

# Equality Impact and Risk Assessment Stage 2 for Services

Title of Service / Proposal:

**Urgent Care Transformation – Option 1**



## EQUALITY IMPACT AND RISK ASSESSMENT TOOL FOR SERVICES

### STAGE 2

**ALL SECTIONS – MUST BE COMPLETED**  
Refer to guidance documents for completing all sections

#### SECTION 1 - DETAILS OF PROJECT

**Organisation:**

Wirral CCG

**Assessment Lead:**

Zoe Delaney

**Directorate/Team responsible for the assessment:**

Unplanned Care

**Responsible Director/CCG Board Member for the assessment**

Nesta Hawker, Director of Commissioning

**Who else will be involved in undertaking the assessment?**

Business intelligence and modelling team WCCG, stakeholders

We will continually update as feedback received during consultation.

**Date of commencing the assessment: 24.10.2017**

**Date for completing the assessment:**

**Latest update:** 24.07.18

#### SECTION 2 - EQUALITY IMPACT ASSESSMENT

Please tick which group(s) this service / project will or may impact upon?	Yes	No	Indirectly
<b>Patients, service users</b>	√		
<b>Carers or family</b>	√		
<b>General Public</b>	√		
<b>Staff</b>	√		
<b>Partner organisations</b>	√		

**Background of the service / project being assessed:**

NHS Wirral CCG is undertaking a consultation process regarding the future of urgent care services in Wirral. This will include implementation of an Urgent Treatment Centre (see description below) as well as consideration of what additional planned and unplanned services will be available to support patients in the community. This Equality Impact Assessment relates to option 1 of our consultation as described below and will be a working document and will be updated with feedback received during the consultation. This is one option within the consultation and may not proceed as final model.

An urgent treatment centre will be created on the Arrowe Park Hospital site, open 24 hours per day 7 days a week, matching the hospital's A&E hours. The centre will be GP led and will include access to diagnostics (e.g. x-rays, bloods etc) and will be integrated with A&E to enable consultant advice where required. The centre will comply with the 27 standards set

out by NHS England within 'Urgent Treatment Centre's Principles and Standards' July 2017: <https://www.england.nhs.uk/wp-content/uploads/2017/07/urgent-treatment-centres%E2%80%93principles-standards.pdf>.

In addition to the urgent treatment centre, this option proposes the delivery of urgent care in the community across the 4 defined Wirral localities (the exact locations are yet to be determined, following public consultation). The local offer will consist of a specific urgent care service for children (walk in and bookable appointments) and a Dressing and Wound Care service (bookable appointments) will be available for up to 8 Hours per day, 7 days a week. This will address inequalities in access that currently exist and provide consistent opening hours and access to diagnostics provision in each of the localities.

The existing Walk-in Centres have inconsistent opening hours and diagnostic services. This option therefore seeks to address these issues, standardising the service offering for the Wirral population at a local level.

This service model will be supported by additional GP appointments within each area in Wirral to be available 8am to 8pm, 7 days a week (in addition to the existing provision of appointments Monday to Friday 8am - 6pm).

Alongside the above, Wirral will be developing an integrated urgent care system with NHS 111 and GP Out of Hours to enable more needs to be met by NHS 111. The full details of this are specified within NHS England's 'Integrated Urgent Care Service Specification' August 2017. <https://www.england.nhs.uk/wp-content/uploads/2014/06/Integrated-Urgent-Care-Service-Specification.pdf>

*N.B. This option has been amended from the previous Option 1 dated 15.11.17, which proposed a UTC on Arrowe Park open only 12 hours per day, 7 days a week and no change to existing Walk-in provision. The rationale for re-visiting this option has been based on the Clinical, quality and accessibility benefits of operating UTC opening hours that mirror A&E hours. This more fully addresses the areas of concern raised by patients and other stakeholders in the first stage of our engagement on our plans. The community offer more fully addresses the issues of variation that exist in terms of current access to walk in provision.*

A publicity campaign will be launched prior to and during implementation of the new services to ensure the public are aware of all urgent care services and what each can offer.

