



Partners in improving local health



Equality Impact Assessment

Urgent Care Strategy 2018-2021 (v3)

June 2018

Introduction - Equality Impact Assessment

An Equality Impact Assessment (EIA) is a process of analysing a new or existing service, policy or process. The aim is to identify what is the (likely) effect of implementation for different groups within the community (including patients, public and staff).

We need to:

- ✓ Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
- ✓ Advance equality of opportunity between people who share a protected characteristic and those who do not
- ✓ Foster good relations between people who share a protected characteristic and those who do not

This is the law. In simple terms it means thinking about how some people might be excluded from what we are offering.

The way in which we organise things, or the assumptions we make, may mean that they cannot join in or if they do, it will not really work for them.

It's good practice to think of all reasons why people may be excluded, not just the ones covered by the law. Think about people who may be suffering from socio-economic deprivation or the challenges facing carers for example.

This will not only ensure legal compliance, but also help to ensure that services best support the healthcare needs of the local population.

Think of it as simply providing great customer service to everyone.

As a manager or someone who is involved in a service, policy, or process development, you are required to complete an Equality Impact Assessment using this toolkit.

Policy	A written statement of intent describing the broad approach or course of action the organisation is taking with a particular service or issue.
Service	A system or organisation that provides for a public need.
Process	Any of a group of related actions contributing to a larger action.



STEP 1 - EVIDENCE GATHERING

Name of person completing EIA:	Angela Farrell
Title of service/policy/process:	Urgent Care Strategy
Existing: <input type="checkbox"/> New/proposed: <input checked="" type="checkbox"/> Changed: <input checked="" type="checkbox"/>	
What are the intended outcomes of this strategy? Include outline of objectives and aims	
<p>Background:</p> <p>A refresh of the Sunderland Clinical Commissioning Group Urgent Care (UC) strategy is required to take into account national and regional guidance issued since the previous strategy was written in 2014. Also, since commissioning the Urgent Care Centre contracts in 2014, we have gained valuable insight into public behaviours, and are now better able to match this to commissioned services to maximise the efficiency of the UC system. Our current UC service has some duplication with other services, thus offering the opportunity to eliminate waste and maximise efficiency and effectiveness. Our existing strategy requires refreshing to take into consideration the current UC system in Sunderland which:</p> <ul style="list-style-type: none"> • Is complicated for members of the public to navigate to access the healthcare they require • Has duplication - particular during the day when both General Practice and Urgent Care Centres (UCCs) are open • Now presents opportunities for improved efficiencies • Is fragmented for patients as UCCs cannot access full patient records, whilst General Practice can • Is challenged by a lack of senior decision making in the Urgent Care Centres. • Is negatively affecting patient experience and further driving demand across the UC System • Needs to reflect nationally mandated requirements e.g. introduction of an Urgent Treatment Centre (as per the 5 Year Forward View) and GP extended access <p>Aims:</p> <p>Aim 1: To develop an Urgent Care Strategy.</p> <p>Aim 2: To develop a new Urgent Care Clinical Model based on the agreed strategy.</p> <p>Aim 3: To implement the new Urgent Care Clinical Model.</p> <p>Aim 4: To implement nationally mandated requirements.</p>	

Who will be affected by this strategy? (please tick)

- Consultants Nurses Doctors
 Staff members Patients Public
 Other

If other please state:

What is your source of feedback/existing evidence? (please tick)

- National Reports Internal Audits
 Patient Surveys Staff Surveys Complaints/Incidents
 Focus Groups Stakeholder groups Previous EIAs
 Other

Evidence	What does it tell me? (About the existing strategy? Is there anything that suggest there may be challenges when designing something new?)
National Reports	<p>The 5 Year Forward View (5YFV) vision has NHS 111 embedded within the UC system, providing access to telephone, primary, and community care services which meet peoples' UC needs as close to home as possible. Most UC will be provided by out of hospital and general practice services, including evening and weekend access to GPs or nurses working from community bases. Services will be integrated and patient centred.</p> <p><i>Safer, faster, better: good practice document</i> (2015) develops the 5YFV, making the following distinction:</p> <ul style="list-style-type: none"> • For adults and children with urgent care needs, we should provide a highly responsive service that delivers care as close to home as possible, minimising disruption and inconvenience for patients, carers and families. • For those people with more serious or life-threatening emergency care needs, we should ensure they are treated in centres with the right expertise, processes and facilities to maximise the prospects of survival and a good recovery. <p><i>Safer, faster, better</i> document highlights five changes to deliver the 5YFV:</p> <ul style="list-style-type: none"> • Providing better support for people and their families to self-care or care for their dependants • Helping people who need urgent care to get the right advice in the right place, first time • Providing responsive, urgent, physical and mental health services outside of hospital every day of the week, so people no longer choose to queue in hospital emergency departments • Ensuring that adults and children with more serious or life threatening emergency needs receive treatment in centres with the right facilities, processes and expertise in order to maximise their chances of survival and a good recovery • Connecting all urgent and emergency care services together so the overall physical and mental health and social care system becomes more than just the sum of its parts <p>The <i>Safer, faster, better</i> document identifies minor illness as distinct to minor injury. Illnesses are considered best managed by general practice and community pharmacies, whilst provision such as UCCs focus on treating less serious injuries.</p> <p>Integration is key to delivering the 5YFV. The <i>Integrated Urgent Care (IUC) Commissioning Standards</i> (2015) set out the requirements to deliver integration.</p> <p>IUC aims to:</p> <p>“Deliver a functionally integrated 24/7 urgent care service that is the ‘front door’ of the NHS and which provides the public with access to both treatment and clinical advice. This will include NHS 111 providers and GP Out of Hours services, community services, ambulance services, emergency departments and social care”.</p>

