

Combined Tool:
Equality Impact Assessment / Equality Analysis

Please refer to the combined guidance document for any assistance in completing this

Title of service or policy	Endoscopy Service
Name of directorate and service	Royal National Hospital for Rheumatic Disease NHS Foundation Trust (RNHRD)
Name and role of officers completing the Impact Assessments	Amanda Pacey Head of Nursing and Operational General Manager (RNHRD) Dawn Clarke- Director of Nursing and Quality BaNES CCG
Date of assessment	December 2014

Equality Impact Assessment

Equality Impact Assessment (or 'Equality Analysis') is a process of systematically analysing a new or existing policy or service to identify what impact or likely impact it will have on different groups within the community. The primary concern is to identify any discriminatory or negative consequences for a particular group or sector of the community. Equality impact Assessments (EIAs) can be carried out in relation to service delivery as well as employment policies and strategies.

This toolkit has been developed to use as a framework when carrying out an Equality Impact Assessment (EIA) or Equality Analysis on a policy, service or function. It is intended that this is used as a working document throughout the process, with a final version including the action plan section being published on NHS Bath and North East Somerset CCG's website.

1.	Identify the aims of the policy or service and how it is implemented	
	Key questions	Answers / Notes
1.1	<p>Briefly describe purpose of the service/policy including</p> <ul style="list-style-type: none"> • How the service/policy is delivered and by whom • If responsibility for its implementation is shared with other departments or organisations • Intended outcomes 	<p>The greatest majority of patients served by the RNHRD come from Wiltshire, BANES and Somerset CCG's. In 2013 – 4 this number totalled 658, 44% of these patients are regular surveillance attenders.</p> <p>289 number of patients attend the Endoscopy service at the Royal National Hospital for Rheumatic Diseases NHS Foundation Trust (RNHRD) as part of an annual or bi annual surveillance programme</p> <p>As a result of significant and longstanding financial challenges the RNHRD cannot continue in its current form and needs to become part of a larger organisation. The RNHRD Trust Board has outlined a strategic intent to be acquired by the Royal United Hospitals Bath NHS Foundation Trust (RUH). The RNHRD Board agree that this is the best opportunity to ensure the future provision and continuity of the RNHRD's high quality patient services.</p> <p>The RNHRD is proposing to transfer its Endoscopy service to the Royal United Hospitals Bath NHS Foundation Trust (RUH) as a result of the proposed acquisition, with a view to integrate the two services from 1st February 2015.</p>
1.2	<p>Provide brief details of the scope of the policy or service being reviewed, for example:</p> <ul style="list-style-type: none"> • Is it a new service/policy or review of an existing one? 	<p>This is an existing service within the RNHRD that is to be transferred and absorbed into the existing RUH service on 1st February 2015.</p> <p>This is a local requirement driven by 3 issues: JAG accreditation, clinical</p>

	<ul style="list-style-type: none"> • Is it a national requirement?). • How much room for review is there? 	pathways and service resilience and training and development of staff.
1.3	Do the aims of this policy link to or conflict with any other policies of the CCG?	<p>Links to CCG Five Year Plan. Patients can be assured that they will continue to have access to an endoscopy service. The proposed transfer will ensure service continuity and that patients will benefit from the added assurance of externally accredited standards of care. (Joint Advisory Group (JAG) Accreditation</p> <p>https://www.rcplondon.ac.uk/projects/JAG</p>
2. Consideration of available data, research and information		
<p>Monitoring data and other information should be used to help you analyse whether you are delivering a fair and equal service. Please consider the availability of the following as potential sources:</p> <ul style="list-style-type: none"> • Demographic data and other statistics, including census findings • Recent research findings (local and national) • Results from consultation or engagement you have undertaken • Service user monitoring data (including ethnicity, gender, disability, religion/belief, sexual orientation and age) • Information from relevant groups or agencies, for example trade unions and voluntary/community organisations • Analysis of records of enquiries about your service, or complaints or compliments about them • Recommendations of external inspections or audit reports 		
	Key questions	Data, research and information that you can refer to
2.1	What is the equalities profile of the team delivering the service/policy?	We assess the RNHRD E & D work force statistics annually, no issues have been identified for 2013-14 , this is available on the