### **What are the aims and objectives of the service / project being assessed?**

The main aims and objectives of the proposed model:

- Ensure delivery of a high quality urgent care offer within Wirral
- Ensure efficient and effective urgent care system
- Consider the needs of the all with additional detailed focus on highest users of urgent care including paediatrics, young adults, older people

- The consultation on our model will gain feedback from the public in context of our case for change which highlights areas of need in Wirral
- Ensuring fair and equal access to services

**Services currently provided in relation to the project:**

- Arrowe Park A&E
- Walk in Centre's (Arrowe Park, Victoria Central (VCH) and Eastham)
- Minor ailments (Miriam Medical Centre, Parkfield Medical Centre, Moreton Health Clinic)
- GP services
- GP Out of Hours
- NHS 111

**Which equality protected groups (age, disability, sex, sexual orientation, gender reassignment, race, religion and belief, pregnancy and maternity, marriage and civil partnership) and other employees/staff networks do you intend to involve in the equality impact assessment?**

**Please bring forward any issues highlighted in the Stage 1 screening**

The impact assessment has been drafted based on intelligence from our case for change document which draws out impact on protected groups, as well as discussions at a VSA event in September 2016. The models proposed will be subject to a full public consultation which will proactively engage with protected characteristic groups to gain an understanding of the impact this option will have on them and any actions that can be taken to further support their needs. The EIA will be updated following consultation to take into account any issues/concerns raised.

The consultation will also include a questionnaire which will have a dedicated section on protected characteristics and will invite respondents to consider potential impacts.

**How will you involve people from equality/protected groups in the decision making related to the project?**

The consultation will be open for all to input into. We will also provide some targeted engagement as part of the consultation with some specific groups including the offer to present and discuss with Wirral Multicultural Organisation (WMO), Wirral Older People's Parliament and Youth Parliament. We will also visit some specific centres to invite feedback including children's centres, A&E (adults and children's), walk in centres, minor injuries units. Staff will all be informed of the consultation process and asked to provide feedback. This feedback will feed into our decision making process.

In addition to this, a wider stakeholder list has been developed, all of whom will receive a letter advising of the consultation process and inviting further discussion if desired.

**Does the project comply with the NHS Accessible Information Standard? (providing any documents, leaflets, resources in alternative formats if requested to meet differing communication needs of patients and carers) YES ✓ NO**

The CCG will ensure that all service(s) commissioned comply with this standard and make relevant adjustments to support the needs of patients and carers.

In terms of our consultation, information can be made available in alternative formats upon request.

### EVIDENCE USED FOR ASSESSMENT

**What evidence have you considered as part of the Equality Impact Assessment?**

- All research evidence base references including NICE guidance and publication— please give full reference
- Bring over comments from Stage 1 and prior learning (please append any documents to support this)

<https://www.england.nhs.uk/wp-content/uploads/2017/07/urgent-treatment-centres%E2%80%93principles-standards.pdf>

<https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf>

<https://www.england.nhs.uk/wp-content/uploads/2014/06/Integrated-Urgent-Care-Service-Specification.pdf>

**S:\Strategic Planning & Outcomes\Urgent Care\Urgent Care Transformation 2017\6.Case for Change and Modelling**

### ENSURING LEGAL COMPLIANCE

Think about what you are planning to change; and what impact that will have upon 'your' compliance with the Public Sector Equality Duty (refer to the Guidance Sheet complete with examples where necessary)

In what way does your current service delivery help to:	How might your proposal affect your capacity to:	How will your mitigate any adverse effects? ( You will need to review how effective these measures have been)
<b>End Unlawful Discrimination?</b>	<b>End Unlawful Discrimination?</b>	<b>End Unlawful Discrimination?</b>
Services are accessible to all.	The Urgent Treatment Centre and community offer will ensure equal access to all. Additional consideration of this	No adverse effects anticipated.

	will be given throughout consultation and service provision will be adapted to ensure equality and reduce health inequalities.	
<b>Promote Equality of Opportunity?</b>	<b>Promote Equality of Opportunity?</b>	<b>Promote Equality of Opportunity?</b>
Equal access/improved access including access for out of Wirral patients, specifically from border with Western Cheshire.	Access – all members of public will have equal access to the UTC and the community offer. Current access levels maintained including access for out of Wirral patients, specifically from border with Western Cheshire.	No adverse effects expected
<b>Foster Good Relations Between People</b>	<b>Foster Good Relations Between People</b>	<b>Foster Good Relations Between People</b>
	The consultation will seek views from public including protected characteristics groups. The CCG is also working to develop and enhance internal patient reference groups to further support developing and embedding service redesign. The consultation will demonstrate and communicate the needs of different groups and develop awareness to support commissioning decisions.	Positive impact anticipated

### WHAT OUTCOMES ARE EXPECTED/DESIRED FROM THIS PROJECT?

#### **What are the benefits to patients and staff?**

The implementation of an Urgent Treatment Centre will enhance the offer as an alternative to A&E. This will be joined with a standardised and accessible service offering within the four alternative localities, which will ensure easy access to urgent care services across Wirral.