	<p>For patients unable to access their own GP, because the practice is closed or they are away from home for example, NHS 111 will be the primary route to UC services. The IUC will have a 'Clinical Hub' offering patients who require it access to generalist and specialist clinicians. It will also offer advice to community health professionals including paramedics, so that no decision is taken in isolation. The Clinical Hub will be able to access patients' clinical records. Over time IT system interoperability will support direct appointment booking into other services.</p> <p>The <i>NHS Operational Planning and Contracting Guidance for 2017 – 2019</i> sets out requirements to deliver the 5YFV, including:</p> <ul style="list-style-type: none"> • Deliver the four hour A&E standard and standards for ambulance response times • Implement the Urgent and Emergency Care Review, ensuring a 24/7 Integrated Urgent Care (IUC) service is implemented by March 2020. This will include a clinical hub that supports NHS 111, 999 and out-of-hours calls to deliver a reduction in the avoidable transportation of patients to an A&E department • Initiate cross-system approach to prepare for forthcoming waiting time standard for urgent care for those in a mental health crisis <p>The <i>Operational Guidance</i> also sets out funding for improving general practice access through the provision of additional evening and weekend appointments.</p>
<p>Patient Surveys</p>	<p>The high level proposed principles of the UC clinical model are based on national 'must do's', including the IUC service, Urgent Treatment Centre (UTC) and extended access in general practice, regional reform (includes the regional procurement of the IUC service), and local reform of the out of hospital system.</p> <p>These reforms have been further informed by public and patient engagement and extensive engagement with stakeholders and providers. Sunderland residents were invited to take part in the listening and engagement exercise from 22nd November to 23rd December 2016. An on-street research was conducted in October 2016. People told us that:</p> <ul style="list-style-type: none"> • The system is confusing • They want to see their GP first when they have an urgent care need • If they have a long term condition they want to ensure that they receive the same care from healthcare professionals who know about their needs and health issues <p>People made suggestions for improvements:</p> <ul style="list-style-type: none"> • Wanting to understand what services are for, what their opening times are and improve communications about these • More staff and training are required • One place to access services • Opening other services for longer would reduce people going to the emergency department <p>The Engagement Activity Report: Sunderland Urgent Care is available using the following link:</p> <p>http://www.sunderlandccg.nhs.uk/wp-content/uploads/2016/11/Engagement-activity-report-Sunderland-urgent-carev2.pdf</p>

	<p>In addition, a significant amount of engagement has also been carried out as part of the Multi-speciality Community Provider (MCP) work prior to this, and through the All Together Better Sunderland Vanguard. For example, Age UK Sunderland was commissioned to undertake engagement with the Sunderland Carers Centre, and they conducted a series of events with diverse groups across the city.</p>
--	--

