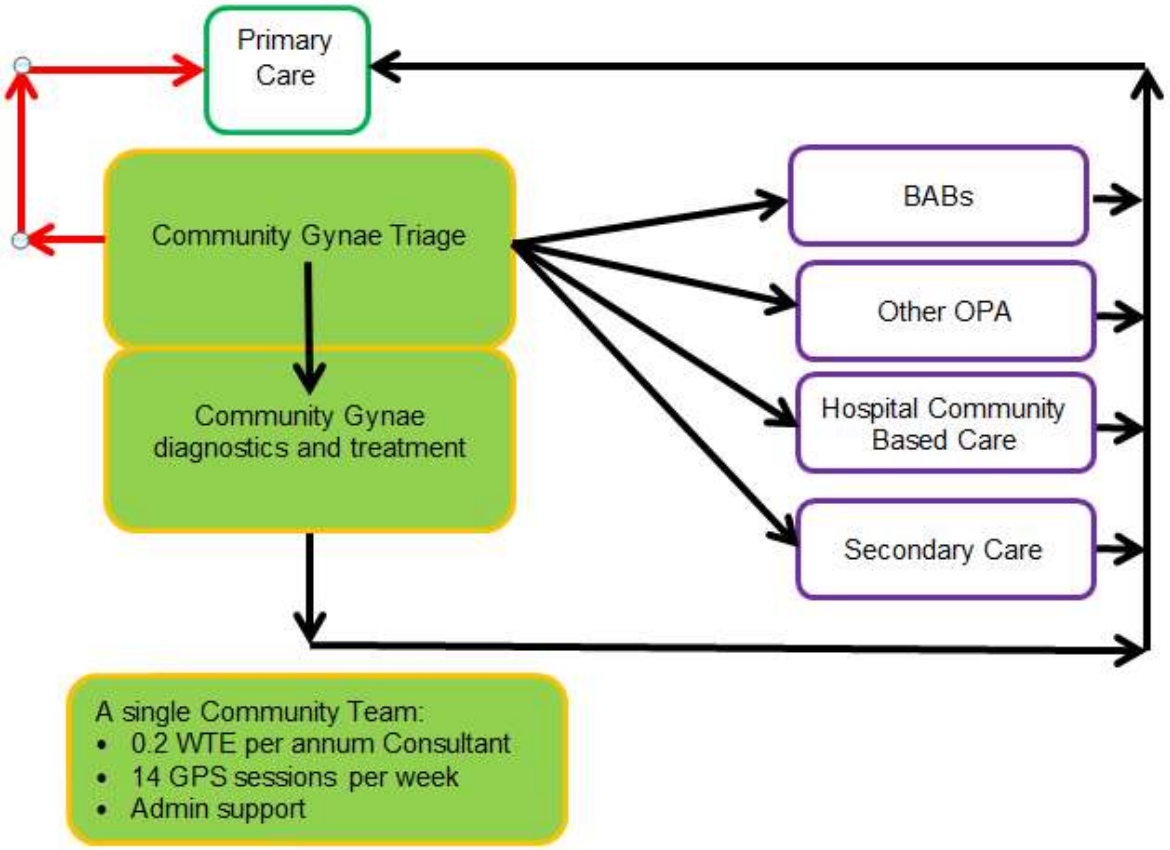
Oxfordshire CCG Equality Analysis Template	
Policy / Project / Function:	Gynaecology Review
PMO Reference Number	PR000016
Completed by:	Clare Hewitt
Date of Analysis:	04/09/18 (updated 09/01/19)
Equality Analysis signed off by:	Maggie James **Date:** 10.1.2019 
Analysis Rating: please highlight See Completion Notes at the end of this document	• Red • Red/Amber • **Amber** √ • Green
Type of Analysis Performed: Please Tick ✔ or	• Business Case • **Service re-design- Provision of a tier 1 and tier 2 services to meet patient demand and need** • Policy Analysis

