

Equality Analysis Report: Pre-consultation

Date: 20/6/15 (pre assessment)

Date: 7/7/15 (pre assessment)

Date: 10/07/15 (pre assessment)

Date : 21/07/15

Signature: Andy Woods

Signed Audrey Howarth on behalf of NHS England Commissioners

1. What is a Pre- Equality Analysis?

An equality analysis is the process by which decision makers assess the potential risk of discrimination to ensure that when taking decisions they do so in the full knowledge of section 149 - statutory Public Sector Equality Duty, the Equality Act 2010.

The primary function of this **pre-assessment** is to assist officers in understanding:

- 1) any equality implications of the proposed changes to explore these possibilities and minimise any disadvantage,
- 2) Identify engagement groups and to garner their views on the proposal and identify any undue impact on particular protected characteristics.
- 3) And to aid in developing a work plan that will incorporate user views, mitigating any adverse impact and to assist and aid their decision.

In order to meet equality legislation we have to consider the issues of:

1. Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
2. Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
3. Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Scope of the Analysis

This analysis will examine the rationale for the changes, the perceived impact it will have on particular individuals, identify engagement needs. A final review will be completed once all the engagement has been done and the evidence can be evaluated.

North East Diabetic Eye Screening Programme Screening Site Review Pre-engagement

Date: 10/07/15	Completed by: Andy Woods - CSU
Commissioned by: NHS England	

1. What is the overall purpose of the service/change in existing service?

The aim of the National Diabetic Eye Screening Programme (NDESP) is to reduce the risk of sight loss amongst people with diabetes by the prompt identification and effective treatment if necessary, of sight threatening diabetic retinopathy at the appropriate stage during the disease process.

NHS England Lancashire and Greater Manchester Area Team is responsible for commissioning the North East Manchester Diabetic Eye Screening Programme (NEM DESP) covering Bury, Heywood, Middleton and Rochdale (HMR) and Oldham (as from 1 April 2013). This is by providing screening, diagnosis and referral for treatment for patients with diabetes as part of the screening pathway to the eligible populations. Since 2008 Pennine Acute Hospital Trust which provides the North East Manchester Diabetic Eye Screening Programme offered the screening service from up to 16-17 different venues each year which were dependent on room availability. In some years this was lower due to lack of room availability.

Following a serious incident in the NE DESP programme which was the result of networking problems and the safe transfer of data, action

needed to be taken to ensure that screening in the programme was safe, of the highest quality and adhering to the National Standards. The quality and safety of the programme was compromised by the lack of an N3 connection and it was essential that this issue was addressed as soon as possible to maintain screening. The previous service provision of 16-17 mobile sites was reduced in the interim to 6 static community based sites with N3 connection. (The N3 network is designed to ensure confidentiality and a safe way to transfer digital photographs and other information by NHS users). The priority was to locate the cameras in sites that provided a safe N3 connection, to ensure the safe transfer of data and to reduce the frequent movement/transportation of digital camera's which was compromising the camera life and quality of images. The rationale for the decisions at the time, were based on room availability that facilitated the N3 connection, the ability to secure venues for long term use, access for the eligible diabetic population. All of the static sites met the requirements of the Equality Act 2010

The NE DESP had 6 cameras at the time of the incident which is why 6 sites were selected based on the highest number of eligible patients. The rationale for the decisions at the time were based on room availability, the venues used for the longest periods of time, the number of eligible patients being screened at each site to reduce the impact on the greatest number of patients, areas of deprivation . Other options were explored but were not feasible or possible in the timescales to manage the urgent quality and safety issues. This arrangement was benchmarked against service provision by other Programmes operating a similar model. Whilst the interim measures have had an impact for a number of patients whilst the engagement process concludes there are a number of the 38000 plus diabetic patients which will have seen no change to their screening venue offer from previous years. It is estimated that of the 38000 plus diabetic patients being screened approximately 8000 patients will be seeing a change in the availability of a more local screening site.

The intention was to review this service change after the initial change to 6 static sites with recognition of the requirement of an additional camera to ensure capacity for an expanding diabetic population.

NHS England and PAHT are engaging with patients to increase the offer of screening locations to up to 12 locations per year. This will be through a review of transport and population mapping as well as based on feedback from patients through this engagement process. The NEMDESP would also like to review the current hours of operation to include options to offer screening outside the core service hours for patients that find it difficult to access the service during the normal working day.