<p>Staff Surveys</p>	<p>Sunderland CCG (SCCG) has undertaken extensive staff stakeholder engagement (see list of stakeholders below: STEP 3 - ENGAGEMENT AND INVOLVEMENT) to ensure any proposed potential UC clinical model for the future is credible, deliverable, and sustainable. Stakeholders have participated in seven interactive workshops over eighteen months to develop the proposed principles of the clinical model and the scenarios for public consultation.</p> <p>Engagement with general practices was undertaken in each of the five localities, i.e.: Washington; Coalfields, East, North and West. The SCCG visited each of the general practice locality meetings in April and May 2017 to share and discuss the UC work to date. There were also two presentations and updates given at the Time in Time out sessions for practices. Following these engagement events, an online survey was distributed to general practice staff including GPs, Nurse Practitioners, Practice Nurses and Practice Managers.</p> <p>Below is high level summary of the staff online survey:</p> <ul style="list-style-type: none"> • Staff felt the urgent care centres were not staffed appropriately. They felt the availability and level of GP input was not enough. They felt the range of services available through urgent care was insufficient. A number of comments were made about how urgent care services 'bounce people back' to their GP, despite having been directed to urgent care by 111 or their GP in the first instance. This leads to confusion amongst patients, who end up requesting a GP appointment, rather than going to UC services. Respondents also commented that they perceived that they were no longer able to walk into urgent care services and that they had to make an appointment. Patients were left confused about what they should be going to UC services for, and more information, better communication, and more clarity was needed. A number of comments were also received about how patients use the urgent care service inappropriately, including to get a same-day appointment if their GP was unable to offer them one. • Seven out of ten (72%) respondents told us that they thought their practice should offer urgent / same day appointments for urgent care services in the future. • Respondents were asked to tell us any other or additional services in the community that we should be considering to effectively manage people's UC needs. Predominantly, respondents felt that patients needed more education and information so they knew what urgent care meant, to ensure they did not misuse urgent care services. They also felt there should be more education about self-care, and the cost of medications, to reduce unnecessary prescriptions, and the costs associated with these. Five comments were received in relation to greater pharmacy support or lead on UC. • Respondents were asked to tell us anything else about the future of UC provision. Respondents felt that urgent care services needed to be commissioned effectively, and comprehensively resourced. They also felt that patients needed increased education on what urgent care means and on self-care. There were comments relating to making urgent care simpler, and reducing the current pressure on GPs. <p>A schedule of public and stakeholder engagement events has been developed, this will take place between May and September 2018</p>
<p>Complaints and Incidents</p>	<p>In relation to concerns being raised by the public, the key reasons for changing the current UC system in Sunderland include:</p> <ul style="list-style-type: none"> • The public have told us the current system is confusing to navigate and they don't know what service to access to get their UC needs met

- People want to be able to see a GP when they have an UC need

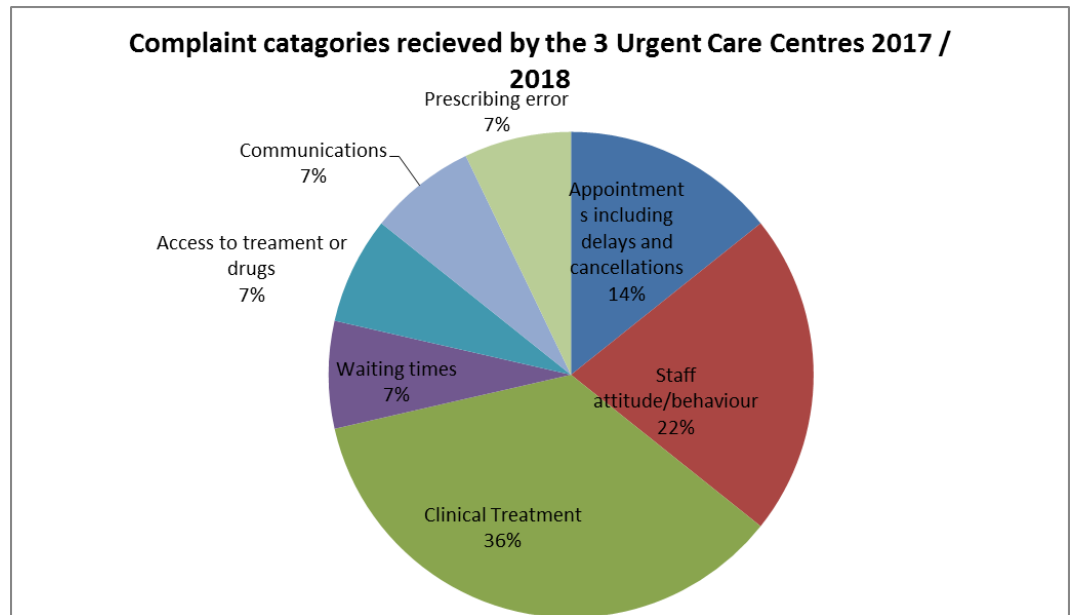
Throughout 2017 / 18, 46 formal complaints were received by the 3 Urgent Care Centres (Bunny Hill, Houghton and Washington), Table 1 illustrates the spread and category of complaints received.