		RNHRD website. Due the service only contracting 4 employees, to release the information for the service would be identifiable.																																	
2.2	What equalities training have staff received?	Equality and diversity training every three years.																																	
2.3	What is the equalities profile of service users?	<p>The population age and sex profile in B&NES remains largely consistent compared with previous years, with a 49%/51% male/female split. The age profile is largely consistent with the UK as a whole, except for the 20-24 age bracket which accounts for 10% of the population as opposed to 7% seen nationally. A larger proportion of people are in this age bracket range are as a result of the student population at two universities in BaNES.¹ The 2011 census showed our population to be 90% White British, with the next two largest groups being 3.8% (approx 6,600) Other White, and 2.6% (approx 4,500) Asian or Asian British descent. Bath and North East Somerset is less ethnically diverse than the UK as a whole but more so than the South West.</p> <table border="1"> <thead> <tr> <th>Ethnic Group</th><th>Patients</th><th>(%)</th></tr> </thead> <tbody> <tr> <td>Any other Asian background</td><td>1</td><td>0.4</td></tr> <tr> <td>Any other white background</td><td>6</td><td>2.1</td></tr> <tr> <td>British</td><td>267</td><td>95.0</td></tr> <tr> <td>Not Given</td><td>1</td><td>0.4</td></tr> <tr> <td>Irish</td><td>4</td><td>1.4</td></tr> <tr> <td>Pakistani</td><td>1</td><td>0.4</td></tr> <tr> <td>Unknown</td><td>1</td><td>0.4</td></tr> <tr> <td>Grand Total</td><td>281</td><td>100.0</td></tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Sex</th><th>Patients</th><th>(%)</th></tr> </thead> <tbody> <tr> <td>Female</td><td>85</td><td>30.2</td></tr> </tbody> </table>	Ethnic Group	Patients	(%)	Any other Asian background	1	0.4	Any other white background	6	2.1	British	267	95.0	Not Given	1	0.4	Irish	4	1.4	Pakistani	1	0.4	Unknown	1	0.4	Grand Total	281	100.0	Sex	Patients	(%)	Female	85	30.2
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2.4	What other data do you have in terms of service users or staff? (e.g results of customer satisfaction surveys, consultation findings). Are there any gaps?	<p>There are no concerns about the quality of care provide by the RNHRD Endoscopy service, the unit continues to report high levels of patient satisfaction, short waiting times and a good patient safety record.</p> <p>Service user views have been sought via a patient questionnaire on the proposed transfer to which 73 patients replied.</p>																											
2.5	What engagement or consultation has been undertaken as part of this EIA and with whom? What were the results?	<p>Stake holders consulted with are the patients and the GP's.</p> <p>Communicated at GP Forum on 22/10/14. 63 GP attendees at this meeting with no objections raised.</p> <p>289 existing surveillance patients and their GPs were written to and asked to complete a questionnaire. 73 patients and 2 GPs responded.</p> <p>The summary of results is included at the end of this report. Overall the feedback has been positive. The main area of concern relates to car parking on the RUH site.</p>																											

2.6	If you are planning to undertake any consultation in the future regarding this service or policy, how will you include equalities considerations within this?	N/A as service will transfer to the RUH
3. Assessment of impact: 'Equality analysis'		
	<p>Based upon any data you have considered, or the results of consultation or research, use the spaces below to demonstrate you have analysed how the service or policy:</p> <ul style="list-style-type: none"> • Meets any particular needs of equalities groups or helps promote equality in some way. • Could have a negative or adverse impact for any of the equalities groups 	
		<p>Examples of what the service has done to promote equality</p>
		<p>Examples of actual or potential negative or adverse impact and what steps have been or could be taken to address this</p>
3.1	Gender – identify the impact/potential impact of the policy on women and men.	<p>Gender- The Endoscopy service is delivered in a way that ensures equal access and is appropriate to the needs of the particular group of patients requiring this service, rather than one size fits all</p>
3.2	Pregnancy and maternity	<p>The service will be universally applied to all B&NES residents and it is not expected to have an impact relating to .pregnancy and maternity</p>