It is believed that the change will provide:

- improved patient safety and quality of service
- increase screening uptake
- allow the service to be networked to an N3 connection and be able to use equipment that is better equipped for the volume of images taken and reduce Information governance risks
- some stability of location for patients and staff members
- save time and costs in setting rota's and the risks associated with the transportation of the camera equipment to different sites throughout the course of the year

The service will look at hosting a few events each year linked to existing planned events to increase screening uptake. The DESP will work in collaboration with the Screening and Immunisation Team as part of NHS England, in working with a population approach using the Health Inequality Strategy that has been produced to target and improve uptake to screening

2. What are the priorities and aims for this service?

To improve access to and uptake of screening to the entire eligible population whilst ensuring that screening is offered in venues suitable for screening, that have a secure N3 connection and meet the requirements of the Equality Act 2010. The service needs to plan locations that are convenient for the majority of patients as the eligible population continues to increase at a predicted 5% year on year.

To map transport options and promote the availability of these of these to the eligible population.

3. Who is expected to benefit from the service or proposed change

Service – will be able to run more effectively and efficiently and risks to service delivery reduced. Increased uptake of screening. Improved patient safety and quality.

Staff – stability of location for clinic staff along with a reduction in the administration process related to the frequent transportation of equipment

PAHT – The service will be much more cost effective and provide value for money whilst ensuring that patient needs are taken into consideration in the review of service provision.

Patients – Continuity of care in terms of staff and location as well as a location that is fit for purpose and more local to the patient. Additional hours outside core working hours to support an increase in attendance in the working populations as well as a choice to attend any one of the venues in operation if this is more convenient

4. Are there any related services, policies or guidelines that may be affected by this service or change in service?

No

5. Do different groups have different needs, experiences, issues and priorities in relation to this service or change in service? (If the answer is yes, please provide justification or legitimate aims in the space provided at Q9).

Yes – Some patients are happy for good central locations but others will want a venue that is very close to home. The service will be looking to offer all eligible patients a reasonably acceptable level of choice of locations and hours as evidenced through the patient engagement process. Service is being increased from current status however needs to cognisant of the historical quality and safety issues to ensure that these do not re-occur and that the service minimises the movement of any one camera.

6. Does the service affect one group less or more favourably than another, including possible discrimination against one group(s) over another? (If the answer is yes, please provide justification or legitimate aims in the space provided at Q9).

Yes this applies with regard to Age and Disability.

7. Is there public concern (including media, academic, voluntary or sector specific interest) in the policy area about actual, perceived or potential discrimination about a particular community? (If the answer is yes, please provide justification or legitimate aims in the space provided at Q9).

Yes this is applicable in regard to age, disability and location.

All protected characteristics need to be engaged on the proposal:

The final analysis will need to be cognisant of results of consultation and any other evidence presented but the initial equality issues that need attention look like:

Protected characteristic	Issue linked to travel and familiarisation	Comment /mitigation
age	<p>Young and older patients may need to adjust to new arrangements</p> <p>All venues need to be strategically placed for ease of</p>	<p>Additional sites to be offered.</p> <p>Parents notified of changes/ proposals and options.</p> <p>Older patient notified of changes and offered 'pre –opening familiarisation visit'</p> <p>Fully engage with patients though surveys and planned events and engagement</p>

	<p>access in all geographic areas.</p> <p>Working age families and children</p>	<p>activities to ensure that views from patients from all age groups are sought.</p> <p>Additional hours of operation outside core hours to be considered as part of this review to support access for the working population.</p>
<p>disability</p>	<p>Severely disabled may be assisted by carers.</p> <p>Its vital that current users are part of the consultation process to identify their needs and worries about the change in service location</p> <p>Disability (e.g. diabetes) - limiting mobility/ amputees /blindness.</p> <p>Delays in appointments may</p>	<p>Additional sites to be offered which meet the requirements of the Equality Act 2010. Notify people with disabilities & carers in good time of the proposal seek their views through the engagement process.</p> <p>Patient transport is available for patients and sites to be considered that are on the approved list for patient transport.</p> <p>Work with local Voluntary organisations for guidance.</p>

	have a detrimental effect.	
Gender reassignment	No impact	
Pregnancy & maternity	Change in routes/ bus/ parking	Notify in good time of changes – clearly indicating fresh routes and parking facilities
race	Spoken /written language	Language needs associated with patients are fully considered by the provider. Interpreters to be available at the planned patient engagement events. Ensure information is given to different communities, consider different language leaflets
Religion& belief	No impact	
Sex (M/F)	Male /female – other than the above categorises – no impact	
sexuality	No Impact	