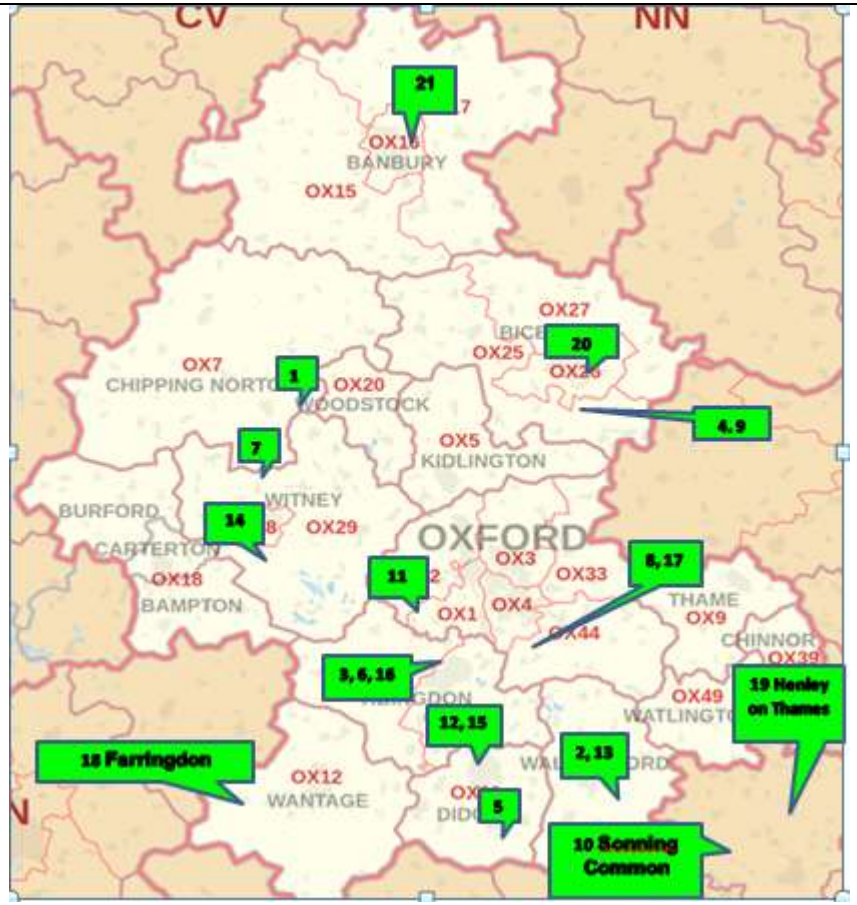
Highlight	• Consultation • Meeting • Other
Please list any other policies that are related to or referred to as part of this analysis	Joint Strategic Needs Assessment report 2018: https://insight.oxfordshire.gov.uk/cms/system/files/documents/JSNA%202018%20FINAL%20Apr18%20FULL.pdf Study published on the NHS news website regarding cervical screening testing: https://www.nhs.uk/news/cancer/some-women-in-the-uk-still-unaware-of-cervical-screening/
Who does the policy, project or function affect? Please Tick ✔ or Highlight	• **Employees** √ • **Service Users** √ • Applicants • **Members of the Public** √ • Other (List Below)

Equality Analysis	
What are the aims and intended effects of this policy, project or function?	Not all GPs have the skills for the more complex gynaecology presentations and procedures which fall in the remit of primary care. In addition, some patients prefer a female GP for gynaecology needs. Male GPs may be less likely to carry out gynaecology procedures due to the need for chaperones. The Community Gynaecology Service model would be developed to be a single point of access for routine gynaecology referral (not 2 week wait referrals and any suspected cancer referrals). The approach builds on the current strengths of primary and secondary care. Initially the model will be delivered as a pilot of approximately 2 years. The Community Gynaecology Service will be a one-stop service commissioned to ensure that cases that can be dealt with in a primary care are held in primary care, the service will include diagnostics (including ultrasound) and treatment. We would propose passing the requirements to PML/Federations and them subcontracting. A team of GPs with Specialist Interest in Gynaecology, overseen and supported by a Consultant Lead, with administrative support will triage then see, review and treat specific patients. The appointed Consultant will be someone already working in Oxford University Hospitals NHS Trust (OUHFT) and ideally clinical governance should sit within secondary care or a GP Federation. Triage would ensure that demand does not suddenly increase if/when there is a more responsive service is available. Triaging GPs with Specialist Interest will be encouraged to give clear and educational feedback to referrers if patients are returned to the practice for further management along national and local agreed guidelines. Referrals would be made via the EMIS template system with a specific data set requirement. Information would

be pulled from the GP system to assist referrals as with other current referrals. The GPs with Specialist Interest in Gynaecology will triage all referrals prior to establishing clinical appointments.