3.3	Transgender – – identify the impact/potential impact of the policy on transgender people		The service will be universally applied to all B&NES residents and it is not expected to have an impact relating to transgender.
3.4	Disability - identify the impact/potential impact of the policy on disabled people (ensure consideration both physical and mental impairments)	Disability There is access to RNHRD and RUH for disabled people.	The plan will be universally applied to all B&NES residents and it is not expected to have an adverse impact relating to disability
3.5	Age – identify the impact/potential impact of the policy on different age groups	RUH have a wider range of patients' services available for children. The RNHRD does not perform endoscopies for children. The RUH have paediatric skilled clinicians.	The service will be universally applied to all B&NES residents and it is not expected to have an adverse impact relating to age.
3.6	Race – identify the impact/potential impact on different black and minority ethnic groups	The Endoscopy service is delivered in a way that ensures equal access and is appropriate to the needs of the particular group of patients requiring this service, rather than one size fits all.	The service will be universally applied to all B&NES residents and it is not expected to have an adverse impact relating to .race
3.6	Sexual orientation - identify the impact/potential impact of the policy on lesbians, gay, bisexual & heterosexual people	The Endoscopy service is delivered in a way that ensures equal access and is appropriate to the needs of the particular group of patients requiring this service, rather than one size fits all.	The service will be universally applied to all B&NES residents and it is not expected to have an impact relating to sexual orientation
3.7	Marriage and civil partnership – does the policy/strategy treat married and civil partnered people equally?	The Endoscopy service is delivered in a way that ensures equal access and is appropriate to the needs of the particular group of patients requiring this service, rather than one size fits all.	The service will be universally applied to all B&NES residents and it is not expected to have an impact relating to . marriage and civil partnership
3.8	Religion/belief – identify the impact/potential	The Endoscopy service is delivered	The service will be universally

	impact of the policy on people of different religious/faith groups and also upon those with no religion.	in a way that ensures equal access and is appropriate to the needs of the particular group of patients requiring this service, rather than one size fits all.	applied to all B&NES residents and it is not expected to have an impact relating to .religion/belief
3.9	Socio-economically disadvantaged – identify the impact on people who are disadvantaged due to factors like family background, educational attainment, neighbourhood, employment status can influence life chances	The Endoscopy service is delivered in a way that ensures equal access and is appropriate to the needs of the particular group of patients requiring this service, rather than one size fits all.	The service will be universally applied to all B&NES residents and it is not expected to have an impact relating to the Socio-economically disadvantaged.
3.10	Rural communities – identify the impact / potential impact on people living in rural communities	RUH has parking, the RNHRD does not have this facility, but people can park in the public parking facilities. There are public services and bus stops that run to and stops within the RUH.	The service is not expected to have an impact on access to travel arrangements. Parking may be a factor.

Title	Questionnaire for Feedback on Proposed Changes to the RNHRD Endoscopy Services
Date	05.01.2015

Number of patients sent questionnaire	289
Number of GPs sent questionnaire	54 surgeries with existing patients 21 surgeries with patient on referral/ waiting list
Total number of respondents to 06.01.2015	75
Number of patient responses received	73
Number of GP responses received	2

Patient Equality Data:

Age	Gender	Sexuality	Disability	Type Disability	Religion	Language	Ethnic Group
50-59 = 4	Female = 17	Bisexual = 3	Yes = 7	4 physical	Christianity = 45	English = 57	White British = 58
60-69 = 18	Male = 42	Hetrosexual = 56	No or Not stated = 66	3 sensory	None = 12	N/A = 10	White Other = 1
70-79 = 19	Not stated =14	Not stated = 14			Not stated = 17	Not stated = 6	Not stated = 14
80-89 = 6							
Not stated = 26							

Trend analysis regarding patients' views of proposed changes:

Trend in comments:	Positive	Negative	Neutral
Opinion based on experiences of RNHRD	27	0	0
Opinion based on experiences of RUH	5	3	0
Opinion based on reputation of RUH	2	10	1
Opinion based on change of location/ parking	5	4	5
Difference in size of RUH/ RNHRD	3	6	0

Trend analysis regarding GPs' views of proposed changes:

Trend in comments:	Positive	Negative	Neutral
Opinion based on experiences of RNHRD	1	0	0
Opinion based on experiences of RUH	0	0	0
Opinion based on reputation of RUH	0	0	0
Opinion based on change of location/ parking	0	1	0
Difference in size of RUH/ RNHRD	1	0	0



**Bath and North East Somerset
Clinical Commissioning Group**