectives

Public satisfaction with general practice remains high, but in recent years patients have increasingly reported, through the GP Patient Survey, more difficulty in accessing services including a decline in good overall experience of making an appointment in general practice.

However, good access is not just about getting an appointment when patients need it. It is also about access to the right person, providing the right care, in the right place at the right time.

#### c) Anticipated outcomes/benefits

Improved patient satisfaction with access to services

#### d) Timescale for implementation

100% coverage of extended access across the CCG footprints by 1<sup>st</sup> October 2017 and full compliance with the nationally mandated core criteria by 31<sup>st</sup> March 2019

e) Projected costs, expenditure and funding available *(if applicable)*

The funding is national set out for 2018/19 at £3.34 per head of GP registered population

## 2. Impact of activity/project on different protected characteristics

Protected groups are defined by the nine characteristics protected by the Equality Act 2010. Please identify (by ticking) the anticipated impact this activity/project will have on the following protected characteristics/population groups.

*Note: this question considers the likely impact on people with a protected characteristic vs people who do not share that particular characteristic (e.g. older people vs working-age adults; LGBT people vs heterosexual people etc.)*

Group	Positive Impact	No Impact (or neutral impact)	Adverse impact
Age (e.g. Children, young adults and older people)		✓	
Disability (e.g. physical, sensory, mental impairment and learning disability)		✓	
Gender re-assignment (e.g. Transgendered people)		✓	
Marriage and civil partnership		✓	
Pregnancy and maternity		✓	
Race including nationality and ethnicity (e.g. including New Arrivals and Gypsies and Travellers)		✓	
Religion/belief		✓	
Sex (male/female)		✓	
Sexual orientation (e.g. Lesbian, gay or bisexual people etc.)		✓	
Other (e.g. Homeless people, Carers etc., please specify) <b>Carers and Working Age Adults</b>	✓		

### Please explain your reasons

By providing additional planned bookable appointments we are increasing the capacity across the system and recognising that evening and weekend

appointments may support those that might otherwise struggle to attend or coordinate appointments with family carers etc

Note:-

- *if people with or without a particular characteristic will benefit equally, then that is a neutral impact*
- *If people with or without a particular characteristic will neither benefit nor experience a detriment, then that is no impact*
- *If you claim a positive impact, it is important to explain how the identified group is likely to benefit over and above those who do not share their characteristic e.g., how will LGB people benefit over and above heterosexual people? (An adverse or negative impact is the opposite of this).*

### 3. Which part/s of the public sector duty is the activity/project relevant to?

Please tick as necessary and provide brief explanation as to how.

<p><b>Eliminate</b> unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010. <i>(E.g. How does the policy/practice address risks for particular protected characteristics?)</i></p>	
<p><b>Advance</b> equality of opportunity between people who share a protected characteristic and those who do not <i>(E.g. How is this facilitated for particular protected characteristics?)</i></p>	<p>By providing greater flexibility in the availability of planned appointments including evenings and weekends</p>
<p><b>Foster</b> good relations between people who share a protected characteristic and those who do not <i>(E.g. How is this facilitated for particular protected characteristics?)</i></p>	

### 4. Summary report and actions

Having completed all sections above, in light of the proposed activity/project, please summarise your findings and consider any actions that would support the reduction of any adverse impact that may have been identified in point 2.

#### Evidence Summary Report and Actions

This additional service should have a neutral impact of 8/9 protected characteristics and a potentially positive impact on family carers as it creates additional opportunities for planned appointments outside of core GMS hours. It also provides the other 8 groups and their sub-groups this benefit as it will the wider GP Practice population

It will enable those working age adults who work away from their GP practice area greater flexibility to book planned appointments and therefore increase their ability to access support to live well with long term and chronic conditions

Where a family member may need to support through interpretation and translation, these extended range of appointments provide greater flexibility.

### 5. Evaluation of Stage 1 – Initial Screening

*You may want to consult with your Equality and Diversity lead and/or Manager to assess whether the information you have supplied in Stage 1 initial screening process is sufficient and your evaluation of whether you should go to stage 2 is adequate in line with the activity/project.*

From the information provided in this Stage 1 screening and consultation with the Equality and Human Rights Lead where appropriate, please state, by ticking whether or not a Stage 2 assessment is necessary. If a stage 2 impact assessment is not necessary please provide your rationale:-

<b>Yes</b> <i>Please proceed to Stage 2 Impact Assessment:</i>	<b>No</b> <i>Please indicate rationale</i>
	There is no adverse impact to the Extended Access. We will be assessing the utilisation by practice and undertaking patient surveys regarding reasons for use and no use, and will take account of any equality related issues that arise at that time during this pilot phase.

### Sign-off

	<b>Signed</b>	<b>Date</b>
<b>Activity Lead/project checked</b>	<i>Jacqui Bunce</i>	21 <sup>st</sup> January 2019
<b>Equality and Diversity Lead checked</b>		
<b>Approved by</b>		

Publication and Review, please note the following:-

- Once approved it is recommended that this information is stored with all documentation relating to the activity/project as evidence of the Stage 1 EIA screening having been undertaken.
- To show transparency, it is recommended that the Stage 1 information is published via appropriate methods, e.g. as attachment to documents relating to the activity/project, references in relevant reports/notes of meetings, information on website etc.
- Reviewing of EIA information should be conducted alongside the ongoing review of project/activity.

On completion, this form should be submitted to OPTUM CSU Equality Lead, Kamljit Obhi: [Kamljit.obhi@nhs.net](mailto:Kamljit.obhi@nhs.net)

## Stage 2: Full Equality Impact Assessment

### Introduction

A Stage 2 – Full Equality Impact Assessment (EIA) is based on results of the Stage 1 screening of the activity/project.

The Full EIA helps you to:

- Further investigate the issues that may adversely impact on certain protected characteristics/populations more than others by collecting and analysing additional information/data e.g. on local demographics, services etc., relating to the activity/project.
- Consult with those protected groups that may be more affected by the activity/project, to ascertain their views on the impact of the activity/project and how adverse impact can be addressed.
- Propose solutions to overcoming adversity amongst certain groups.
- Develop action plans relating to the activity/project to support implementation of actions to address adverse impact identified.

To assist you in completion of the assessment you will find further information in appendix 1 & 2 at the end of this document

## Stage 2: Full Equality Impact Assessment Report

1. What is the equality profile of the population i.e. service users/patients and/or workforce that is intended to benefit from the activity/project?

*(By collecting and analysing demographic data of protected characteristics relating to patients/service users and/or workforce, within the geographical area concerned, the CCG will be able to identify the groups that may be adversely affected at a greater proportion to others).*

2. From the analysis, summarise the likely populations/groups identified that may face adversity as a result of the proposed activity/project.

3. What consultation/involvement activities have taken place or will need to take place with these populations/groups to address adverse impact?

4. What other research has been or will need to be carried out to help you with the assessment?

5. Results of consultation/research *(what does it tell you about the adverse impacts?)*

6. **Conclusions** – What steps will you take in response to the findings of your impact assessment? *(Summarise your findings of the stage 2 impact assessment below).*

6.1 No major change – *Your impact assessment demonstrates that the activity/project is robust and the evidence shows no potential for discrimination and that you have taken all appropriate opportunities to advance equality and foster good relations between groups.*

6.2 Adjust the activity/project – *This involves taking steps to remove barriers or to better advance equality. It can mean introducing measures to mitigate the potential effect.*

6.3 Continue the activity/project – *This means adopting your proposals, despite any adverse effect or missed opportunities to advance equality, provided you have satisfied yourself that it does not unlawfully discriminate.*

6.4 Stop and remove the activity/project – *If there are adverse effects that are not justified and cannot be mitigated, you will want to consider stopping the activity/project altogether. If an activity/project shows unlawful discrimination it must be removed or changed.*

7. Action planning *(state actions to address any adverse impact to enable you to move forward with your activity/project). Use the example action plan template:-*

Impact/Issue identified	Key Actions or Justification	Anticipated outcome. <i>Will this remove negative impact?</i>	Resources	Lead Officer & Timescale

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## 8. Sign-off

	Signed	Date
Activity Lead – project checked		
Equality and Diversity Lead – checked		
Final Approval by		

Publication and Review, please note the following:-

- Once approved it is recommended that this information is stored with all documentation relating to the activity/project as evidence that Stage 2 EIA has been undertaken.
- To show transparency, it is recommended that the Stage 2 information is published via appropriate methods, e.g. as attachment to documents relating to the activity/project, references in relevant reports/notes of meetings and consultation exercises, information on website etc.
- Reviewing of EIA information should be conducted alongside the ongoing review of project/activity.

On completion, this form should be submitted to OPTUM CSU Equality Lead, Kamljit Obhi: [Kamljit.obhi@nhs.net](mailto:Kamljit.obhi@nhs.net)

## Appendix 1: EIA Quality Checklist

The quality indicators below can be used to review the quality and robustness of your completed Equality Impact Assessment:

Theme	Quality Indicators
1. Methodology	<ul style="list-style-type: none"> <li>• Evidence of consultation/ engagement with protected groups around the policy or practice being assessed (patients, service users and employees)</li> <li>• People from protected groups feel engaged in the process</li> <li>• Evidence used is based on hard and soft data</li> </ul>
2. Report content	<ul style="list-style-type: none"> <li>• The assessment of actual or potential impact is firmly based on the evidence presented</li> <li>• Equality issues are addressed comprehensively, rather than superficially</li> </ul>
3. Outcomes	<ul style="list-style-type: none"> <li>• Recommendations are clearly linked to the needs of patients, service users and protected groups</li> <li>• EqIA is capable of informing key decisions</li> </ul>

4. Transparency and communication	<ul style="list-style-type: none"> <li>• An action plan is included</li> <li>• It is clear who is responsible for implementing the action plan</li> <li>• Written in Plain English</li> <li>• Written without NHS jargon</li> <li>• EqIA tells a coherent story</li> <li>• Translations and different formats are offered</li> </ul>
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## APPENDIX 2: HIGHLIGHTS OF THE EQUALITY ACT 2010

**The Equality Act 2010** outlaws direct and indirect discrimination, including less favourable treatment, harassment and victimisation of people based upon their protected characteristics. The Act applies to all individuals, providers of services and employers.

**Direct discrimination** means less favourable treatment of a person compared with another person because of a protected characteristic.

**Indirect discrimination** means the use of an apparently neutral practice, provision or criterion which puts people with a particular protected characteristic at a disadvantage compared with others who do not share that characteristic, and applying the practice, provision or criterion cannot be objectively justified.

**The public sector equality duty**, arising from **Section 149(1)** of the Act, applies to public authorities, such as Clinical Commissioning Groups. A public authority must, in the exercise of its functions, have due regard to the need to—

- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

**S149 (3)** of the Act states that having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to—

- a) remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
- b) take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;
- c) encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.