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| **Equality Analysis** | |
| **Policy / Project / Function:** | Oxford Headache Pathway |
| **PMO Reference Number** | 77 |
| **Completed by:** | Zoe Kaveney |
| **Date of Analysis** | 22.4.2016 |
| **Equality Analysis signed off by:** | Maggie Dent  22.4.2016 |
| **Analysis Rating:** please highlight  (See Completion Notes at the end of this document) | * Red * Red/Amber * **Amber** * Green |
| **Type of Analysis Performed:**  Please Tick ✔or Highlight | * **Business Case** * Service re-design * Policy Analysis * Consultation * Meeting * Other |
| Please list any other policies that are related to or referred to as part of this analysis | n/a |
| **Who does the policy, project or function affect?**  Please Tick ✔or Highlight | * **Employees** * **Service Users** * Applicants * **Members of the Public** * Other (List Below)  1. Any changes to the service will only affect patients registered with an Oxfordshire General Practitioner. 2. Patients that currently do not use the service but may do so in the future. 3. Staff currently providing laboratory services may encounter some increase in workload 4. Staff working in healthcare organisations that currently deliver services from locations that might be impacted by any service being delivered in a significantly different location. |

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| **Equality Analysis** | |
| **What are the aims and intended effects of this policy, project or function?** | This business case proposes a Headache Pathway that:   * Empowers GPs to diagnose and manage more primary headache disorders in the community, through detailed accessible management and referral guidelines * Has a central triage process that re-directs selected headache referrals away from secondary care out-patient departments to more cost- and time-effective solutions, including community headache clinics, imaging without appointment, and opportunities for advice back to referrer without appointment. * Has clinical oversight from a Headache Consultant who is able to over-see the triage process and support A&E.   The outcome is improved capacity at OUHFT, prompter access for patients, a happier workforce, and a headache service that is cutting edge nationally. |
| **Is any Equality Data available relating to the use or implementation of this policy, project or function?**  (See Completion Notes at the end of this document) | Yes-  Demographic data for Equality Groups – JSNA 2015 report |
| **List any Consultation e.g. with employees, service users, Unions or members of the public that has taken place in the development or implementation of this policy, project or function** | A pilot study has already taken place successfully, by Dr Richard Wood in Bury Knowle Headache Clinic.  This was funded by the Thames Valley SCN. It identified three problems that we are seeking to improve upon in the proposed CCG pilot:   * Confusion for patients as to the purpose of the clinic:   + It was not listed on choose and book, and the referrer was not aware of its existence. There was therefore some confusion when patients were approached by the community clinic and offered an appointment.   + The generic letters they received from Choose and Book did not match up with the appointment times they had been offered at the clinic. * The flow of referral and other administrative information.   + Referrals received from secondary care did not always have patient contact information on them. The community clinic was unaware of the level of detail and precise timing needed for secondary care to update the Choose and Book system as to patient progress. * The triage of enough referrals to fill all available slots.   + Referrals were triaged to the community clinic by just two consultants, who only worked part time. Therefore, not enough referrals were received to fill all the available community slots.   The above problems were as a result of poor integration of the community clinic with the rest of the neurology service. The CCG full business case will outline in detail the proposed solutions to the above problems. |

