MIDLANDS AND LANCASHIRE
COMMISSIONING SUPPORT UNIT

Equality Impact and Risk Assessment Stage 2

Equality Impact and Risk Assessment

Equality & Inclusion Team, Corporate Affairs
For enquiries, support or further information contact
Email: equality.inclusion@nhs.net

EQUALITY IMPACT AND RISK ASSESSMENT TOOL STAGE 2
ALL SECTIONS – MUST BE COMPLETED
SECTION 1 - DETAILS OF PROJECT
Organisation: NHS Eastern Cheshire CCG
Assessment Lead: **Neil Evans**
Directorate/Team responsible for the assessment: Commissioning
Responsible Director/CCG Board Member for the assessment: Neil Evans
Who else will be involved in undertaking the assessment? Neil Evans, Julia Curtiws
Date of commencing the assessment: 24th August 2016
Date for completing the assessment: post consultation

SECTION 2 - EQUALITY IMPACT ASSESSMENT			
Please tick which group(s) this project will or may impact upon?	**Yes**	**No**	**Indirectly**
Patients, service users	✓		
Carers or family		✓	
General Public		✓	
Staff	✓		
Partner organisations	✓		

Background of the project being assessed:

The NHS faces a big challenge with demographic changes leading to increasing pressure and demand on health and care services (see https://www.easterncheshireccg.nhs.uk/News/An-open-letter-to-Eastern-Cheshire-residents-by-Jerry-Hawker-CCG-Chief-Officer.htm). NHS Eastern Cheshire Clinical Commissioning Group (CCG) has the responsibility to ensure that NHS services delivered in the area are safe, effective and sustainable as we meet the challenges ahead. In response to this, we have embarked on a programme of change with new and expanded services providing high quality care and an increased focus on supporting people to maintain their health and independence. However, the growing costs of this rise in demand for health services means that we are facing a £10.77 million deficit in 2016-17, and as we are legally required to balance our books, we therefore need to think of ways in which to address this deficit.

What are we asking the public to consider?

Some of the treatments and procedures provided have a set clinical criterion, and this helps to ensure they are only carried out where there is clinical evidence that they are effective, beneficial to patients and affordable to our local health economy. Therefore each of the services included in this

consultation will be in one of the following categories:

Threshold approval – This means that we are proposing making changes to the threshold that needs to be met before a treatment or procedure can be carried out.

Individual funding request – We are proposing that some treatments and procedures are no longer routinely carried out and an individual request for funding will need to be completed by the referring clinician.

Not funded – We are proposing that some services are no longer funded unless it is considered to be a clinical exception.

The information gathered through this public consultation will undergo thematic analysis which will form a report with recommendations to be presented to the CCG's Governing Body. This will include an updated version of the Equality Impact Assessment to take into account the impact on protected characteristic groups.

This Equality Impact Assessment relates to dermatology conditions/procedures as listed below; please see full consultation documentation for further information on the proposed changes and financial information available.

- Benign skin lesions
- Desensitising light therapy for Polymorphic Light Eruption (PMLE)

What are the aims and objectives of the project being assessed?

Rapid demographic change has led to increasing pressure on health and care services which simply cannot cope with the corresponding growth in demand. Alongside this, NHS Eastern Cheshire CCG is facing a deficit position of £10.77 million in 2016-17 with subsequent financial pressures expected over the next few years. There is a legal requirement for us to balance our books and therefore the CCG has no choice but to tackle this deficit and take action.

NHS Eastern Cheshire CCG currently has a Commissioning Policy listing Procedures of Lower Clinical Priority (PLCP). This policy details a number of procedures which are not be funded unless a specified criterion is met. This policy was approved via public consultation and implemented across Cheshire and Merseyside and will remain in place.

However in response to the demand and financial challenges noted above, the CCG proposal is to consider implementation of a Service Review which will go beyond what is currently in the existing PLCP.

Services currently provided in relation to the project:

- Benign skin lesions
- Desensitising light therapy for Polymorphic Light Eruption (PMLE)

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

All providers and patients/public will have the opportunity to become involved during the consultation. This EIA will be revisited post consultation taking on board comments received during the consultation; this will include feedback from protected characteristic groups. Healthwatch are supporting the process and will share the consultation information across their networks including those that represent protected characteristic groups.

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

All providers and patients/public will have the opportunity to become involved during the consultation. This EIA will be revisited post consultation.

Protected characteristic groups will be proactively consulted across CCG networks to engage Eastern Cheshire multicultural organisations, disability groups, older people and other relevant groups.