Table 1

Complaints received 2017 /18				
Category	Bunny Hill UCC	Houghton UCC	Washington UCC	Total
Appointments including delays and cancellations	2	5		7
Staff attitude/behaviour	3	5	1	9
Clinical treatment	5	5	7	17
Waiting times	1			1
Access to treatment or drugs	1	2	1	4
Consent to treatment			1	
Communications	1	1	1	
Personal records		2		
Prescribing error	1			
External provider complaint			1	1
Total	14	20	12	46

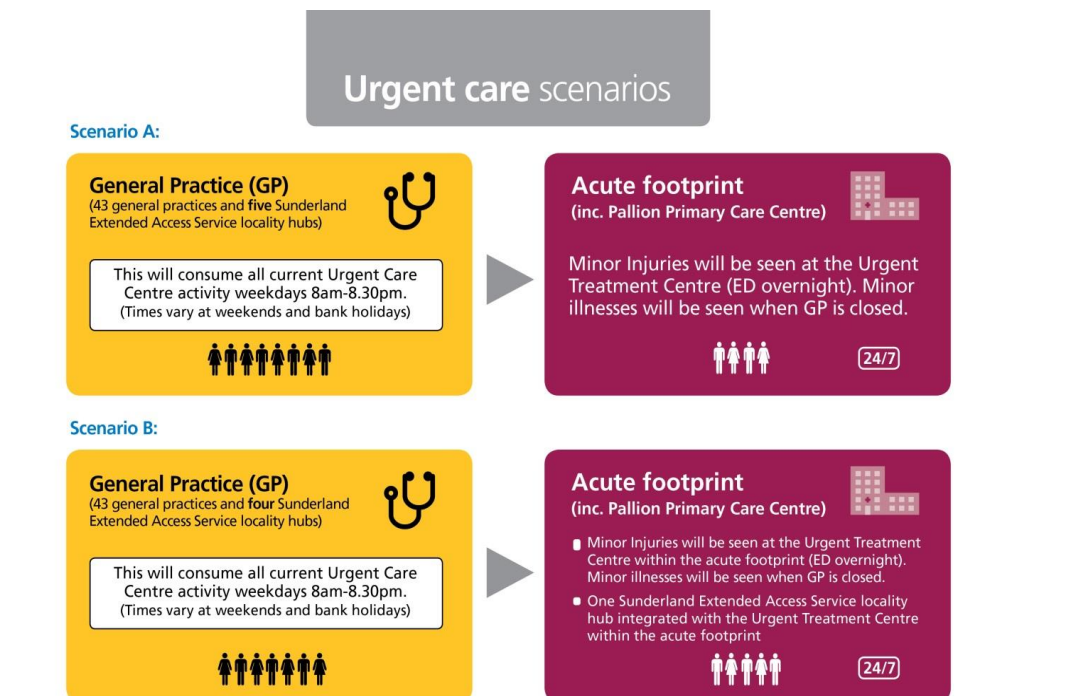
Chart 1 illustrates the complaint categories by percentage of the total received.

Chart 1



Results of consultations with different stakeholder groups – staff/local community groups

The proposed scenarios to take out to public consultation (as set out below) were developed through seven stakeholder events which commenced in December 2016 and continued to November 2017.



Following the closure of the Grindon Lane Minor Injuries Unit (MIU) plus other local and nations examples of similar initiatives, e.g. South Tees and South Tyneside Urgent Care

	<p>Strategies, it was observed that approximately 50% of patients with minor injuries did not access any other service following the reconfiguration.</p> <p>A full activity modelling analysis can be seen in Appendix 1</p> <p>Going forward a staff and public survey document has been developed, see Appendix 2</p> <p>A Consultation Methodology has been compiled and being implemented, see Appendix 3</p> <p>Feedback from the consultation events will feed the final Consultation Report which is being compiled by North East Commissioning Support (NECS). A full Health and Equality Integrated Impact Assessment which is being compiled by Hitch Marketing Ltd. An independent travel and transport impact assessment has also been commissioned to feed into the final report.</p>
<p>Focus Groups</p>	<p>Work is on-going with groups identified as having protected characteristics via the formal consultation. As part of the pre-engagement, the CCG delivered focus groups. Key findings include:</p> <ul style="list-style-type: none"> • Clarity, communication and consistency is key • There is confusion about Urgent Care Centres (UCCs) in relation to name, accessibility, their function and staffing • Most participants would call 111 first in an urgent situation, or it would be their next call if they could not access their GP straight away • Getting appointments through the GP booking system is difficult for many (though not all) participants • Pharmacies are not typically considered within urgent care services, but they are perceived favourably in terms of ongoing care provision <p>The Urgent Care in Sunderland – Focus Group Summary Findings is available using the following link:</p> <p>http://www.sunderlandccg.nhs.uk/wp-content/uploads/2017/03/Urgent-Care-Focus-Groups-report-060117-SD-with-summary.pdf</p>



STEP 2 - IMPACT ASSESSMENT

What impact will the new strategy have on the following: (Please refer to the 'EIA Impact Questions to Ask' document for reference)

Age A person belonging to a particular age

The urgent care strategy aims to benefit every patient throughout Sunderland. The scope of urgent care means every patient, regardless of age, gender, religion, race, or sexuality can access the services available.

This is the start of a process to improve urgent care services for patients in Sunderland. As we continue through the journey to implementation of the selected model, further impact assessment will be completed at appropriate stages to ensure no patient group is disadvantaged.

