

Equality analysis template

Background to equality analysis

The purpose of equality analysis is to ensure that the functions, policies and practices of NHS Ipswich and East Suffolk Clinical Commissioning Group and NHS West Suffolk Clinical Commissioning Group (the CCGs) help to promote equality and eliminate discrimination against people who use the services that we commission and, our staff.

Reducing health inequalities is a key priority for the CCGs and conducting effective equality analysis can also help us by:

- Increasing our contact with diverse groups in our communities
- Changing the way we think about our work and the decisions we make
- Thinking more about the needs of various groups and take action as appropriate.

Understanding the effect of our policies and practices on people with different protected characteristics is an important part of the CCGs' legal requirement to comply with the [public sector equality duty](#), which forms a part of the [Equality Act 2010](#).

Throughout this document we use the word 'policy' to refer to what we are assessing. In this context, the term includes the different things that we do and the way that we do them. This includes the development of strategies, procedures, projects, service specifications and the procurement process.

When should equality analysis be carried out?

It is crucial that equality analysis is started as early as possible so that evidence and relevant consultation takes place alongside developing the policy, which will help to promote equality and eliminate discrimination. The equality analysis process should also be part of reviewing policies.

It is important to bear in mind that evidence of equality analysis will be published on the CCGs' websites, so they need to be completed in language that people who are not familiar with the policy and who may not work within the NHS can read and understand.

Part 1: Assessment of impact

What impact, positive and/or negative is the policy likely to have on different communities and groups? Try to think about how the policy could have an impact on [discrimination](#), [harassment](#), [victimisation](#), equality of opportunity and relations between different groups.

Please expand the boxes to enter your assessment.

Community or group	Positive impact <i>Which groups could particularly benefit and how? Could it reduce inequalities?</i>	Negative impact <i>Could the policy create problems or barriers for any group? Could some groups be excluded because of the policy? Why?</i>	Evidence <i>Think about any existing consultation, engagement, case studies and/or statistics to evidence your assessment.</i>	Summary <i>What will you do to address any of the highlighted negative impacts or gaps in evidence?</i>
Age <i>Particularly think about younger or older people.</i>	<p>Adults of a working age who are currently in full and part-time employment may not find it easy to make appointments during normal surgery hours.</p> <p>Children and teenagers can request to see a GP on their own¹ and may wish to attend a different local surgery than their own if they do not want their parents to know.</p>	<p>Children and teenagers who may be under 17 and so not able to drive or have access to a vehicle in order to travel to an alternative surgery.</p> <p>Older people also may not be able to drive or they live in rural areas, where local transport services are not adequate.² Living in a rural area also means they may not have family or neighbours nearby who could provide transport.</p>	<p>When questioned, only 68% of patients in Suffolk who are currently in full-time employment thought that their GP surgery was currently open at times convenient to them. This is in stark contrast to those patients who were fully retired (94%), permanently sick or disabled (88%) or unemployed (90%).³</p>	<p>GP+ is an additional service and all surgeries in Suffolk will still offer appointments during normal hours or pre-booked appointments during extended hours.</p>

<p>Disability <i>Think about physical or sensory impairments, learning disability and mental health.</i></p>	<p>Disabled individuals often have complex long-term healthcare needs and so will need to see a local healthcare professional regularly. They are also more likely to need an urgent appointment to see a healthcare professional due to issues that can suddenly arise depending on the nature of their disability.</p>	<p>Disabled individuals may not have easy access to transport, both private and public, especially in a rural area such as Suffolk.</p>	<p>When questioned, people with a disability in Suffolk are less likely than those without a disability to use public transport to access healthcare appointments (21% compared to 27%). They are however more likely to use taxis (30%) or be transported to healthcare appointments by family/friends (37%)⁴. Despite however the issues that could arise from access to transportation, 88% of those patients in Suffolk who are permanently sick or disabled said that their surgery was already currently open at times that were convenient for them.⁵</p>	<p>GP+ is an additional service and all surgeries in Suffolk will still offer appointments during normal hours or pre-booked appointments during extended hours.</p> <p>The problem of access to transport can be alleviated by Non-Emergency Patient Transport Service (NEPTS) which is provided by the East of England Ambulance Service (EEAS). This free service allows people to travel to secondary care services. Eligible patients are those whose medical condition affects their mobility to such an extent they are unable to travel by other means and as such includes individuals with physical and/or sensory impairments, learning disabilities and mental health issues.</p>
<p>Gender reassignment <i>This is the process of transitioning from one gender to another.</i></p>	<p>An individual in the process of transitioning may not feel comfortable attending appointments at their local surgery based within the community in which they live, and so may wish to be seen at another surgery in Suffolk.</p>		<p>Previous research has shown that it is difficult to collect data on transgender individuals' experience of primary care, as given the small number of patients registered at one practice, staff members may feel that patient confidentiality could be compromised.⁶</p>	<p>This protected characteristic would not be unduly influenced or affected by the availability of the service.</p>

<p>Marriage and civil partnership <i>Think about couples from different or the same sexes.</i></p>	<p>This protected characteristic would not be unduly influenced or affected by the availability of the service.</p>	<p>This protected characteristic would not be unduly influenced or affected by the availability of the service.</p>		<p>This protected characteristic would not be unduly influenced or affected by the availability of the service.</p>
<p>Pregnancy and maternity <i>Think about pregnant women and people on maternity leave.</i></p>	<p>Some pregnant women may still be in full or part-time employment whilst at their beginning of their pregnancy and so find it difficult to attend appointments during normal surgery hours.</p> <p>Pregnant women are also more likely to need an urgent appointment to see a healthcare professional due to issues that can suddenly arise during pregnancy.</p> <p>Women on maternity leave may already have other children and limited access to childcare, meaning they will also find it difficult to attend appointments during normal surgery hours.</p>	<p>This protected characteristic would not be unduly influenced or affected by the availability of the service.</p>		<p>This protected characteristic would not be unduly influenced or affected by the availability of the service.</p>

<p>Race (or ethnicity) <i>Think about the different ethnic groups and nationalities in Suffolk, including migrant workers, Gypsies and Travelers, asylum seekers and refugees.</i></p>	<p>Latest figures show that there are 604 gypsies and travellers in Suffolk⁷, and it is thought that one in six is not registered with a permanent GP⁸. These groups of people lead lives that are very transient in nature, and so will need to be able to access GP services across the county.</p> <p>Being a rural area, there is a large agricultural economy in Suffolk, which attracts a lot of seasonal migrant labour. The majority of migrants in Suffolk (73%) are in some form of manual employment, 29% of which work in the food processing industry⁹. These types of jobs can involve heavy machinery and as such individual working in them would be at increased risk of accidents at work and so may require an urgent appointment with a local healthcare professional.</p> <p>It is estimated that there are approximately 2,000 refugees living in Suffolk¹⁰.</p>	<p>Language barriers mean that it may be difficult communicating what the service is for and how it works to those for who English is not a first language. This is mainly a problem in Ipswich, which has the highest number of households (3,086) where nobody has English as a main language.¹¹</p> <p>.</p>	<p>Public Health Suffolk has recently reviewed the existing Health Needs Assessment for homeless, gypsies, travellers, Roma, migrants, refugees, asylum seekers and BME groups as part of an Engagement exercise carried out by the CCGs between 19 July and 09 September 2016 considering a proposal to withdraw the marginalised and vulnerable adults (MVA) service from the WSCCG area.¹²</p>	<p>Gypsies/travelers who are not registered with permanent GP can be registered as temporary resident. They will then still be able to access the GP+ service via the surgery they have registered with. In addition, the Gypsy and Traveller Steering Group for Suffolk works with district and borough councils in Suffolk to identify and provide appropriate support and signposting in accessing health services. Training and consultation with local partners such as the Red Cross and One Voice 4 Travellers have taken place as part of the Gypsy and Traveller Norfolk and Suffolk Action Plan 2012-2014 in order to promote health and wellbeing amongst these communities¹³.</p>
<p>Religion and belief <i>This includes people with religious and philosophical</i></p>		<p>Some religions have certain rules when it comes to interactions between men and women. If a patient has specific request i.e. a female patient only wants to be seen</p>		<p>GP+ is an additional service and all surgeries in Suffolk will still offer appointments during normal hours or pre-booked appointments during extended hours.</p>