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 embed any documents to support this)**

Desensitising light therapy for Polymorphic Light Eruption (PMLE) – Referral threshold
http://www.bad.org.uk/shared/get-file.ashx?id=117&itemtype=document
http://www.nhs.uk/conditions/polymorphic-light-eruption/Pages/Introduction.aspx

http://patient.info/doctor/benign-skin-tumours

https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england

As proposed by other CCGs.
http://basildonandbrentwoodccg.nhs.uk/index.php?option=com_docman&view=document&alias=1562-1-0-service-restriction-policy-july-2015-v2&category_slug=service-restriction-policy&Itemid=382

https://www.bristolccg.nhs.uk/media/medialibrary/2016/09/desensitizing_light_therapy.pdf

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)
End Unlawful Discrimination?	**End Unlawful Discrimination?**	**End Unlawful Discrimination?**
NA	Talking to groups to ensure NHS Eastern Cheshire CCG is showing due regard and completing EIA to show prior consideration has been shown	NA
Promote Equality of Opportunity?	**Promote Equality of Opportunity?**	**Promote Equality of Opportunity?**
Self-management promoted	Self-management	NA
Foster Good Relations Between People	**Foster Good Relations Between People**	**Foster Good Relations Between People**
NA	NA	NA

What are the benefits to patients and staff?

This process will allow prioritisation of cost effective, clinically evidenced care. It also supports the self-management agenda.

It may improve services and staff experience through reduced waiting times for commissioned services.

Support for clinicians to focus on delivering evidence based care.

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"

This process involves a consultation process whereby patients/public, staff and stakeholders will have

the opportunity to express their views. Information gathered will undergo thematic analysis which will form a report with recommendations to be presented to the CCG's Governing Body. This will include an updated version of the Equality Impact Assessment to take into account the impact on protected characteristic groups.

Continuous contract management will ensure equality is maintained. It is not envisaged that access will be adversely affected.

Post consultation, outcomes and satisfaction will be monitored through the contract process.

This Equality Impact Assessment will be updated at the end of the consultation period and will form part of the decision making process.

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 request guidance on Equality Groups/Protected Groups and their issues, this document may help and support your thinking around barriers for the equality groups

Equality Group / Protected Group	Positive effect	Negative effect	Neutral effect	Please explain - MUST BE COMPLETED
Age		✓		PMLE is more prevalent in patients aged 20-40.
Disability		✓		In rare circumstance, a patient may feel their disability is worsening due to lack of treatment as part of this policy. If a clinician deems their case to be clinically exceptional, they can apply for funding via an Individual Funding Request.
Gender Reassignment			✓	No positive or negative effects anticipated.
Pregnancy and Maternity			✓	No positive or negative effects anticipated
Race		✓		PMLE may be more prevalent in fair skinned people http://patient.info/doctor/polymorphic-

				light-eruption-pro
Religion or Belief			✓	No discernible difference anticipated across religious groups.
Sex (Gender)		✓		The male/female ratio of PMLE varies between 1:2 and 1:4 and the disease occurs preferentially in young women. https://openaccess.leidenuniv.nl/bitstream/handle/1887/12576/01.pdf?sequence=6
Sexual Orientation			✓	No discernible difference anticipated across sexual orientation.
Marriage and Civil Partnership N.B. Marriage & Civil Partnership is only a protected characteristic in terms of work-related activities and NOT service provision			✓	No discernible difference anticipated.
Carers			✓	No discernible difference anticipated.
Deprived Communities		✓		Although there is no direct discernible difference anticipated across communities. It should be noted that less deprived patients may not be able to self-fund these procedures.
Vulnerable Groups e.g. Homeless, Sex Workers, Military Veterans			✓	No discernible difference anticipated.

SECTION 3 - COMMUNITY COHESION & FUNDING IMPLICATIONS

Does the 'project' raise any issues for Community Cohesion?
No issues identified.

What effect will this have on the relationship between these groups? Please state how will you manage this relationship?
No issues identified however this will be reviewed post consultation based on feedback received from these groups.

What is the overall cost of implementing the 'project'?
Neutral – the project will release cost savings to focus on clinically evidenced care.

Please state: Cost & Source(s) of funding:
NA

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

EI&RA checklist_V1.0_11091

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 embed into this section.

SECTION 5 - PRIVACY IMPACT ASSESSMENT

If the Stage 1 Equality Impact and Risk Assessment highlighted that you are required to complete a Stage 2 Privacy Impact Assessment, please request a stage 2 Privacy Impact Assessment either from the Equality and Inclusion Team or the Information Governance Team, email your completed stage 2 to your Information Governance Support Officer either at the CCG or CSU.

SECTION 6 – RISK ASSESSMENT

Please identity any possible risk for patients and / or the Clinical Commissioning Group if the project is implemented without amendment. All risks will be monitored for trends and provided to the project author when the project is due to be reviewed

IMPLEMENTATION RISK: CONSEQUENCE SCORE

DOMAIN	INSIGNIFICANT	MINOR	MODERATE	MAJOR	CATASTROPHIC
Impact on the safety of patients, staff or public (physical / psychological harm	Minimal injury requiring no / minimal intervention or treatment	Minor injury or illness, requiring minor intervention	Moderate injury requiring professional intervention RIDDOR / agency reportable incident, an event which impacts on a small number of patients	Major injury leading to long-term incapacity / disability. Mismanagement of patient care with long-term effects	Incident leading to death. An event which impacts on a large number of patients
Complaints / Audit	Informal complaint / inquiry	Formal complaint (Stage 1) Local resolution Single failure to	Formal complaint (Stage 2) complaint Local resolution (with potential to	Multiple complaints / independ	Inquest / Ombudsman inquiry Gross failure to meet national standards