Compared to England, Sunderland has:

- A lower proportion of children aged 0-14 (16.3% compared to 18.0%).
- A lower proportion of younger working age adults aged 15-44 (37.2% compared to 38.7%).
- A higher proportion of older working age adults aged 45-64 (27.6% compared to 25.4%).
- A higher proportion of older people aged 65+ (18.9% compared to 17.9%).

90% of the population as a whole (inclusive of the aged) are regular users of the internet (Source: Office of National Statistics).

Older people use health and social care services more intensively than any other population group and so the absolute number of older people in Sunderland as well as the percentage of the total population has strong implications for the planning of health and care services.

In relation to the three Urgent Care Centres (Bunny Hill, Houghton and Washington), Tables 2 – 4 below indicate the number of patients who attended the centres by age range and sex between 1 April 2017 – 31 March 2018

Table 2

Number of attendances at Bunny Hill Urgent Care Centre per age range and sex between 1st April 2017 - 31 March 2018						
	Age range	0-16	17-44	45-64	65+	Total
	Number of FEMALE attendances per age range	1,967	3,527	1,819	1,014	8,327
	Number of MALE attendances per age range	2,052	2,375	1,420	646	6,493
	TOTAL number of attendances per age range	4,019	5,902	3,239	1,660	14,820

Table 3

Number of attendances at Houghton Urgent Care Centre per age range and sex between 1st April 2017 - 31 March 2018						
	Age range	0-16	17-44	45-64	65+	Total
	Number of FEMALE attendances per age range	1,413	2,447	1,375	852	6,087
	Number of MALE attendances per age range	1,582	1,624	1,070	666	4,942
	TOTAL number of attendances per age range	2,995	4,071	2,445	1,518	11,029

Table 4

Number of attendances at Washington Urgent Care Centre per age range and sex between 1st April 2017 - 31 March 2018						
	Age range	0-16	17-44	45-64	65+	Total
	Number of FEMALE attendances per age range	2,016	3,127	1,795	1,037	7,975
	Number of MALE attendances per age range	2,097	2,336	1,379	763	6,575
	TOTAL number of attendances per age range	4,113	5,463	3,174	1,800	14,550

Please note the following points of clarification and caveats:

1. Only Sunderland CCG registered patients (as at April 2018) are included - hence this does not include patients deducted and decreased from Sunderland registered practice population prior to April 2018 or any out of area patient attendances.
2. Patients with Long Term Conditions (LTC) are determined by snapshot position as at April 2018. A patient may not have had one or more LTCs prior to April 2018.
3. Ethnicity is not very well populated with only 77 out of 40,399 patients having an ethnic category populated.
4. Patients attending at one UCC will be included once in the patient count (with total number of attendances identified). Patients attending two UCCs will appear twice in the patient count (with the number of attendances at that UCC) etc.

Disability A person who has a physical or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities

Based on data from the Sunderland Adult Health and Lifestyle Survey 2017, it is estimated that:

- 21.7% of adults aged 18 and over have a long standing physical disability.
- 3.1% of adults aged 18 and over have a learning disability.

Sunderland adults report poorer outcomes for aspects of the self-reported wellbeing score than the England average with:

- Higher anxiety score.
- Lower happiness score.
- Lower satisfaction score; and
- Lower worthwhile score.

Any new or existing premises utilised as part of any service reconfiguration will have disabled user access to ensure it is equitable. All areas where the model of care is to be functional will be Disability Discrimination Act (DDA) assessed to ensure all of the defined requirements are met.

This is the start of a process to improve urgent care services for patients in Sunderland. As we continue through the journey to implementation of the selected model, further impact assessment will be completed at appropriate stages to ensure no patient group is disadvantaged.

NECS have suppliers available for any request for alternative formats, languages and support. We also use a standard line on the printed survey and consultation document 'If you require this document in another format such as large print, easy-read, braille, audio, or a different language please contact the NECS communication and engagement team on 0191 217 2670 or email NECSU.comms@nhs.net'.

Gender reassignment (including transgender) Medical term for what transgender people often call gender-confirmation surgery; surgery to bring the primary and secondary sex characteristics of a transgender person's body into alignment with his or her internal self-perception.

The urgent care strategy aims to benefit every patient throughout Sunderland. The scope of urgent care means every patient, regardless of age, gender, religion, race, or sexuality can access the services available.

This is the start of a process to improve urgent care services for patients in Sunderland. As we continue through the journey to implementation of the selected model, further impact assessment will be completed at

appropriate stages to ensure no patient group is disadvantaged.