#### **How will any outcomes of the project be monitored, reviewed, evaluated and promoted where necessary?**

**“think about how you can evaluate equality of access to, outcomes of and satisfaction with services by different groups”**

The responses from the consultation will be monitored and at the end of the process, all comments will be reviewed and a thematic analysis undertaken. These will be used to update the equality and quality impact assessments and inform the final decision to be made by Wirral CCG's Governing Body. Following implementation of the new service, robust review processes will be followed including analysis of patient feedback (complaints, comments, compliments), and contractual arrangements will be in place to monitor outcomes and quality of service.

This section will be updated once a decision has been made with specific detail.

## EQUALITY IMPACT AND RISK ASSESSMENT

### Does the 'project' have the potential to:

- Have a **positive impact (benefit)** on any of the equality groups?
- Have a **negative impact / exclude / discriminate** against any person or equality group?
- **Explain** how this was **identified? Evidence/Consultation?**
- Who is most likely to be **affected** by the proposal and **how** (think about barriers, access, effects, outcomes etc.)
- Please include all evidence you have considered as part of your assessment e.g. Population statistics, service user data broken down by equality group/protected group

Please see Equality Groups and their issues guidance document, this document may help and support your thinking around barriers for the equality groups

Equality Group / Protected Group	Positive effect	Negative effect	Neutral /Indirect effect	Please explain - MUST BE COMPLETED
Age	√	√		<p>Our largest users of the current urgent care services are the 0-4 year olds, 20-24 year olds and over 80 year olds. Therefore it is likely to be this age group most affected by urgent care transformation.</p> <p>The introduction of the Urgent Treatment Centre will support these age groups and reduce their need to attend A&amp;E and ultimately reduce chance of admission where it is avoidable. The Urgent Treatment Centre will have direct access to a range of diagnostics including x-rays and bloods and will be GP led with integration with A&amp;E for access to specialist advice.</p> <p>The current system for Urgent Care is confusing, with inconsistent opening hours and service</p>

				<p>provision. This can lead patients to default to A&amp;E where there is a guarantee of 24/7 urgent care provision. This may be especially true for older patients who may be less likely to access the internet to look up opening hours and may be less familiar with services such as NHS 111. The option also omits a wider community offer with preventative support such as hot clinics to manage long term conditions.</p> <p>This offer includes specialist childrens services, i.e. Childrens Observation clinics.</p>
<b>Disability</b>	√	√		<p>The positive impact on people with disabilities is easy access with community services being delivered across Wirral and limited travel distance to access these services during their opening hours. Outside of these hours NHS111, GP out of hours or travel to the UTC on the site of A&amp;E would be available, so access is not adversely impacted by the option.</p>
<b>Gender Reassignment</b>			√	<p>No issues identified to date however public consultation will further our understanding</p>
<b>Pregnancy and Maternity</b>			√	<p>No issues identified to date however public consultation will further our understanding</p>
<b>Race</b>			√	<p>No issues identified to date however public consultation will further our understanding</p>
<b>Religion or Belief</b>			√	<p>No issues identified to date however public consultation will further our understanding</p>
<b>Sex (Gender)</b>			√	<p>No issues identified to date however public consultation will further our understanding</p>
<b>Sexual Orientation</b>			√	<p>No issues identified to date however public consultation will further our understanding</p>
<b>Marriage and Civil Partnership</b> N.B. Marriage & Civil Partnership is			√	<p>No issues identified to date however public consultation will further our understanding</p>

only a protected characteristic in terms of work-related activities and NOT service provision				
<b>Carers</b>			√	No issues identified to date however public consultation will further our understanding
<b>Deprived Communities</b>			√	No issues identified to date however public consultation will further our understanding
<b>Vulnerable Groups e.g. Homeless, Sex Workers, Military Veterans</b>			√	No issues identified to date however public consultation will further our understanding

### SECTION 3 - COMMUNITY COHESION & FUNDING IMPLICATIONS

**Does the ‘project’ raise any issues for Community Cohesion (how it will affect people’s perceptions within neighbourhoods)?**

There may be perceived geographical unfairness. However this can be mitigated through a clear communications strategy that describes the Urgent Care pathway and how Wirral patients can access it. The evidence presented within our case for change document clearly outlines areas of need and steps required to reduce variation and improve equality of access across Wirral.

