

Oxfordshire CCG Equality Analysis Template	
Policy / Project / Function:	Visual Information Systems for GP Waiting Rooms
PMO Reference Number	PR000015
Completed by:	Paul Kettle
Date of Analysis:	17/04/18
Equality Analysis signed off by:	Maggie Dent, Equality & Access Manager Date 24.4.2018
Analysis Rating: please highlight See Completion Notes at the end of this document	<ul style="list-style-type: none"> • Amber
Type of Analysis Performed: Please Tick ✓ or Highlight	<ul style="list-style-type: none"> ✓ Business Case • Service re-design • Policy Analysis • Consultation • Meeting • Other <p style="color: red;">Please note that if you need to re-write or adjust your original document (e.g. a Business Case), your initial Equality Analysis may also need to be updated.</p>
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	<ul style="list-style-type: none"> ✓ Employees (OCCG) ✓ Service Users ✓ Members of the Public ✓ Other (List Below) <ul style="list-style-type: none"> ○ Oxfordshire GPs ○ Oxfordshire GP Practice Staff

Equality Analysis	
<p>What are the aims and intended effects of this policy, project or function?</p>	<p>Pilot the introduction of TV screens and streamed NHS videos in GP waiting rooms to improve the quality, timing and consistency of health information available for patients and their families (e.g. targeted information campaigns around Cancer Screening) to improve the awareness of the importance of following advice (e.g. attending cancer screening) as soon as possible to improve outcomes.</p> <p>Screens may also be used for staff training.</p>
<p>Is any Equality Data available relating to the use or implementation of this policy, project or function?</p> <p>(See Completion Notes at the end of this document)</p>	<p>No, none found.</p> <p>Somerset NHS Equality and Diversity e-newsletter includes mention of the same initiative being used to support action to increase awareness around lesbian women needing a cervical screening test. A similar approach can be used to promote relevant messages for clinics for any groups who share protected characteristics.</p> <div style="text-align: right;">  <p>EandD e-newsletter November 2012 for v</p> </div>
<p>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</p>	<p>Endorsement from Aylesbury CCG regarding their implementation of same solution.</p> <p>Email survey of sample of OCCG GP practices that currently use waiting room TVs for health messages, including any patient feedback.</p> <p>Communication planned (individually and in locality meetings) with GP practices who will be invited to join pilot. Discussion document will be circulated as part of this engagement.</p> <p>Patient groups (PPG) will be consulted for feedback and practices will be asked to share any informal feedback with OCCG.</p>

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 <i>The Equality Act 2010</i> ?				
Protected Characteristic:	Neutral Impact:	Positive Impact:	Negative Impact (Potential adverse impact) :	Evidence of impact and if applicable, justification where a <i>Genuine Determining Reason</i> exists
Gender (Men and Women)			✓	The pilot should impact equally on all patients and staff irrespective of gender. Some health messages may be targeted at one gender rather than another (e.g. cervical screening, testicular cancer checks).
Race (All Racial Groups)			✓	Health messages should relate equally on all patients and staff irrespective of race. However, on-screen messages will not be available in multiple languages.
Disability (Mental, Physical, Learning Disability and sensory disability)			✓	Those persons with a disability that would prevent them from seeing the on-screen health messages may not benefit from those relevant messages; this may be mitigated where family members or carers are present. Messages should generally be equally relevant to patients irrespective of disability.

Religion or Belief			✓	The pilot should impact equally on all patients and staff irrespective of religion or belief. However, Practices should be aware that some content could cause offence to people who practice certain faiths.
Sexual Orientation (Heterosexual, Homosexual and Bisexual)	✓			The pilot should impact equally on all patients and staff irrespective of sexual orientation.
Pregnancy and Maternity	✓			The pilot should impact equally on all patients and staff irrespective of pregnancy or maternity.
Marital Status (Married and Civil Partnerships)	✓			The pilot should impact equally on all patients and staff irrespective of marital status.
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	✓			The pilot should impact equally on all patients and staff irrespective of gender re-assignment.

reference to a transsexual person is a person who has the protected characteristic of gender identity.				
Age (People of all ages)			✓	On-screen health messages should generally be equally relevant to patients of all ages although some messages may relate to conditions that tend to affect age groups disproportionately. Young infants would not understand the messages but their parent or carer would be able to gather the information on their behalf.
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.			✓	If any patient groups tend not to attend GP practices for their health welfare they would not benefit from the information screened. All content is available on-line but this may still leave some patient groups with no or minimal benefit from this pilot.
Sustainability: <ul style="list-style-type: none">Economic, Social and Environmental considerations in the design, procurement and	✓			The main aim is to promote better awareness of the benefits of screening and early intervention for cancer sufferers and for other health conditions. Earlier interventions should lead to improved prevention and shorter admissions to improve patient outcomes and financial savings.

<p>commissioning of services for the people of Oxfordshire.</p> <ul style="list-style-type: none"> • Delivery of an affordable healthcare service for improving population wellbeing and reducing health inequalities. • Have sustainable models of health care been considered? 				<p>The key change is to move from complete reliance on printed media, although this may be needed for any patient groups who receive healthcare without attending a GP waiting room.</p> <p>This is a pilot which will consider sustainability more fully in its evaluation stage.</p>
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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 <i>The Equality Act 2010</i> ?				
Identified Risk:	Recommended Actions:	Responsible Lead:	Completion Date:	Review Date:
Some health messages may be targeted at one gender rather than another (e.g. cervical screening, testicular cancer checks).	<p>Messages will be selected based on prioritised health needs or risks.</p> <p>GPs will be able to schedule</p>	Shelley Hayles	At point of implementation of pilot (Date TBC)	1/5/19