Marriage and civil partnership Marriage is defined as a union of a man and a woman (or, in some jurisdictions, two people of the same sex) as partners in a relationship. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must be treated the same as married couples on a wide range of legal matters

Based on data from the Sunderland Adult Health and Lifestyle Survey 2017, it is estimated that:

- 34.6% of adults aged 18 and over have never been married or in a registered civil partnership.
- 48.2% of adults aged 18 and over are married or in a registered civil partnership.
- 1.4% of adults aged 18 and over are separated.
- 6.6% of adults aged 18 and over have been divorced or have had their civil partnership legally dissolved.
- 9.1% of adults aged 18 and over are a surviving spouse (widow or widower) or civil partner.

There are no foreseen negative consequences for people either married or in a civil partnership. The urgent care service aims to benefit every patient throughout Sunderland.

The scope of urgent care means every patient, regardless of age, gender, religion, race, or sexuality can access the services available.

This is the start of a process to improve urgent care services for patients in Sunderland. As we continue through the journey to implementation of the selected model, further impact assessment will be completed at appropriate stages to ensure no patient group is disadvantaged.

Pregnancy and maternity Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context.

Data from the Office for National Statistics shows that in Sunderland in 2016 there were:

- 2,951 maternities (a rate of 56.8 per 1,000 women aged 15-44 years) resulting in 2,986 live births

Specific needs will be addressed to ensure that any new or existing sites that will provide urgent care will supply the required working arrangements for staffing, but more importantly address any patient needs.

This is the start of a process to improve urgent care services for patients in Sunderland. As we continue through the journey to implementation of the selected model, further impact assessment will be completed at appropriate stages to ensure no patient group is disadvantaged.

Race It refers to a group of people defined by their race, colour, and nationality, ethnic or national origins, including travelling communities.

Based on data from the Sunderland Adult Health and Lifestyle Survey 2017:

- 94.6% of adults aged 18 and over described themselves as White British.
- 1.3% of adults aged 18 and over described themselves as White Non-British.
- 0.5% of adults aged 18 and over described themselves as Mixed.
- 1.8% of adults aged 18 and over described themselves as Asian or Asian British.
- 1.1% of adults aged 18 and over described themselves as Black or Black British.
- 0.6% of adults aged 18 and over described themselves as Other Ethnic Group.

The urgent care strategy aims to benefit every patient throughout Sunderland. The scope of urgent care means every patient, regardless of age, gender, religion; race or sexuality can access the services available.

This is the start of a process to improve urgent care services for patients in Sunderland, as we continue through the journey to implementation of the selected model; further impact assessment will be completed at appropriate stages to ensure no patient group is disadvantaged.

We will endeavour to meet the needs of patient's choice to request the sex of the health professional they see in order to meet their religious / ethnicity requirements.

Information regarding patient attendances by ethnicity is currently not captured very well at the 3 Urgent Care Centres (Bunny Hill, Houghton and Washington) is. However the Table 5 below indicates the number of attendances at the Pallion Urgent Care Centre by ethnicity and age range 2017 - 2018

Table 5

Pallion Urgent Care Centre Attendances by Sunderland CCG Registered Patients 2017/18 by ethnicity and age range				
Ethnicity Group	Age ranges			
	0-14	15-44	45-64	65+
White British	4,341	10,459	4,982	2,963
Not known	46	450	177	54
Any other ethnic group	49	289	47	17
Any other White background	39	181	33	8
Any other Asian background	40	116	39	4
Bangladeshi	68	63	12	1
African	33	61	11	2
Any other Black background	10	71	14	1
Not stated	3	42	26	12
Indian	33	25	14	4

Any other mixed background	34	19	2	-
White Irish	5	28	11	3
Chinese	6	21	4	1
Pakistani	3	14	5	-
White and Asian	10	6	1	-
White and Black African	8	4	1	-
White and Black Caribbean	7	3	1	-
Caribbean	1	1	-	-
Total	4,736	11,853	5,380	3,070

Religion or belief: Religion is defined as a particular system of faith and worship but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

Based on data from the Sunderland Adult Health and Lifestyle Survey 2017:

- 54.8% of adults aged 18 and over reported they were Christian.
- 37.5% of adults aged 18 and over reported they were No religion.
- 5.0% of adults aged 18 and over reported they were Other religion.
- 1.6% of adults aged 18 and over reported they were Muslim.
- 0.2% of adults aged 18 and over reported they were Buddhist.
- 0.1% of adults aged 18 and over reported they were Hindu.
- 0.1% of adults aged 18 and over reported they were Jewish.
- 0.1% of adults aged 18 and over reported they were Sikh

The remainder said they didn't know.

The urgent care strategy aims to benefit every patient throughout Sunderland. The scope of urgent care means every patient, regardless of age, gender, religion, race or sexuality can access the services available.

We will endeavour to meet the needs of patient's choice to request the sex of the health professional they see in order to meet their religious / ethnicity requirements.