		meet internal standards Reduced performance rating if unresolved	go to independent review) Repeated failure to meet internal standards	ent review Low performa nce rating Critical report	Severely critical report
Statutory Duty / Inspections	No or minimal impact or breech of guidance / statutory duty For example: Unsatisfactory patient experience which is not directly related to patient care. No action required	Breech of statutory legislation. Reduced performance rating if unresolved. For example: a minor impact on people with a protected characteristic has been identified that was agreed to be accepted within the scope of the project. No action required.	Single breech in statutory duty. Challenging external recommendations / improvement notice. For example: a moderate impact on people with a protected characteristic has been identified. This can be resolved by making amendments to the project or providing an objective justification for not amending the project (This must be published with the EIA)	Multiple breeches in statutory duty. Enforcem ent action Low performa nce rating report For example: a major impact on people with a protecte d character istic has been identified . Consider ation should be given to and review the project immediat ely. Q. Can we make amendm ents to the project or provide objective justificati ons? If yes, this must be	Multiple breeches in statutory duty. Prosecution Zero performance rating Severely critical report. For example: a catastrophic impact on people with a protected characteristic has been identified that may lead to litigation or impact on patient safety. The project should be stopped immediately

				publishe d the EIA.	
Adverse Publicity / Reputation	Rumours Potential for public concern	Local media coverage short-term reduction in public confidence. Elements of public expectation not being met	Local media coverage. Long-term reduction in public confidence	National media coverage <3 days service well below reasonab le public expectati on	National media coverage > 3 days MP concerned (questions in the House) Total loss of public confidence
Business Objectives / Projects	Insignificant cost increase No impact on objectives	<5 per cent over project budget Minor impact on delivery of objectives	5 – 10 per cent over project budget	Non-complian ce with national 10 – 25 per cent over budget Major impact on delivery of strategic objective s	Incident leading > 25 per cent over project budget Failure of strategic objectives impacting on delivery of business plan
Finance Including Claims	Small loss risk of claim remote	Loss of 0.1 – 0.25 per cent of budget Claim less than £10,000	Loss of 0.25 – 0.5 per cent of budget Claims (s) between £10,000 and £100,000	Loss of 0.5 – 1.0 per cent of budget Claim(s) between £100,000 and £1 million	Loss of >1 per cent of budget Claim(s) > £1 million
IMPLEMENTATION RISK: LIKELIHOOD SCORE					
Frequency: How often might it / does it happen?	Not expected to occur for years	Expected to occur annually	Expected to occur monthly	Expected to occur weekly	Expected to occur daily
Probability	<1%	1.5%	6-20%	21-50%	>50%
	Will only occur in exceptional circumstances	Unlikely to occur	Reasonable chance of occurring	Likely to occur	More likely to occur than not occur

RISK MATRIX					
	RARE	**UNLIKELY**	**POSSIBLE**	**LIKELY**	**ALMOST CERTAIN**
Insignificant	**1**	**2**	**3**	**4**	**5**
Minor	**2**	**4**	**6**	**8**	**10**
Moderate	**3**	**6**	**9**	**12**	**15**
Major	**4**	**8**	**12**	**16**	**20**
Catastrophic	**5**	**10**	**15**	**20**	**25**

RISK SCORE ON DRAFT PROJECT	RISK SCORE ON FINALISED PROJECT
6	

WHAT ARE THE KEY REASONS FOR THE CHANGE IN THE RISK SCORE?

EQUALITY IMPACT AND RISK ASSESSMENT AND ACTION PLAN

Risk identified	Actions required to reduce / eliminate the negative impact	Resources required* (see guidance below)	Who will lead on the action?	Target completion date
Adverse Publicity / Reputation – potential	Open consultation, press release and contact email and telephone number.	NA	Charles Malkin	End of consultation (January 2017)

'Resources required' is asking for a summary of the costs that are needed to implement the changes to mitigate the negative impacts identified

SECTION 7 – ONGOING MONITORING AND REVIEW OF EQUALITY IMPACT ASSESSMENTS AND ACTION PLANS

Please describe briefly, how the equality action plans will be monitored through internal CCG governance processes?
Executive Committee will monitor the above action plan.

Date of the next review of the Equality Impact 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)

Date: January 2017 following consultation

Which CCG Committee will be responsible for monitoring the action plan progress?
Executive Committee will monitor the above action plan.

Who will be the responsible person in the organisation to ensure the action plan is monitored?
Neil Evans

FINAL SECTION
SECTION 8

Date sent to Equality & Inclusion (E&I) Team for quality check:
8th September 2016, stage 2 EIA sent to Equality Business partner on 14.9.16 – final amendments will be made once the consultation is finished

Date quality checked by Equality and Inclusion Business Partner:

16.9.16, returned for further amendment
Date of sign off by Equality and Inclusion Business Partner: **22.9.16**
Signature Equality and Inclusion Business Partner: Qurban Hussain
CCG Committee Name and sign off date: **Executive Committee** **21/10/2016**

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 document and copies of your completed Privacy Impact Assessment and Human Rights Screening to equality.inclusion@nhs.net