EQUALITY IMPACT ASSESSMENT

September 2015

Version 1

(Refer to back page for version control record)

IMPORTANT NOTICE: If the review date of this form has expired staff should seek advice from the Equality and Diversity Officer regarding the appropriate action to be taken.

Staff should refer to the POD for the most up to date information.

CONTROL RECORD			
Title	Equality Impact Assessment Form		
Purpose	To assess the impact on equality on CityCare's functions and policies		
Audience	All Staff within CityCare		
Version	1	**Version Date**	September 2015
Issue		**Issue Date**	September 2015
Status	Final	**Review Date**	October 2018
Author	Equality and Diversity Officer		
Development group	Equality and Diversity Committee		
Superseded Documents	NHS Nottingham City Equality Impact Assessment Form Initial Screening Stage 1 and Full Impact Assessment Stage 2		
Associated Documents			
Approved by	Equality and Diversity Committee	**Date**	October 2015
Ratified by	Patient Safety Committee	**Date**	December 2015
Distribution list	All Staff within CityCare		
Access Rights	All Staff within CityCare		

Contents

1. RESPONSIBILITY

Directorate	Childrens and Health Inequality	
Service	Nottingham Urgent Care Centre	
Name of Activity being impact assessed	Nottingham Urgent Care Centre (UCC)	
Date	17th September 2015	
Lead Person responsible for completing the EIA	Name	Ann Simpson
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2. AIMS

2.1   What is the key purpose of the policy/service and what is it intended to achieve?
The Urgent Care centre (UCC) provides assessment and treatment for those who have an urgent but not life-threatening health problem.

The Urgent Care Centre will improve access to medical attention for patients with immediate but non-life threatening illness or injury outside of the hospital setting. Engagement with local clinicians and patients indicates that they are in support of a walk-in service that provides assessment and treatment in a city centre location, while providing extended diagnostics such as x-ray and access to a wide range of health professionals.

The UCC can be accessed by any member of the public regarless of residency or registration. Individuals may self present or those assessed as requiring urgent but not life-thratening care be referred by another health care provider e.g GP, EMAS, 111, acute services. |

2.2   Who will benefit from the Policy/Service? (help: how is the policy/service likely to affect the promotion of equality considering all the protected characteristics: age, disability, gender-reassignment, marriage/civil partnership, pregnancy/maternity, race, religion or belief, sex and sexual orientation when it comes to promoting good relations, eliminating unlawful discrimination and promoting equality of opportunity)
The UCC provides open access to its services without appointment between the times of 7am and 9pm every day of the year to any member of the public regarless of residency, registration or protected characteristic. This may be particularly supportive to those who have difficulty accessing primary care services for other providers e.g. members of the homeless community.

Indivudals presenting who have non-urgent problems visiting the UK from a country with whom the UK does not have a reciprocal arrangement or those 'not normally resident in the UK may be charged according to DH guidelines (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/496951/Overseas_v |

isitor_hospital_charging_accs.pdf)

The UCC is DDA compliant and has good access facilities for those with disabilities. The UCC has immediate access to language line and will almost always offer a same sex health practitioner.

2.3   Involvement of Stakeholders (help: list who has been involved in the policy/service development or change. Have you considered the views of diverse people including those from the protected groups? Evidence how and when they were engaged and the key outputs)

Nottingham City CCG have engaged widely with local communities, local authority services and health care providers during the contract development process.

Nottingham CityCare Partnership (NCCP) as provider of the contract will continue to engage with similar groups where an appropriate relationship exists/ can be developed during the implementation phase of the contract including having a Patient Participation Group member on the UCC implementation steering group. NCCP will also involve stakeholders though its organisational processes inculdung PPG groups, service user feedback both historic from provision of similar services (Walk –in services) and current service delivery.

Patient satisfaction feedback is reported through the Meridian system and isare collated on a quarterly basis. This includes demographic data on gender, age, race, sexual orientation, disability Commissioners

Staff consultation and enganement procceses are underway to ensure that the team of existing and TUPE staff are engaged and enthusiastic to develp the UCC services.

NCCP is working with stakeholder organisations e.g. NUH, EMAS, NEMS, local education providers to ensure their engagement and understaning of UCC services.

3. ESTABLISHING RELEVANCE TO EQUALITY

3.1 Please advise whether the policy/service has either a positive or negative effect on any protected groups. If you answer yes to any question, please also explain why and how that group will be impacted demonstrating your answer with evidence.