**What effect will this have on the relationship between these groups? Please state how relationships will be managed?**

No issues identified

**Does the proposal / service link to QIPP (Quality, Innovation, Productivity and Prevention Programme)?** Yes

**Does the proposal / service link to CQUIN (Commissioning for Quality and Innovation)?** Yes / No

**What is the overall cost of implementing the ‘project’? Please state: Cost & Source(s) of funding:**

The new model will need to be delivered within the existing commissioning cost envelope. No additional funds will be available to support this model. We also do not plan to take an efficiency saving from the model. Additional funds may support the wider model e.g. extended GP access.

This model is deliverable within the cost envelope.

This is the end of the Equality Impact section, please use the checklist in Appendix 2 to ensure and reflect that you have included all the relevant information.

### SECTION 4 - HUMAN RIGHTS ASSESSMENT

If the Stage 1 Equality Impact and Risk Assessment highlighted that you are required to complete a Stage 2 Human Rights assessment (please request a stage 2 Human Rights Assessment from the Equality and Inclusion Team), please bring the issues over from the screening into this section and expand further using the Human Rights full assessment toolkit then email to equality and inclusion team.

No issues identified

### SECTION 5 – RISK ASSESSMENT

See guidance document for step by step guidance for this section

**Risk Matrix.** Use this table to work out the risk score

RISK MATRIX					
Consequence level	Risk level				
	RARE 1	UNLIKELY 2	POSSIBLE 3	LIKELY 4	VERY LIKELY 5
1. Negligible	1	2	3	4	5
2. Minor	2	4	6	8	10
3. Moderate	3	6	9	12	15
4. Major	4	8	12	16	20
5. Catastrophic	5	10	15	20	25
<b>Consequence Score:</b> <b>Likelihood Score:</b> <b>Risk score = consequence x likelihood</b>					<b>6</b> (Consequence 2 x Likelihood 3)
<i>Example: risk of not consulting patients leading to legal challenge:            Consequence score of 4 and Likelihood score of 3</i>					

**Any comments / records of different risk scores over time (e.g. reason for any change in scores over time):**

**Important:** If you have a risk score of 9 and above you should escalate to the organisations risk management procedures.

**EQUALITY IMPACT AND RISK ASSESSMENT AND ACTION PLAN**

<b>Risk identified</b>	<b>Actions required to reduce / eliminate negative impact</b>	<b>Resources required (this may include financial)</b>	<b>Who will lead on the action?</b>	<b>Target date</b>
<i><b>Example:</b> A proposal to decommission a service has not adequately consulted with protected groups therefore lead s to a risk to both the proposal and the organisation through risk of legal challenge and/or Judicial Review.</i>	<i>Consult with people with protected characteristics who may be directly or indirectly affected by the proposal. To show understanding of the issues that may affect protected groups in relation to the proposal.</i>	<i>Consultation and engagement plan.</i>	<i>Comms and Engagement – A. Body</i>	<i>01/01/2017</i>
Risk of unintended consequences to one or more protected characteristic groups through changing urgent care system	Full public consultation to proactively ask and consider potential impact on each of the protected characteristics groups and reflect any such impacts within decision making process	Existing consultation and engagement plan	Senior Commissioning Lead – Transformation	June 2018

**SECTION 6 – EQUALITY DELIVERY SYSTEM 2 (EDS2)**

Please go to Appendix 1 of the EIRA and tick the box appropriate EDS2 outcome(s) which this project relates to. This will support your organisation with evidence for the Equality and Inclusion annual equality progress plan and provide supporting evidence for the annual Equality Delivery System 2 Grading

**SECTION 7 – ONGOING MONITORING AND REVIEW OF EQUALITY IMPACT RISK ASSESSMENT AND ACTION PLAN**

**Please describe briefly, how the equality action plans will be monitored through internal CCG governance processes?**

CCG Urgent Care Transformation Group
<b>Date of the next review of the Equality Impact Risk Assessment section and action plan? (Please note: if this is a project or pilot, reviews need to be built in to the project/pilot plan)</b> Next review: ongoing Next formal update: August 2018 following consultation
<b>Which CCG Committee / person will be responsible for monitoring the action plan progress?</b> CCG Urgent Care transformation Group
<b>FINAL SECTION SECTION 8</b>
<b>Review date linked to Commissioning Cycle:</b>
<b>Acknowledgement that EIRA will form evidence for NHS Standard Contract Schedule 13: Yes / No</b>
<b>Date sent to Equality &amp; Inclusion (E&amp;I) Team for quality check:</b> 25.10.17 and 14.11.17 and 03.05.18
<b>Date quality checked by Equality and Inclusion Business Partner: 25/10/2017, 09/05/2018</b>
<b>Date of final quality check by Equality and Inclusion Business Partner: 09/05/2018</b>
<b>Signature Equality and Inclusion Business Partner:</b> Nicola Griffiths



This is the end of the Equality Impact and Risk Assessment process: By now you should be able to clearly demonstrate and evidence your thinking and decision(s). To meet publishing requirements this document SHOULD NOW BE PUBLISHED ON YOUR ORGANISATIONS WEBSITE.