<p><i>beliefs, as well with no belief.</i></p>		<p>and treated by a female GP or NP, the service, whilst still providing access, might not be able to meet the patient's need.</p>		
<p>Sex <i>Think about any differences in impact on women and men.</i></p>		<p>If a patient has specific request i.e. a female patient only wants to be seen and treated by a female GP or NP, the service, whilst still providing access, might not be able to meet the patient's need.</p>		<p>The service is an additional service and patients will still be able to book an appointment with a GP of their choosing at their own surgery.</p>
<p>Sexual orientation <i>Think about if this would affect people with different sexual orientations (lesbian, gay, bisexual, heterosexual/straight).</i></p>	<p>This protected characteristic would not be unduly influenced or affected by the availability of the service.</p>	<p>This protected characteristic would not be unduly influenced or affected by the availability of the service.</p>		<p>This protected characteristic would not be unduly influenced or affected by the availability of the service.</p>
<p>Other groups <i>Consider any impact on groups such as: family carers, people living in</i></p>	<p>According to the Department for Work and Pensions (DWP), there were 1,334 people claiming Carers Allowance in Suffolk as of February 2017¹⁴; however</p>		<p>When questioned, 52% of family carers reported that their health was affected in some way by their role. The most common impacts on their health were feeling tired</p>	<p>In addition to the service, Suffolk Family Carers (SFC) provide advisory support to GP surgeries and community pharmacies in Suffolk to help in the identification of carers</p>

<p><i>rural areas, socioeconomic status, ex-offenders, homeless people and military veterans.</i></p>	<p>data from the 2011 Census indicates that 77,745 individuals define themselves as family carers¹⁵. Due to the demanding nature of their role, they may not be able to attend an appointment during normal surgery opening hours. They may also require an appointment at short notice if they suddenly become free.</p> <p>Caring for a family member can also put extra pressure on an individual themselves, which may increase their chance of needing to see a healthcare professional.</p> <p>Ex-offenders often have drug or alcohol related health problems which require regular healthcare appointments. They are also likely to live fairly transient lifestyles whilst they adjust to life outside prison, and so will need to be able to access GP services across the county.</p> <p>According to the Department for Communities and Local Government (DCLG), there are 545 homeless people in Suffolk</p>		<p>(34%) and disturbed sleep (25%). Many also reported feeling depressed or anxious¹⁷.</p> <p>Results from the Community Action Suffolk Rural Services Survey show that there has been a steady decline in the availability of public transport in rural areas in recent years². The number of parishes with a local scheduled bus services has been reduced. (2008: 73%, 2011/12: 68%, 2015/16: 53%). Overall only 45% of those surveyed were satisfied with local bus services in Suffolk¹⁸.</p>	<p>and the provision of information, advice and guidance. There is also a similar service commissioned by ACS and provided by SFC at Ipswich Hospital and West Suffolk Hospital¹⁹.</p> <p>In addition to the service, there is also help for ex-offenders from St Giles Eastern. They work in partnership with the police, probation services, local authorities and various other agencies to support prison leavers from HMP Hollesley Bay in Suffolk with resettlement needs and transition into the community. There are outreach services and clinics for Marginalised and Vulnerable Adults (MVA) in the following locations across Suffolk; Sudbury, Haverhill, Newmarket, Bury St Edmunds, Ipswich, Felixstowe, Leiston and Stowmarket in the east. In 2015/16, the MVA service supported 300 people in West Suffolk and 1,374 in Ipswich and East Suffolk. Decision was made by both CCGs in January 2017 to continue commissioning this service²⁰.</p>
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	<p>Certain areas of Suffolk stand out as areas, or 'pockets,' of high deprivation. The level of deprivation can be measured using an Index of Multiple Deprivation score (IMD).</p>	<p>According to the 2011 Census, 39% of Suffolk's population is classed as living in a rural area, compared to only 18% of the national population, meaning that Suffolk has almost double the proportion of people who live rurally compared to England as a whole¹⁶.</p> <p>The service may not benefit those living in rural areas due to both the distances needed to travel across the county, and also inadequate public transport services in rural areas e.g. a person might live in Lakenheath but can only get GP+ appointment in Bury St Edmunds.</p>		<p>GP+ is an additional service and all surgeries in Suffolk will still offer appointments during normal hours or pre-booked appointments during extended hours.</p>
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Part 2: Conclusion

Conclusion of equality analysis. *Please summarise your findings.*

Overall, is your policy likely to have a positive or negative impact? Have you identified actions to address any expected negative impact?