Protected characteristic	Positive Impact Yes	No Impact	Negative Impact Yes	Short Explanation	Evidence (help: list the main sources of data/information reviewed to demonstrate impact on each protected group. If there are any gaps in evidence state what you will do to close them in the Action Plan). For examples of data sources please refer to the EIA Guidance
Age	The UCC is a new service, so the actual impact related to age has yet to be evaluated . However, this service has superceded the Nottingham Walk In Centre and CNAP: it is expected that the positive findings regarding age from those services will continue and improve as indentified below: The Walk-in Centre (WIC) widely accessed by the age group between 21 to 44. This could have been due to a high		The UCC is a new service, so the actual impact related to age has yet to be evaluated. However, this service has superceded the Nottingham Walk In Centre and CNAP: There is a lower level of attendance to the WiC by the age group over 65. However this age group are known to be widely supported by primary care and community services and are often not restricted by work activities from accessing the GP services. If compared to CNAP attendance for this age group is higher as access was more readily available and also it reflected the higher age population in Clifton.		The clinical assessment system (CAS) SystmOne Census 2011 NICE Guidances relevant to the conditions that are presented Patient satisfaction survey data

	student population and those working in the city. The largest user next age group was 45 to 64 which again could be due to working people who are unable to access their GPs due to time constraints at whilst at work. This is also reflective of Nottingham City's demographic data in relation to age. A large number of children are known to access the service outside of GP delivery hours. A separate childrens and families waiting area is under construction within the UCC refurbishment plan. At the Clifton Nurse Access Point (CNAP) the impact is known to be higher for the age group of over 65s and reflective of Nottingham's demographic data in Clifton.		The UCC will not provide X-ray to children under the age of 5. This decision has been agreed by the provider group (NCCP and NUH, Radiology team) and accepted by the commissioning body based on specialist advice and evidence (Paediatric Radiology/Orthopaedic) to meet Best Practice outcomes and ensure patient safety.		

	The UCC Multi disclipinary team (MDT) will include doctors. This is anticipated to facilitate an increased level of treatments available and an improved learning environment for the non medical team. There will be an increased use of independent prescribing within UCC and less reliance on patient group directions (PGD) as a mechanism for supplying prescription only medicines. PGDs are frequently age specific and often exclude provision to younger and older members of the population due to increased levels of complexity.		Service users will be required to attend a community pharmacy for medicine dispensing including during the out of hours period. PGD drugs are dispensed on site. NCCP is working with partners and NHS England to consider the option of a pharmacy co-located with UCC.		
Disability	Consultations are not time limited therefore each individual is given the time		There is a hearing loop at the reception desk however this is not available in consulting rooms.		The clinical assessment system (CAS) Census 2011

	required to ensure their issues have been appropriately managed. The UCC provides protected disabled parking, the building is one one level with no steps, provision of disabled toilets. Access to the reception desk is accommodated with a low level area from those not able to stand. All people attending the UCC are greeted at Reception on their arrival and guided through the registration process. Wheelchairs are provided for injured or less mobile individuals and all doors are specially designed to allow wheelchair users. Examination couches are height adjustable to cater for disability		Within the Accessible Information Standard, disabled patients will asked if they have a communication or information support need which will be described in their own words.		NICE Guidances relevant to the conditions that are presented Contract Specification Access Audit by Guides Dogs for the Blind Association September 2004

	requirements. The service will accommodate for mental health issues e.g. anxiety by making the necessary adjustments of providing alternative waiting spaces and giving priority assessment as appropriate.				
Gender Re-assignment	The Service provides non-specfied toilets.		Data around Gender reassignment is not collected as rountine as the IT module is not designed thus. If relevant to clinical care the information would be noted in the medical record however would be difficult to audit.		NICE Guidances relevant to the conditions that are presented Contract Specification
Marriage/Civil Partnership		No impact			
Pregnancy or Maternity	The UCC will provides assessment and treatment for urgent but non-lifethreatening issues to pregnant families. The UCC encourages brestfeeding in public areas but also has private childcare and breastfeeding facilities for those who prefer. Bottle warming will be				

	facilitated on request.				
Race	The UCC is accessible to all reagrdless of race of ethnicity. The WIC has worked with race/faith specific groups historically to promote its availability and purpose using different methods to communicate to different BME communities. As the location of the service is unchaged it is anticipated that there will be no impact of the change of service provision. As aservices develop e.g. provision of X Ray marketing will begin across all Nottingham CCGs and the NCCP organisational processes. The service has immediate access to the telephone translation service language line. Within the private consultation		Recent feedback from service users has demonstrated that around 80% of users who have provided feedback have identified themselves as white british. The remaining breakdown includes thos identified as Black/Black British (11%), Aisan/Asian British 4%, mixed race 3%, with the remainder declaring 'other' as their race. At least one fifth of patients are not completing this level of feedback on the satisfaction survery.		**CAS IT system NCCP service user feedback SystmOne**

	areas this is by speaker phones to facilitate a three way exchanges between clinican, patient and translator. The service strives to accommodate gender specific clincians on request to accommodate cultural needs. Where this is not possible alternative options to meet individual needs will be sought e.g referral to another service who can meet their requirements.				
Religion or Belief	The service strive to accommodate gender specific clincians on request to accommodate religious needs. The service provides information around fasting and ways to take medication at alternative times or advice to take with food.		The building does not have an identified prayer room however there is information on display in the public area to inform service uesers an appropriate space will be facilitated on request. At present the SystmOne MIU module does not collect data around religion or belief and therefore are unable to make an assessment as to required numbers that may be impacted on issues like medicine with egg or gelatine products.		
Sex	Historical data from WiC				The clinical assessment

