

Equality Impact Assessment - Service Review / Evaluation

For more information about the equality impact assessment process in commissioning, please see: [EIA Overview and Navigation](#).

Service Review Equality Analysis															
What service is being reviewed?	Minor surgery – General Practice														
What is the purpose for the service review? (If this is described in another document please add cross reference link)	The initial service review undertaken in December 2012 was to establish competence levels of general practitioners that undertook Minor Surgery for Hull PCT. This followed the passing of the Health and Social Care Act in 2012, and the establishment of Clinical Commissioning Groups and NHS England in 2013, when the responsibility for commissioning minor surgery services provided in primary care transferred from Primary Care Trusts to NHS England.														
Date of review:	Initial review December 2012														
<p>From JSNA 2011 the fertility rate in Hull is significantly lower statistically than national and regional comparisons.</p> <p>Hull (IAS) the number of civil partnerships in 2010 was 16.</p>	<p>What data sources do you have about the population, disaggregated by protected characteristic?</p> <p>Do you have any information about people who share protected characteristics that is relevant and applicable to this service review?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #e6f2ff;">Race</td> <td>This service is available to all regardless of race</td> </tr> <tr> <td style="background-color: #e6f2ff;">Disability</td> <td>The local Health & Lifestyle Survey 2011-12 suggests that 28.9% of the population of Hull have an illness or which limits daily activities.</td> </tr> <tr> <td style="background-color: #e6f2ff;">Gender / Sex</td> <td>No discrimination</td> </tr> <tr> <td style="background-color: #e6f2ff;">Gender identity (gender reassignment)</td> <td>Currently there are no national and local statistics available for this protected characteristic.</td> </tr> <tr> <td style="background-color: #e6f2ff;">Sexual orientation</td> <td>There are no statistics for how many LGBT people live within Hull. However, the Government estimates that 5% of the national population are LGBT.</td> </tr> <tr> <td style="background-color: #e6f2ff;">Religion or belief</td> <td>Hull (IAS) 2001 Census shows that 71.4% of population is Christian.</td> </tr> <tr> <td style="background-color: #e6f2ff;">Age</td> <td>Resident population of Hull as at 1 October 2012 from GP registration file</td> </tr> </table>	Race	This service is available to all regardless of race	Disability	The local Health & Lifestyle Survey 2011-12 suggests that 28.9% of the population of Hull have an illness or which limits daily activities.	Gender / Sex	No discrimination	Gender identity (gender reassignment)	Currently there are no national and local statistics available for this protected characteristic.	Sexual orientation	There are no statistics for how many LGBT people live within Hull. However, the Government estimates that 5% of the national population are LGBT.	Religion or belief	Hull (IAS) 2001 Census shows that 71.4% of population is Christian.	Age	Resident population of Hull as at 1 October 2012 from GP registration file
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		¶ Resident population – living in Hull, 2012¶			
		Age (years) →		Male → Female → