



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.

Stage 1: Equality Impact Assessment – Initial Screening

Name of the Activity/Project:	Pennygate Health Centre Consultation
Name of Lead:	Rebecca Neno
Date Screening Commenced:	17/09/18

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

GP services at the Pennygate Health Centre ceased from 7th September 2018 due to Dr Nathu's retirement. These services have been moved to the Johnson Hospital, Spalding and provided by LCHS until at least 31st March 2019. The CCG will now undertake a full consultation exercise with all registered patients to ensure that we listen to their views. This will consist of five public consultation events in Spalding and a patient survey, available on line, at the Johnson GP Centre or via post

b) Aims and objectives

To understand:

- Patients' preferred choice for accessing primary care services in Spalding
- What is important to patients when accessing primary care
- Understand potential barriers for accessing primary care and identify possible solutions to overcome these
- Scope opportunities for improvements to the current service

c) Anticipated outcomes/benefits

To consult patients on their views of the service moving forward
To provide information and be available to answer questions at the public consultation events
To ensure the CCG provide a high quality safe service that is accessible to all

d) Timescale for implementation

The consultation will be for a minimum of 12 weeks

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

The event venues and staff time will have a cost but this is not known at present

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)			✓
Please explain your reasons			
The CCG acknowledges that some of the groups receiving the consultation letter and survey to complete may not be able to understand or to read it. All correspondence for the consultation will go out in font 14 for ease of reading.			

The letter and survey will be made available in other languages; Polish, Latvian and Lithuanian are the known languages within the health centre population.

There are 21 patients on the Learning Disability Register and so the survey will be available in an Easy Read format.

It is acknowledged that some people may not be able to attend the sessions, for example, older people and those who are house bound. The CCG will ensure copies of the survey are posted to anyone who requests.

It is acknowledged that some people may not be able to access the digital survey; the CCG will ensure copies of the survey are posted to anyone who requests.

At the events there will be access to translation services.

The five events are on different days of the week and at various times to enable more patients to access.

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?

Please tick and provide brief explanation as to how.

<p>Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010. <i>(E.g. Does the policy/practice address risks for particular protected characteristics?)</i></p>	<p>✓</p> <p>The CCG is addressing languages, font size and easy read format. There will be translators available at the consultation events.</p> <p>A variety of days and times have been chosen for the events.</p>
<p>Advance equality of opportunity between people who share a protected characteristic and those who do not <i>(E.g. is this facilitated for particular protected characteristics?)</i></p>	
<p>Foster good relations between people who share a protected characteristic and those who do not <i>(E.g. 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.

<p style="text-align: center;">Evidence Summary Report and Actions</p> <p>The planned patient consultation will reach the majority of registered patients and have limited or no impact on them.</p> <p>There are groups of patients identified who the consultation will impact upon and the CCG will ensure they carry out the actions as described in point 2 to reduce this impact.</p> <p>It would also be of benefit to carry out an analysis of demographics in order to target all the patient population groups.</p>
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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:

Yes <i>Please make recommendations for Stage 2 Impact Assessment:</i>	No <i>Please indicate reasons</i>
✓	

Sign-off

	Signed	Date
Activity Lead/project checked		
Equality and Diversity Lead checked		
Approved by		

Transparency 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, Kamlijit Obhi: Kamlijit.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.

If the Stage 1 screening of your activity/project has highlighted some 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 would need to go through the questions stated in the Stage 2 assessment and collect relevant evidence to support your answers.

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 further information/data e.g. on local demographics, services etc., relating to the activity/project.
- 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.

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 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).

The groups identified from the practice demographics that may be affected more adversely are the older and frail population, those with a disability and possibly those with a different nationality/ethnicity, who may have specific language requirements.

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

Those within the older and frail group may not be able to attend the engagement events. 3.5% of the practice population are housebound and 1 registered patient lives in a Care Home.

The practice has 0.7% of its population on the learning disability register.

18% of the practice population are Eastern European but through demographic profiling we have found the majority speak English with the other main languages being mainly Polish, Lithuanian or Latvian

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

All patients will receive the letter and if not able to access the engagement events could send a family member/neighbour/carer on their behalf. The questionnaire is available online if they have access, can be collected at the Johnson GP Centre or they can phone the CCG for a copy to be posted to them and a free post return envelope is provided.

The CCG did consider publishing the letter and survey in easy read format, but with the small proportion of those with a learning disability the CCG will not actively promote it but if asked for a another format or to assist someone they would do what was needed.

The engagement session venues are all accessible for those who are physically disabled and those in a wheelchair. There are hearing loops available and the

CCG have contacted the Blind Society in order to have the information in braille if required.

Within the patient letter regarding the consultation the CCG has inserted a line for anyone to contact the CCG if they require the letter and/or survey in another language. Due to the low percentage of other nationalities it is felt that it would not be proportionate to have a translator at each engagement event. The CCG however, will provide access to a translator if required, and would be prepared to speak with them on a 1:1 basis or as a small group.

A number of CCG officers will be available at the engagement sessions and a quiet room is available if anyone wishes to speak in private or they require an area with less people around.

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

There has been no further research carried out at the present time.

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

The consultation commences on October 1st 2018 concluding on December 31st 2018.

Each event will be reviewed after to see if there are any further adverse impacts to the practice population not already identified and any further issues and actions will be stated in point 7 below:-

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*).

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.*
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.*

As described in the above sections the CCG has put mechanisms in place and adjusted the consultation to remove any potential barriers; language barriers to

the information, survey available on line, paper copies to pick up in person or to be posted out with free return of the completed survey, disability access to all event venues, hearing loop available in all venues and sufficient number of senior CCG officers available to speak with members of the public at the event and access to a quiet room if required.

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.*
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*). E.g.:-

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

8. Sign-off

	Signed	Date
Activity Lead/project checked		
Equality and Diversity Lead checked		
Approved 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.