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| **Equality Analysis Test:** | | | | |
| **What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by *The Equality Act 2010*?** | | | | |
| **Protected Characteristic:** | **Neutral Impact:** | **Positive Impact:** | **Negative Impact:** | **Evidence of impact and if applicable, justification where a *Genuine Determining Reason* exists** |
| **Gender** (Men and Women) |  |  | ✓ | The proposed eligibility criteria for access to the pathway do not assess eligibility based on gender. No evidence of adverse or more favourable impact identified.  (Some women may be adversely affected indirectly due to pregnancy, please see pregnancy characteristic for more details) |
| **Race** (All Racial Groups) |  |  | ✓ | The proposals make no distinction based on race. However, this consultation is mindful that there are certain health inequalities in relation to race that may be disproportionately and indirectly impacted on.  Language can be a potential barrier to access for many people within this group. Just over 9% of households in Oxford do not have any one member who speaks English as a main language. This is over double the figure for the country as a whole.  To mitigate the risk of inequality for this group of patients, Staff need to be proficient in the use of the telephony interpreting service. All staff who are not familiar with using this service will be given advice/ training on how to access it.  Any written materials will also be available in different languages, if appropriate  The standard NHS contract applies to this pathway project and so, there is an Equalities & Diversity section (SC13) which providers must comply with |
| **Disability** (Mental, Physical, Learning Disability and sensory disability) | ✓ |  |  | All headache clinic locations are accessible by wheelchair with disabled parking facilities. Prior to appointments being made questions will be asked to ensure any additional requirements are taken into consideration to allow the patient to attend their appointment, e.g. deaf interpreting |
| **Religion or Belief** |  |  | ✓ | The proposed service does not assess eligibility for access to these services based on religion or belief. The eligibility will continue to be based on the medical needs of the patient.  It is need which must decide the provision of service. So whilst preference will be respected where possible within the confines of promoting an effective and efficient service, a preference as against an evidence need cannot be guaranteed to be fulfilled by any clinical service. Due to religious belief (and also gender) women may request a female health care professional |
| **Sexual Orientation**  (Heterosexual, Homosexual  and Bisexual) | ✓ |  |  | The proposed service does not assess eligibility for access to these services based on sexual orientation. The eligibility will continue to be based on the medical needs of the patient. No evidence of adverse or more favourable impact identified. |
| **Pregnancy and Maternity** |  |  | ✓ | The proposed eligibility criteria do not assess eligibility for services based on maternity.  Eligibility for the diagnostic services on this pathway will be based on the medical needs of the patient.  Some diagnostics i.e. Scanning may not be available to pregnant women as it may pose a threat to the unborn child. This will be reviewed on a case by case basis.  Those on maternity will have access to baby changing facilities if an appointment is required at any of the pathway locations. I.e. Headache clinics or secondary care appointments |
| **Marital Status** (Married and Civil Partnerships) | ✓ |  |  | The proposed service does not assess eligibility for access to these services based on marital status. No evidence of adverse or more favourable impact identified. The eligibility will continue to be based on the medical needs of the patient. |
| **Gender re-assignment**  A person proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attributes of sex. A reference to a transsexual person is a person who has the protected characteristic of gender identity. | ✓ |  |  | The proposed service does not assess eligibility for access to these services based on gender reassignment. No evidence of adverse or more favourable impact identified. The eligibility will continue to be based on the medical needs of the patient. |
| **Age** (People of all ages) |  |  | ✓ | Headache issues can affect people at any age. The option to deliver care closer to home through countywide headache clinics is a major benefit for patients of all ages.  The impact of diverting patients away from a central provider location will require us to ensure that safeguarding needs are fully assessed for this group of patients. Future service providers will need to assure the commissioning group around Disclosure and Barring Service (DBS) arrangements.  Whilst older people will be impacted they are also the group who will have the highest needs for accessing the service in any future community-based locations. Arrangements will be made to ensure that no group of patients is negatively impacted by the move to delivery of services in any new locations.  The service is proposing to be available during hours that are in-line with normal GP opening times. |
| **Other groups nominated by OCCG which could experience inequality of access or treatment, such as carers, veterans, homeless people and people living in socio-economic areas of deprivation in Oxfordshire.** | ✓ |  |  | No evidence of adverse or more favourable impact identified. Anyone who is registered with an Oxfordshire GP could be considered for the pathway as long as they met the medical criteria of eligibility.  To ensure people in areas of socio-economic deprivation are not discriminated against, Diagnostics will take place in locations across the localities. All facilities will be accessible by public transport.  For patients requiring a carer; The carer is able to accompany the cared for person into the treatment room. |