- Save this document for your own records. Send this documents and copy of Human Rights Screening to [equality.inclusion@nhs.net](mailto:equality.inclusion@nhs.net)

**Supplementary information to support CCG compliance to equality legislation:**

**Appendix 1: Equality Delivery System:**

APPENDIX 1: The Goals and Outcomes of the Equality Delivery System			Tick box(s) below
Objective	Narrative	Outcome	
1. Better health outcomes	The NHS should achieve improvements in patient health, public	1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities	√
		1.2 Individual people's health needs are assessed and met in appropriate and	√

	health and patient safety for all, based on comprehensive evidence of needs and results	effective ways	
		<b>1.3</b> Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	√
		<b>1.4</b> When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	√
		<b>1.5</b> Screening, vaccination and other health promotion services reach and benefit all local communities	√
<b>2.</b> Improved patient access and experience	The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience	<b>2.1</b> People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	√
		<b>2.2</b> People are informed and supported to be as involved as they wish to be in decisions about their care	√
		<b>2.3</b> People report positive experiences of the NHS	√
		<b>2.4</b> People's complaints about services are handled respectfully and efficiently	√
<b>3.</b> A representative and supported workforce	The NHS should increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients' and communities' needs	<b>3.1</b> Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	√
		<b>3.2</b> The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations	√
		<b>3.3</b> Training and development opportunities are taken up and positively evaluated by all staff	√
		<b>3.4</b> When at work, staff are free from abuse, harassment, bullying and violence from any source	√
		<b>3.5</b> Flexible working options are available to all staff consistent with the needs of the	√

		service and the way people lead their lives	
		<b>3.6</b> Staff report positive experiences of their membership of the workforce	√
<b>4.</b> Inclusive leadership	NHS organisations should ensure that equality is everyone's business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions	<b>4.1</b> Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	√
		<b>4.2</b> Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are managed	√
		<b>4.3</b> Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	√

**Appendix 2: Checklist for ensuring you have considered public sector equality duty and included all relevant information as part of the EIRA.**

<b>Equality Impact and Risk Assessment Checklist</b>	
<b>Scope</b>	<b>Yes/No</b>
Have I made the reader aware of the full scope of the proposal and do I understand the current situation and what changes may occur?	Yes
<b>Legal</b>	
Have I made the reader aware of our organisations legal duties with regard to Equality & Diversity and are they documented?	Yes
Has the relevance of these duties pertaining to this item been outlined explicitly and documented?	Yes
Have I explained how in this area we currently meet our Public Sector Equality Duties and how any change may affect this?	Yes
<b>Information</b>	
Have I seen sufficient research and consultation to consider the issues for equality groups? (This may be national and local; demographic, numbers of users, numbers affected, community needs, comparative costs etc.)	Yes
Have I carried out specific consultation with affected groups prior to a final decision being made?	Yes
Has consultation been carried out over a reasonable period of time i.e. no less than six weeks leading up to this item?	Yes
Have I provided evidence that a range of options or alternatives have been explored?	Yes
<b>Impact</b>	
Do I understand the positive and negative impact this decision may have on all equality groups?	Yes
Am I confident that we have done all we can to mitigate or at least minimise negative impact for all equality groups?	Yes
Am I confident that where applicable we considered treating disabled people more favourably in order to avoid negative impact (Disability Equality Duty)?	Yes
Am I confident that where applicable we allowed an exception to permit different treatment ( i.e. a criteria or condition) to support positive action	Yes
Have I considered the balance between; proposals that have a moderate impact	Yes

on a large number of people against any severe impact on a smaller group.	
<b>*Wider Budgetary Impact (where applicable)</b>	
Within the wider context of budgetary decisions did I consider whether an alternative would have less direct impact on equality groups?	Yes
Within the wider context of budgetary decisions did I consider whether particular groups would be unduly affected by cumulative effects/impact?	Yes
<b>Transparency of decisions</b>	
Will there be an accurate dated record of the considerations and decisions made and what arrangements have been made to publish them?	Yes
<b>Due regard</b>	
Did I consider all of the above before I made a recommendation/decision?	Yes