Overall we believe that this assessment has demonstrated that the impact on the general population of Suffolk, as well as those with protected characteristics, will be positive.

In particular, the siting of the main hub in Bury St Edmunds will meet the increased demand for extended access to GP services that is a consequence of the higher levels socio-economic deprivation present there compared to elsewhere in the county. Another of the hubs will be placed in Haverhill, also with the intent of addressing the effects of deprivation in that area.

The locations of the smaller hubs throughout the county have been chosen to mitigate the impact of the rural nature of Suffolk's geography, particularly relating to ease of travel and access to transport.

Part 3: For the record

Name and title of people who carried out the equality analysis:

Lois Wreathall Head of Primary Care & Eleanor Ward (Primary Care Administrator, IESCCG)

Date equality analysis completed:
25 September 2017

Signature of Chief Officer:

Date: 25 September 2017

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¹ <https://www.childline.org.uk/info-advice/you-your-body/getting-help/visiting-your-doctor/>

² [\(2016\) Suffolk Rural Services Report 2015-16: Executive Summary, Community Action Suffolk](#)

³ Data taken from GP Patient Survey <https://gp-patient.co.uk/>

⁴ [\(2015\) Non-Emergency Patient Transport: Public Perceptions in Suffolk, Healthwatch Suffolk](#)

⁵ Data taken from GP Patient Survey <https://gp-patient.co.uk/>

⁶ [\(2013\) Bailey, Louis & McNeil, Jay, "Trans Health across the North West," Equality Inclusion and Human Rights NHS North West](#)

⁷ [\(2016\) Suffolk Demographic Profile 2015, Suffolk County Council](#)

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- ⁸ [\(2008\) Annual Public Health Report: Health Inequalities and Diversity in Suffolk, Suffolk Primary Care Trust](#)
- ⁹ [\(2010\) Suffolk County Council Survey of migrants: A Report, Public Perspectives Ltd](#)
- ¹⁰ http://suffolkrefugee.org.uk/background/#_local-situation
- ¹¹ Data taken from ONS 2011 Census <https://www.nomisweb.co.uk/census/2011>
- ¹² [\(24 Jan 2017\) Staunton, Eugene, Agenda item 07 – IESCCG 17-01 Marginalised Vulnerable Adult \(MVA\) Service, IESCCG Governing Body Papers](#)
- ¹³ [\(2012\) Gypsy and Traveller Joint Strategy, Suffolk County Council & Norfolk County Council.](#)
- ¹⁴ Data taken from the DWP <https://www.gov.uk/government/statistics/dwp-statistical-summaries-2017>
- ¹⁵ [\(2016\) Suffolk Demographic Profile 2015, Suffolk County Council](#)
- ¹⁶ [\(2016\) Crispe, Anna & Bines, Natashca, "Rural Depivation in Suffolk," Public Health and Protection Directorate, SCC](#)
- ¹⁷ [\(2010\) Survey of Carers in Households 2009/10, The Health and Social Care Information Centre](#)
- ¹⁸ [\(2016\) Suffolk Rural Services Report 2015-16: Executive Summary, Community Action Suffolk](#)
- ¹⁹ [\(2014\) Weatherley, Alex, Suffolk Carers Needs Assessment \(JSNA\), Health and Wellbeing Suffolk](#)
- ²⁰ [\(24 Jan 2017\) Staunton, Eugene, Agenda item 07 – IESCCG 17-01 Marginalised Vulnerable Adult \(MVA\) Service, IESCCG Governing Body Papers](#)