**This Equality Analysis was completed by:**

* **Name: Zoe Kaveney**
* **Directorate: Delivery and Localities**
* **Lead Director: Diane Hedges**
* **Date submitted: xx/0x/2016**
* **Submitted to:** PMO / IG Team
* **Review date: xx/xx/2017**

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| **Action Planning:** | | | | |
| **As a result of performing this analysis, what actions are proposed to remove or reduce any risks of adverse outcomes identified on employees, service users or other people who share characteristics protected by *The Equality Act 2010*?** | | | | |
| **Identified Risk:** | **Recommended Actions:** | **Responsible Lead:** | **Completion Date:** | **Review Date:** |
| Potential adverse indirect discrimination by race (language barrier) | To mitigate the risk of inequality for this group of patients, Staff need to be proficient in the use of the telephony interpreting service. All staff that are not familiar with using this service will be given advice/ training on how to access it. | Richard Wood  OCCG | 01/11/2016 | 01/01/2017 |
| Direct discrimination to access by gender and pregnancy - Some diagnostics i.e. Scanning may not be available to pregnant women as it may pose a threat to the unborn child. | This discrimination is unavoidable as it is due to clinical safety guidelines and so will be reviewed on a case by case basis. | Richard Wood  OCCG | 01/11/2016 | 01/01/2017 |
| Potential impact for any staff from the nine protected characteristic groups, who may have to relocate to a different working site. | Employing organisations should ensure appropriate adherence to HR policies. | Employing organisations | 01/11/2016 | 01/01/2017 |

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| **Completion Notes:** | |
| **Analysis Ratings:** | After completing this document, rate the overall analysis as follows:  **Red:** As a result of performing this analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share *Protected Characteristics.* It is recommended that the use of the activity or policy be suspended until further work or analysis is performed.  **Red Amber:** As a result of performing this analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share *Protected Characteristics.* However, a genuine determining reason may exist that could legitimise or justify the use of this activity or policy and further professional advice should be taken.  **Amber:** As a result of performing this analysis, it is evident that a risk of discrimination (as described above) exists and this risk may be removed or reduced by implementing the actions detailed within the *Action Planning s*ection of this document.  **Green:** As a result of performing this analysis, the policy or activity does not appear to have any adverse effects on people who share *Protected Characteristics* and no further actions are recommended at this stage. |
| **Equality Data:** | Equality data is internal or external information that may indicate how the activity or policy being analysed can affect different groups of people who share the nine *Protected Characteristics* – referred to hereafter as *‘Equality Groups’.*  Examples of *Equality Data* include: (this list is not definitive)  1: Application success rates by *Equality Groups*  2: Complaints by *Equality Groups*  3: Service usage and withdrawal of services by *Equality Groups*  4: Grievances or decisions upheld and dismissed by *Equality Groups*  5*:* Demographic data for *Equality Groups*  6: Health Intelligence for *Equality Groups* |
| **Legal Status:** | This document is designed to assist organisations in *“Identifying and eliminating unlawful Discrimination, Harassment and Victimisation”* as required by *The Equality Act Public Sector Duty 2011.* An Equality Impact Analysis is not, in itself, legally binding and should not be used as a substitute for legal or other professional advice. |
| ***Genuine Determining Reason*** | Certain discrimination may be capable of being justified on the grounds that:   1. *A genuine determining reason exists* 2. *The action is proportionate to the legitimate aims of the organisation*   Where this is identified, it is recommended that professional and legal advice is sought prior to completing an Equality Impact Analysis. |

**Once completed** please send a copy of the Equality Analysis and the Policy/Activity to the Governance Team (Linda Adhana), and also to PMO if it is for a Business Case.

**For further information and support please contact:**

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If Maggie is unavailable please contact :

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Linda Adhana Assistant Governance Manager: [linda.adhana@oxfordshireccg.nhs.uk](mailto:linda.adhana@oxfordshireccg.nhs.uk)

Or

Other Members of the Equality & Diversity Working Group in your Directorate :

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