	<p>appropriate messages where clinics are for particular patient groups.</p> <p>Discrimination by gender should be minimal. Risk is noted.</p>			
<p>Those persons with a disability that would prevent them from seeing the on-screen health messages may not benefit from those relevant messages.</p>	<p>This may be mitigated where family members or carers are present.</p> <p>GPs will continue to provide health information to this patient group.</p> <p>The clinical lead will review options to provide and promote health campaign information to those with sight impairment.</p>	<p>Shelley Hayles</p>	<p>1/10/18</p>	<p>1/5/19</p>
<p>On-screen messages will not be available in multiple languages, which may disadvantage those who do not have English as a first language or those who are illiterate in written English.</p>	<p>Some existing health leaflets are available in some different languages.</p> <p>The clinical lead will review options to provide and promote health campaign information to</p>	<p>Shelley Hayles</p>	<p>1/10/18</p>	<p>1/5/19</p>

	those needing translation services.			
Some messages may relate to conditions that tend to affect age groups disproportionately.	<p>Messages will be selected based on prioritised health needs or risks. Discrimination by age should be minimal.</p> <p>GPs will be able to schedule appropriate messages where clinics are for particular patient groups.</p> <p>Risk is noted.</p>	Shelley Hayles	At point of implementation of pilot (Date TBC)	1/5/19
Young infants would not understand the messages or the messages may only be relevant to adults	Their parent or carer would be able to gather the information on their behalf.	Paul Kettle	N/A	1/5/19
If any patient groups tend not to attend GP practices for their health welfare they would not benefit from the information screened. All content is available on-line but this may still leave some patient groups with no or minimal benefit from this pilot.	<p>Printed media (and face to face advice) may still be needed for any patient groups who receive healthcare without attending a GP waiting room.</p> <p>This will be considered in the communication plan for GPs</p>	Shelley Hayles	At point of implementation of pilot (Date TBC)	1/5/19

	and in the evaluation of the pilot.			
Practices should be aware that some content could cause offence to people who practice certain faiths.	<p>OCCG content managers will be made aware of this risk and the need to take care and respect feedback received.</p> <p>OCCG will make practices aware of the need for care when selecting content and will ask for feedback to be shared to inform lessons learned.</p>	Shelley Hayles & Paul Kettle		

Cut and paste this table if required.

Completion Notes

<p>Analysis Ratings:</p>	<p>After completing this document, rate the overall analysis as follows:</p> <ul style="list-style-type: none"> • Red: Risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the 9 <i>Protected Characteristics groups</i>. It is recommended that the use of the activity or policy be suspended until further work or analysis is performed. • Red Amber: Risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the 9 <i>Protected Characteristics groups</i>. 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: Risk of discrimination (as described above) exists and this risk may be removed or reduced by implementing the actions detailed within the <i>Action Planning</i> section of this document. • Green: The policy or activity does not appear to have any adverse effects on 9 <i>Protected Characteristics groups</i> and no further actions are recommended at this stage.
<p>Equality Data:</p>	<p>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 <i>Protected Characteristics</i> – referred to hereafter as ‘<i>Equality Groups</i>’.</p> <p>Examples of Equality Data include: (this list is not definitive)</p> <ol style="list-style-type: none"> 1. Application success rates by <i>Equality Groups</i> 2. Complaints by <i>Equality Groups</i> 3. Service usage and withdrawal of services by <i>Equality Groups</i> 4. Grievances or decisions upheld and dismissed by <i>Equality Groups</i> 5. Demographic data for <i>Equality Groups</i> 6. Health Intelligence for <i>Equality Groups</i>
<p>Legal Status:</p>	<p>This document is designed to assist organisations in “<i>Identifying and eliminating unlawful Discrimination, Harassment and Victimisation</i>” as required by <i>The Equality Act Public Sector Duty 2011</i>. An Equality Impact Analysis is not, in itself, legally binding and should not be used as a substitute for legal or other professional advice.</p>
<p>Genuine Determining Reason</p>	<p>Certain discrimination may be capable of being justified on the grounds that:</p> <ul style="list-style-type: none"> • <i>A genuine determining reason exists</i> • <i>The action is proportionate to the legitimate aims of the organisation</i> • Where this is identified, it is recommended that professional and legal advice is sought prior to completing an Equality Impact Analysis.

Sustainability	<p>Sustainable development is about balancing social, economic and environmental considerations, meeting the needs of people now and in the future.</p> <p>OCCG Sustainability Strategy and Management Plan: http://www.oxfordshireccg.nhs.uk/wp-content/uploads/2015/09/Paper-15.84-Sustainability-Strategy-and-Management-Plan.pdf</p> <p>Sustainable Health Care – sustainable models based on prevention and efficiency; and targeted so that services are appropriate for the diverse population, and are used effectively and efficiently.</p> <p>A sustainable health and care system is achieved by delivering high quality care and improved public health without exhausting natural resources or causing severe ecological damage. Sustainable Health and Care Sector – efficient use of resources e.g. energy, clinical waste, use of medication etc.</p>
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Once completed please send a copy of the Equality Analysis and the Policy/Activity to Maggie Dent, Equality and Access Manager, Governance team (Rachel Jeacock), and also to Sean Beeken (PMO) if it is for a Business Case.

For more information contact members of the Equality and Diversity Working Group:

1. **Delivery & Localities:** Maggie Dent, Equality and Access Manager and Chris Walkling, Senior Commissioning Manager
2. **Quality:** Cat D'Angelo, Safeguarding Support Officer
3. **Finance/PMO:** Sean Beeken
4. **Governance:** Rachel Jeacock, Governance Manager
5. **Communications team SCWCSU:** Sara Price, Senior Communications & Engagement Account Manager