This is the start of a process to improve urgent care services for patients in Sunderland. As we continue through the journey to implementation of the selected model, further impact assessment will be completed at appropriate stages to ensure no patient group is disadvantaged.

Sex/Gender A man or a woman.

Whilst the Sunderland Adult Health and Lifestyle Survey 2017 offered the opportunity for respondents to record a gender "other than male or female", no one in our 2.5% sample of the population recorded this option.

Based on data from the Sunderland Adult Health and Lifestyle Survey 2017 the gender profile of our population aged 18 and over is 52% female and 48% male.

The urgent care strategy aims to benefit every patient throughout Sunderland. The scope of urgent care means every patient, regardless of age, gender, religion, race or sexuality can access the services available.

This is the start of a process to improve urgent care services for patients in Sunderland. As we continue through the journey to implementation of the selected model, further impact assessment will be completed at appropriate stages to ensure no patient group is disadvantaged.

Sexual orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes

Based on data from the Sunderland Adult Health and Lifestyle Survey 2017:

- 97.2% of adults aged 18 and over identified their sexual orientation as heterosexual or straight.
- 1.1% of adults aged 18 and over identified their sexual orientation as gay.

- 0.4% of adults aged 18 and over identified their sexual orientation as lesbian.
- 0.6% of adults aged 18 and over identified their sexual orientation as bisexual.
- 0.3% of adults aged 18 and over identified their sexual orientation as other.

The remainder said they didn't know.

The strategy does not discriminate between staff that are men or women.

The urgent care strategy aims to benefit every patient throughout Sunderland. The scope of urgent care means every patient, regardless of age, gender, religion, race or sexuality can access the services available.

This is the start of a process to improve urgent care services for patients in Sunderland. As we continue through the journey to implementation of the selected model, further impact assessment will be completed at appropriate stages to ensure no patient group is disadvantaged.

Carers A family member or paid helper who regularly looks after a child or a sick, elderly, or disabled person

Based on data from the 2011 Census, 11.8% of the Sunderland population were providing unpaid care.

The urgent care strategy aims to benefit every patient throughout Sunderland. The scope of urgent care means every patient, regardless of age, gender, religion, race or sexuality can access the services available.

This is the start of a process to improve urgent care services for patients in Sunderland. As we continue through the journey to implementation of the selected model; further impact assessment will be completed at appropriate stages to ensure no patient group is disadvantaged.

NECS have suppliers available for any request for formats, languages and support. We also use a standard line on the printed survey and consultation document 'If you require this document in another format such as large print, easy-read, braille, audio, or a different language please contact the NECS communication and engagement team on 0191 217 2670 or email NECSU.comms@nhs.net'.

Other identified groups such as deprived socio-economic groups, substance/alcohol abuse and sex workers

Levels of deprivation in Sunderland are higher than the England average. Seventy one of Sunderland's 185 Lower Super Output Areas (LSOAs) are among the most disadvantaged fifth of all areas across England, and 38% of the Sunderland population lives within these super output areas.

Based on data from the 2011 Census:

- 22.2% of the population aged 16-74 work in higher managerial, administrative and professional occupations.
- 20.6% of the population aged 16-74 work in intermediate occupations.
- 41.7% of the population aged 16-74 work in routine and manual occupations.
- 15.5% of the population aged 16-74 have never worked, are long term unemployed or are full time students.

Based on data from the Sunderland Adult Health and Lifestyle Survey 2017:

- 21.6% of adults aged 18 and over drink more than the recommended levels of alcohol (>14 units per week).

- 5.0% of adults aged 18 and over are higher risk drinkers (>35 units per week).
- 26.3% of adults aged 18 and over drink reported binge drinking (> 6 units on heaviest drinking day).

Estimates of the prevalence of problematic drug use produced in 2014/15 suggest that:

- 7.5 per 1,000 persons aged 15-64 (1,353 persons) are opiate and/or crack cocaine users.

The urgent care strategy aims to benefit every patient throughout Sunderland. The scope of urgent care means every patient, regardless of age, gender, religion, race or sexuality and life style can access the services available.

We will work closely with the Local Authority to target people with no fixed abode and travellers.

This is the start of a process to improve urgent care services for patients in Sunderland. As we continue through the journey to implementation of the selected model, further impact assessment will be completed at appropriate stages to ensure no patient group is disadvantaged.



STEP 3 - ENGAGEMENT AND INVOLVEMENT

How have you engaged stakeholders in testing the policy or process proposals including the impact on protected characteristics?