Service model pathway





26 GPs with Specialist Interest in Gynaecology in 21 Practices across Oxfordshire already have the skills for a Community Gynaecology Service and have volunteered to be part of a community based service. Further input is sought for the Banbury area.

Location of GP surgeries who have expressed interest in the Community Gynae Service.

Scope of Community Gynae Service:

- Virtual triage of referrals to the Community Gynae Service (Community Clinic or satellite General Practitioners with Specialist Interests) or secondary care gynaecology service via a proforma
- Provision, fitting and monitoring of all non-contraceptive intrauterine devices (IUD and IUS), on the OCCG formulary where this in unavailable in local practices
- Initial management of polycystic ovary syndrome (PCOS)
- Management/support of post-coital bleeding
- Failed cervical screening test tests
- Heavy menstrual bleeding (HMB) unresponsive to initial treatment
- Intermenstrual bleeding
- Lost coil threads investigation
- Early menopause / Hormone replacement therapy (HRT) options
- Peri-menopausal discharge
- Prolapse assessment/ring pessaries fitting and monitoring
- Vaginismus/dyspareunia assessment
- Lichen sclerosis assessment and treatment
- Endometriosis/chronic pelvic pain assessment

Triage and Education

- The triage function would ensure review of all OCCG GP referrals for all gynaecology related services into secondary care via eRS.
- Community Gynaecology Service appointments (in lieu of direct to out-patient appointment OPA)
- Further investigation/work-up (such as community examination/blood tests/ultrasound) where appropriate and according to guidance.
- Community Gynaecology Service appointments (as opposed to direct to out-patient appointment OPA)
- Advice to referring GPs on primary care management where appropriate via letter/email.
- Engagement in review of local pathways where necessary

- Direct booking via eRS into outpatient procedures with Consultant oversight

All GPs with Specialist Interest in Gynaecology delivering the service will be appropriately trained. Many interested GPs with Specialist Interest in Gynaecology already work clinically at the Oxford University Hospitals delivering Gynaecology Outpatient services there. Through scoping it is envisaged there is a sufficient volume of patients going through the service to maintain necessary GPS accreditation for the procedures within the scope of the service. A Consultant will have oversight of the service. Royal College of Obstetricians and Gynaecologists standards for carrying out smears and fitting IUS already exist and are already followed by GPs.

For patients this brings many elements of benign Gynaecology, currently delivered at the Oxford University Hospitals, more locally and in some cases by their own GP. This reduces stress, waiting times both for the appointment and at the appointment, visits to hospital and associated parking issues. A quality impact assessment has been completed.

Benefits

The primary purpose of the new model is to improve the quality of service and pathways for patients: however there is also an expectation that efficiency savings will be realised as the pathway is more effectively designed and services could be delivered under a local pricing agreement. The benefits include:

- Prompt access to services where possible, with additional capacity in the community
- A reduced waiting list for Gynaecology secondary care
- A reduction in unnecessary appointments (ensuring patients actually want/need surgery)
- A reduction in demands on theatres where possible as a result of above
- To integrate and enhance the triage of Gynaecology referrals to include, for example, redirection to direct access community ultrasound where appropriate, keeping a single point of access for Gynaecology referrals
- To deliver care in the right place first time, using a ‘one stop shop’ approach and using primary care

	services to deliver where possible • To improve education and maintain the skills of GPs
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)	Please see the Joint Strategic Needs Assessment report 2018: https://insight.oxfordshire.gov.uk/cms/system/files/documents/JSNA%202018%20FINAL%20Apr18%20FULL.pdf Example of a study published on the NHS news website regarding cervical screening testing: https://www.nhs.uk/news/cancer/some-women-in-the-uk-still-unaware-of-cervical-screening/ • Women between the ages of 25 and 34 were more likely to be classed as non-participants. They were also the most likely age group to be unaware of screening. • Women aged 55-64 were most likely to have decided against screening. • Women from lower socioeconomic groups and who didn't work were more likely to be unaware of screening, overdue for screening, or to have decided against screening. • Single women were more likely to be unaware or to have decided not to be screened compared with married women. • Women from ethnic minority groups were more likely to be unaware of screening. But South Asian and black women were more likely to intend to go to screening than white British women. • When language was adjusted for, there was no difference between white British women and those from different ethnic backgrounds.
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	Project - Gynaecology Speciality Meetings: • 17th May 2018 Sharon Barrington (Programme Manager, Planned Care OCCG, Ingrid Granne (Senior Fellow in Reproductive Medicine OUHFT) • 21st June 2018 Sharon Barrington (Programme Manager, Planned Care OCCG, Shelley Hayles (Clinical Lead OCCG), Ingrid Granne (Senior Fellow in Reproductive Medicine OUHFT) • 18th October 2018 Sharon Barrington (Programme Manager, Planned Care OCCG, Shelley Hayles (Clinical Lead OCCG), Ingrid Granne (Senior Fellow in Reproductive Medicine OUHFT), Usman Rahman (Gynaecology Operational Services Manager), Clare Hewitt (Assistant Project Manager).