	services demonstrated that the extended opening times supported access to a high percentage of males within the working age population when compared to other services within primary care. It is anticipated this positive impact will continue and grown with the UCC range of services.				system (CAS) SystmOne Census 2011 Contract Specification
Sexual Orientation	All NCCP staff have received training around the need and reasons to monitor data around sexual orientation. No complaints, incidents or concerns have been raised that could demonstrate gaps in this area.		At present the SystmOne MIU module does not collect data regarding Sexual Orientation unless this is clinically relevant to the consultation. This would be recorded in the medical record with consent but cannot be audited.		Stonewall Health Champion Programme E&D Newsletter

4.   CONCLUSION OF THE ASSESSMENT

4.1   What will the likely overall effect of your policy/service be on equality?
(help: Consider whether there are different levels of access experienced, needs or experiences, whether there are barriers to engagement, are there regional variations and what is the combined impact which could be negative or positive?)

It is considered that the UCC will have an overall positive benefit to the local community.

The UCC service will offer a full range of services as per contract to the population of and visitors to the area from 7am to 9pm every day of the year regardless of their characteristic.

Population requirements and feedback have been considered throughout the process so far to design and develop an implementation plan for the provision of UCC services.

The service has effective support processes in place across the orgnasiation. All staff have received training and demonstrate good understanding of relevant cultural needs. The service caters for disability access and provides support where necessary.

Historic knowledge has informed current gaps in data collection which would be helpful in measuring impact and developing services the future.

It is the opion of the authors that the biggest challenge is engaging and sharing information about what the service can offer to all the communities across the city and county that create to our diverse population.

4.2   If you have identified any negative impacts or discrimination on a particular group or groups what measures have you put in place to remove or mitigate them?

It is felt that any negative impacts identified have been mitigated within the current service delivery/implementation plan. As UCC is a new service there remain unknown areas however it is believed that the processes and support within the service and organisation will support flexible service delivery and response to issues as they arise.

It is possible that changes to the SystmOne MIU IT module in the futre may enable more accurate data collection in protected characteristic areas however this is not within service or organisational control. Currently data available in this area can only be gleaned by feedback from service users. As part of the refurebishment plan in is planned that additional methods of feeback will be offered to the current options which already include written, telephone, twitter, NHS choices and PALs processes.

See Action Plan

4.3   Have you identified any further ways that you can advance equality of opportunity and or foster good relations? If so please give details (help: this means minimising disadvantage and meeting the needs of people with protected characteristics and promoting their participation and encouraging understanding)

5.   WHAT IS YOUR DECISION?

5.1   What steps do you intend to take now in respect of the implementation of the policy/service?

    ☐   **Approve as policy/service is robust and does not discriminate**

    ☐   **Adjust to remove barriers, advance equality or mitigate impact**

    ☐   **Continue as objectively justified there is no discrimination and record how decision reached**

    ☐   **Stop and remove as policy/service shows unlawful discrimination**

    ☒   **Put in place actions to mitigate impact and go to action plan**

See Action Plan

ACTION PLAN

The follow action plan should be completed if the equality impact assessment has identified that steps need to be taken to mitigate or address any negative impact for any of the protected groups or the need to collect additional evidence to inform the assessment.

Action	Target Date for completion	Person Responsible	Outcome
To investigate the use and set up of a hearing loop within an UCC consultation room – to look at cost, benefits and need	September 2016	Ann Simpson	
To review methods of communication in other languages. Identify most efficient and cost effective processes (CityCare wider issue)	April 2016	Accessible Standards working group Marketing/Communications Sangita Dhiri – Interpreting & Translation Services	
To review the process of ways and methods to collect sexual orientation, religion and belief, data	September 2016	UCC IT lead to request changes from TTP	available therefore data has been collected at GP source where a relationship has already been established

As part of the implementation for the new management system the staff will receive scenario based training around customer care which will include protected groups	September 2016	Ann Simpson	NVQ training identified and plan in place to pprogress reception team through the programme
To encourage service users from all different ethnic backgrounds to complete patient satisfaction feedback and provide relevant monitoring data. Identify additional methods that will increase feedback from all the protected groups in order to assess their satisfaction of the service.	April 2016 July 2016	Ann Simpson Team Members at UCC	
To review EIA after one year of UCC operation due to service developments and transitions	October 2016	Ann Simpson Team members at UCC	

Version History

Version	Date	Status	Comment
1	*September 2015*	*Final*	*Ratified by Patient and Safety Committee*

Change Control Record

Date	Version	Section	Changes made