A schedule of public and stakeholder engagement events has been developed, this will take place between May and September 2018

Please list the stakeholders engaged:

The following organisations have been involved in the development of the proposed principles of the clinical model and the scenarios for public consultation:

- City Hospitals Sunderland NHS Foundation Trust (CHS)
- South Tyneside NHS Foundation Trust (STFT)
- Northumberland, Tyne and Wear NHS Foundation Trust (NTW)
- North East Ambulance Service NHS Foundation Trust (NEAS)
- Vocare
- Sunderland Care and Support
- Sunderland GP Alliance (SGPA)
- Sunderland City Council
- The MCP Executive Team (MCPET)
- NHS England
- North of England Commissioning Support Unit (NECS)
- North Durham and Durham Dales, Easington and Sedgefield CCGs (via NECS)
- Urgent and Emergency Care Network
- SCCG Member Practices



STEP 4 - METHODS OF COMMUNICATION

What methods of communication do you plan to use to inform service users of the Strategy?

- ✓ Verbal – stakeholder groups/meetings ✓ Verbal - Telephone
✓ Written – Letter ✓ Written – Leaflets/guidance booklets
✓ Email ✓ Internet ✓ Other

If other please state:

- Social Media i.e. Facebook and Twitter
- Printed media Local Newspapers
- Radio and TV

ACCESSIBLE INFORMATION STANDARD

The Accessible Information Standard directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of service users.

Tick to confirm you have considered an agreed process for:

- ✓ Sending out correspondence in alternative formats.
✓ Sending out correspondence in alternative languages.
✓ Producing / obtaining information in alternative formats.
✓ Arranging / booking professional communication support.
✓ Booking / arranging longer appointments for patients / service users with communication needs.

NECS have suppliers available for any request for formats, languages and support. We also use a standard line on the printed survey and consultation document 'If you require this document in another format such as large print, easy-read, braille, audio, or a different language please contact the NECS communication and engagement team on 0191 217 2670 or email NECSU.comms@nhs.net'.

If any of the above have not been considered, please state the reason:



STEP 5 - SUMMARY OF POTENTIAL CHALLENGES

Having considered the potential impact on the people accessing the service, policy or process please summarise the areas have been identified as needing action to avoid discrimination.

Potential Challenge	What problems/issues may this cause?
1 Referral to the Secretary of State	As a result of the Urgent Care Strategy programme of work, there is a risk that a member of the public or an organisation may launch a judicial review and/or Healthwatch or HOSC may refer to the Secretary of State which could result in the programme being delayed at a cost of @ £238,000 per month.
2 Referral to a Judicial Review	As a result of the Urgent Care Strategy programme of work, there is a risk that a member of the public or an organisation may launch a judicial review and/or Healthwatch or HOSC may refer to the Secretary of State which could result in the programme being delayed at a cost of @ £238,000 per month



STEP 6- ACTION PLAN

Ref no.	Potential Challenge/Negative Impact	Protected Group Impacted (Age, Race etc)	Action(s) required	Expected Outcome	Owner	Timescale/ Completion date
1	As a result of the Urgent Care Strategy programme of work, there is a risk that a member of the public or an organisation may launch a judicial review and/or Healthwatch or HOSC may refer to the Secretary of State which could result in the programme being delayed at a cost of @ £238,000 per month	All	NECS to ensure compliance with all applicable consultation legislation and processes. SCCG / NECS ensure audit trail of all information and feedback gathered and evidence of all appropriate resultant actions	Possible mitigation of risk	Ann Fox / Helen Fox	1 April 2019
2						
3						

Ref no.	Who have you consulted with for a solution? (users, other services, etc)	Person/ People to inform	How will you monitor and review whether the action is effective?
1	NECS	Helen Fox	Via UC Strategy Task and Finish Group
2	Legal advice	Melanie Pears	Via UC Strategy Task and Finish Group

3	Consultation Institute		Via UC Strategy Task and Finish Group
4	NHSE (Assurance)	Jill Simpson	Via UC Strategy Task and Finish Group



SIGN OFF

Completed by:	Angela Farrell, Service Reform Manager Sunderland CCG
Date:	25 June 2018
Signed:	
Presented to: (appropriate committee)	Ann Fox, Director of Nursing, Quality and Safety, Sunderland CCG (Lead Director Urgent Care Strategy Programme) Tracey Lucas, Executive GP East Locality, Sunderland CCG (Clinical Lead Urgent Care Strategy Programme)
Publication date:	25 June 2018

1. Please send the completed Equality Analysis with your document to:
necsu.equality@nhs.net
2. Make arrangements to have the EA added to all relevant documentation for approval at the appropriate Committee
3. Publish Equality Analysis

For further advice or guidance on this form, please contact the NECS Equality Team:
necsu.equality@nhs.net

Appendices

Appendix 1: Full activity modelling analysis



Full Activity Modelling
Analysis

Appendix 2: Staff and Public Survey



Sunderland Urgent
Care staff and public

Appendix 3: Sunderland CCG Urgent Care Consultation Methodology



Engagement
methods for Urgent C