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 (Potential adverse impact) :**	**Evidence of impact and if applicable, justification where a *Genuine Determining Reason* exists**
Gender (Men and Women)	√ **Men**	√ **women**		• It is hoped that this will have a positive impact for women in that they will be seen sooner in a one-stop clinic setting outside of secondary care. • It could also have a positive impact for women with gynaecology needs that do need to be seen in secondary care as it is hoped it will reduce the waiting list times by diverting women with needs that can be treated through the Tier 1 and 2 Service away from a secondary care setting. • Women may prefer to be seen in a smaller, quieter clinic compared to a clinic in a hospital setting. • There is no direct impact for men as the Tier 1 and 2 Services are for women's health only.
Race (All Racial Groups)			√	• If a woman is not English speaking she may not understand a written invitation to make an appointment and therefore not make an appointment/miss an appointment. • A woman who is not English speaking may be concerned about going to an appointment for fear that she will not be able to

				communicate with the GPs with Specialist Interest in Gynaecology to understand the procedure or recommendations. NB: these issues could have existed in the current model where patients are seen in a secondary care setting.
Disability (Mental, Physical, Learning Disability and sensory disability)			√	• Learning or sensory disabilities – if the information about the Tier 1 and 2 Services and/or about the appointments is not presented in a way that someone with a learning disability or sensory impairment can access then they may not take up the referral/appointment. Information should be presented in a variety of formats (for example simple read, diagrammatic) and British Sign Language Interpreters should be made available as needed for appointments. • Low confidence secondary to a disability or low mood may impact on some women's ability to access the Tier 1 and 2 Services, especially if they have to travel somewhere new or further than they are used to travelling to see a GP. • Travel to a different/ further locality/ GP Practice may be a barrier if patients don't have a vehicle or drive or the location is not on an easy public transport route. NB: these issues could have existed in the current model where patients are seen in a secondary care setting.
Religion or Belief			√	• In some cultures women are not allowed to expose their body to men other than their husband. Because the GPs with Specialist Interest in Gynaecology will not be a familiar GP it could create a fear/barrier that the GPs with Specialist Interest in Gynaecology at the nearest Tier 1 or 2 Service Clinic may be

				male and may lead to some women not taking up the Tier 1 or Tier 2 referral/appointment. • Some women may lack confidence to go to a GPs with Specialist Interest in Gynaecology who they are not familiar with and this may lead to them not taking up the Tier 1 or Tier 2 referral/appointment. NB: these issues could have existed in the current model where patients are seen in a secondary care setting.
Sexual Orientation (Heterosexual, Homosexual and Bisexual)	√			
Pregnancy and Maternity			√	• If women have children then they may struggle with travelling to a clinic that is not in their local GP surgery if they have children.
Marital Status (Married and Civil Partnerships)	√			
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			√	• Fear of prejudice may be a barrier to a transgender person making an appointment at a clinic with a GPs with Specialist Interest in Gynaecology that they do not know. • Patients may prefer female GPs to provide Gynae support. NB: these issues could have existed in the current model where patients are seen in a secondary care setting.

