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| **Equality Analysis**  |
| **Policy / Project / Function:**  | SCAN (Suspected CANcer) Pathway |
| **PMO Reference Number** | 123 |
| **Completed by:** | Zoe Kaveney |
| **Date of Analysis** | 01/03/2016 |
| **Equality Analysis signed off by:** | Maggie Dent5.5.2016 |
| **Analysis Rating:** please highlight(See Completion Notes at the end of this document) | * Red
* Red/Amber
* **Amber**
* Green
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| **Type of Analysis Performed:**  Please Tick ✔or Highlight | * **Business Case**
* Service re-design
* Policy Analysis
* Consultation
* Meeting
* Other
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| Please list any other policies that are related to or referred to as part of this analysis  |  |
| **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?** | **Aim**To pilot a primary-care led Multidisciplinary Diagnostic Centre (MDC) pathway for patients with “low-risk but not no-risk” symptoms of cancer falling outside of 2-week-wait pathways. Diagnostics (CT Scanning) will take place in locations across the localities with the MDC being situated at the JR Hospital. The initial scanning locations will be at the Manor Hospital on Weekdays and at the Churchill on Weekends.The initial pathway pilot is expected to take place between June 16 and April 2017. There is a longer term goal to develop a stand-alone MDC once the stakeholders have understood the most effective configuration of testing through this pilot initiative.**Objectives**In line with the ACE initiative, the objectives of this pilot are to: * Reduce cancer stage at diagnosis by lowering the referral threshold for suspected cancer
* Identify the optimal configuration of GP and specialist input to diagnose cancer in this group
* Measure the impact on referrals made to existing 2ww pathways
* Improve patient experience by reducing time from first referral to diagnosis
* Reduce the number of emergency presentations
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| **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 reportHealth Intelligence for Equality Groups - Cancer research UK offers Local Cancer statistics which include the equality groups Age and Gender  |
|  **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** | Patient representatives consulted on the pathway and patient information leaflet. |

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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 including the patient information leaflet will also be available in different languages.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)  | ✓ |  |  | As part of this service pathway design a section of the referral pro-forma has been incorporated to address any additional requirements needed to be able to attend appointments to ensure no body is disadvantaged.The pilot will be taking a roll-out approach, initial locations for CT scanning will be the Churchill and Manor hospitals and the MDC will be located at the JR. All of these locations are accessible by wheelchair with disabled parking facilities. |
| **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. CT 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.The pilot will be taking a roll-out approach, initial locations for CT scanning will be the Churchill and Manor hospitals and the MDC will be located at the JR. Those on maternity will have access to baby changing facilities if an appointment is required at any of these locations. |
| **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)   |  |  | ✓ | Whilst cancer can affect people at any age, circa 90% of people who are diagnosed with cancer are aged 40+. This is why we have chosen Age 40 as a cut off. Many other pathways have a higher age threshold to enter and so although we do have an age limit we are broadening our access. It would night be financially feasible for us to allow all ages to be accepted onto the pathway, notwithstanding that there is also a clinical risk to having a scan**Average Number of New Cases Per Year and Age-Specific Incidence Rates per 100,000 Population, UK -** *http://www.cancerresearchuk.org/health-professional/cancer-statistics/incidence/age#heading-Zero*imageThe option to deliver care closer to home through countywide scanning diagnostic facilities is a major benefit for patients.The impact of diverting older 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 7 days a week to ensure that people of working age still have equal access to the service |
| **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 (CT Scanning) will take place in locations across the localities with the MDC being situated at the JR Hospital. All facilities will be accessible by public transport.In terms of 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: 10/03/2016**
* **Submitted to:** PMO / IG Team
* **Review date: 01/03/2017**

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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 who are not familiar with using this service will be given advice/ training on how to access it. | Fergus GleesonOUHFT | 01/08/2016 | 01/10/2016 |
| Direct discrimination to access by gender and pregnancy - Some diagnostics i.e. CT 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.  | Fergus GleesonOUHFT | 01/08/2016 | 01/10/2016 |
| Direct discrimination to access by age | Whilst cancer can affect people at any age, the majority of people who are diagnosed are aged 40+, and guidelines suggest that this is an appropriate cut-off. Other options are available for those patients under 40 years of age.  | Shelley HaylesOCCG | 01/08/2016 | 01/10/2016 |
| 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 | 01/08/2016 | 01/10/2016 |

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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:**

Maggie Dent Equality and Access Manager:Maggie.dent@oxfordshireccg.nhs.uk

If Maggie is unavailable please contact :

Manizah Imam Governance Manager: Manizah.imam@oxfordshireccg.nhs.uk

Linda Adhana Assistant Governance Manager: linda.adhana@oxfordshireccg.nhs.uk

Or

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

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