1. Does this service go to the heart of enabling a protected characteristic to access health and wellbeing services?

Diabetic Eye Screening is a vital service for the monitoring, prevention and treatment of diabetic retinopathy to reduce blindness in the working age population

2. Who do you need to engage with?

All protected characteristics need to be engaged with and **particular efforts** must be made with *service users and particular groups* (such as diabetes sufferers and voluntary organisation that have an interest) to engage and understand their views of the proposal and to identify any concerns they may identify with the plans. Disability groups also need to be included in the design and layout of the new venues

Once engagement has taken place then the Equality Analysis will be reviewed and finally completed.

3. Is there evidence that the Public Sector Equality Duties will be met?

(a) Eliminate discrimination. –

Currently Commissioners and providers have provided assurances that the service is not being reduced and following the actions the Duty is currently being met

The development of the programme will need to be cognisant of threshold and criteria issues highlighted above as this has potential to indirectly discriminate against the protected characteristic of *disability* and *older age*.

Commissioner and provider assurances to Threshold issues

- There will be no reduction in the financial envelope for this service.
- An additional camera 7 has been purchased to mitigate the increased demand/capacity issues on the service reducing potential risks to the offer of screening to diabetic patients in the three boroughs

There will be no reduction in the hours of service provision – the service is currently looking to expand screening sites hours of operation (where possible/undertaking a pilot to evaluate demand) working population in earlier /Later appointment and weekend appointments

(b) Advance equality of opportunity

Pennine Acute Trust and the Commissioner will have to understand patients concerns and address them to show that there will be no negative impact on particular disabilities and that the service will in fact help to include and pull in to the service those that are disproportionately low/poor in using such services. Pennine Acute Trust needs to demonstrate how it will address health inequality of attendance in to this service with its new model.

Furthermore as previously referenced the collaborative work with Screening and Immunisation Team regarding their Health Inequalities Strategy , in addition the DESP has undertaken a CQUIN regarding Health Inequalities This was to undertake a stocktake of access and coverage for vulnerable and deprived groups.

The stocktake will, for each group, identify the group’s current access to relevant services and compare the group’s uptake and coverage to the local, regional and national average. The stocktake should attempt to identify factors which may result in poorer coverage. These factors could include cultural reasons, geographical distance, and lack of appropriate information.

This will be progressed by setting an Action Plan that will be worked through as a Service Development plan; action will be regularly monitored by the Programme Board.

(c) Foster good relations between different protected characteristics-

- Pennine Acute Trust and the Commissioner will have to demonstrate how it has engaged with service users and specialist interest groups – and listened to their views.
- As part of the plans, greater engagement with the community on the availability and benefits of the service will be part of its rolling programme of education.

4. Above have you identified key gaps in service or potential risks that need to be addressed or mitigated?

Yes –see action plan

ALL Activity below must take place before final decision is made to change the service.

<i>issue</i>	<i>Action</i>	<i>By whom</i>
Need engagement	Devise stakeholder analysis. Devise engagement process with clear proposal and steer from the Pre EA report	Pennine Acute Trust/ commissioner / CSU
Analysis results of engagement on completion of engagement	Identify from engagement any key concerns or worries connected to protected characteristics. Respond to key concerns/revise plans/ take	Pennine acute trust / Commissioner/ CSU Produce report make available to the public.

	mitigating actions	Feed report in to decision makers
Revise and produce final equality analysis report	<p>Ensure final Equality Analysis report is completed and fed in to decision makers before final decision and any recommendations are fed in to the project specification.</p> <p>Check that it clearly shows how PSED is being met.</p>	<p>Pennine acute trust./ Commissioner</p> <p>Equality Analysis report to be published on line and made available to the public.</p>

END of Pre-assessment.