of gender identity.				
Age (People of all ages)			√	• Cervical screening is only routinely offered to women between the ages of 25 and 64 years of age – this is a national standard. Patients who are out of this age group but have symptoms that could indicate cervical cancer should see their GP.
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			√	• Carers could be disadvantaged if there is a set time/day for the clinics and they do not have support to cover their caring duties when the clinics are open. NB: this issue could have existed in the current model where patients are seen in a secondary care setting. • There may be higher demand on clinics in socio-economic areas of deprivation which could lead to longer waiting times to be seen in the local clinic.
Sustainability: • Economic, Social and Environmental considerations in the design, procurement and commissioning of services for the people of Oxfordshire. • Delivery of an affordable healthcare service for improving population wellbeing and reducing		√	√	• Economic – it is expectation that efficiency savings will be realised as the pathway is more effectively designed and services could be delivered under a local pricing agreement. However there is a risk that the service over performs or underperforms which could have a financial implication for the sustainability of the service. • Environmental – All patients, including the groups above, could be disadvantaged if we cannot recruit GPs with Specialist Interest in Gynaecology to cover each locality in Oxfordshire or the distribution of clinics is uneven across the county because we cannot find appropriate accommodation for the clinics. This may mean than some patients have further to travel to get to

health inequalities. • Have sustainable models of health care been considered?				one of the Tier 1 clinic. If the patient does not drive, there is not good public transport and/or if they are not able to afford a taxi they may not be able to get to the clinic. NB: these issues could have existed in the current model where patients are seen in a secondary care setting. • Conversely a locality clinic may be closer than a secondary care clinic and/or the cost of public transport may be lower and/or the parking may be easier.

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:**
Language barrier – non English speaking	• Use interpreter services (Language Line) • If appropriate written information will be made available in alternative languages	Clare Hewitt (Assistant Project Manager)	April 2019	January 2020
For people who are unable to read	• Verbal information to be provided. • Referral system to include section for	Clare Hewitt (Assistant	April 2019	January

	provider to record support needs. • Where possible, and with the agreement of the patient, support from family/carer to support with appointment booking.	Project Manager)		2020
Sensory impairment -visual or hearing	• Ensure that visual support is available to people with a hearing impairment or use of British Sign Language interpreters • Information to available verbally for people with a visual impairment. • Where possible, ensure that clinic space is quiet and there are hearing loop services.	Clare Hewitt (Assistant Project Manager) and Dr Shelley Hayles (Clinical Lead)	April 2019	January 2020
Cultural beliefs	• Have female GPs and/or female chaperones available, offer the choice when possible.	Clare Hewitt (Assistant Project Manager)	April 2019	January 2020
Carers and mothers/parents	• Clinics will have a range of times and days for appointments.	Clare Hewitt (Assistant Project Manager)	April 2019	January 2020
Environmental	• Good clinic coverage across Oxfordshire. This will be dependent on the estates available. • Where possible, clinics on public transport routes and with parking available. This will be dependent on	Clare Hewitt (Assistant Project Manager) and Dr Shelley Hayles (Clinical Lead)	April 2019	January 2020

	the estates available.			
Transgender	• Transgender people will be entitled to access the tier 1 and full services. • They will be addressed as their preferred gender. • Have female GPs and/or female chaperones available, offer the choice when possible.	Dr Shelley Hayles (Clinical Lead)	April 2019	January 2020
Homeless people and people living in socio-economic areas of deprivation	• Option of appointments being booked verbally if patient has no fixed abode.	Clare Hewitt (Assistant Project Manager)	April 2019	January 2020

Completion Notes	
Analysis Ratings:	After completing this document, rate the overall analysis as follows: • Red: Risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the 9 *Protected Characteristics groups.* 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 *Protected Characteristics groups.* 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 *Action Planning s*ection of this document. • Green: The policy or activity does not appear to have any adverse effects on 9 *Protected Characteristics groups* 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: • *A genuine determining reason exists* • *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.
Sustainability	Sustainable development is about balancing social, economic and environmental considerations, meeting the needs of people now and in the future. 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 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. 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.

Once completed please send a copy of the Equality Analysis and the Policy/Activity to Maggie James, Equality and Access Manager and to Rachel Jeacock, Governance Manager

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

1. **Delivery & Localities**: Maggie James, Equality and Access Manager and Chris Walkling, Senior Commissioning Manager
2. **Quality**: Liam Oliver, Quality Manager
3. **Finance/PMO**: TBC
4. **Governance**: Rachel Jeacock, Governance Manager
5. **Communications team SCWCSU**: Sara Price, Senior Communications & Engagement Account Manager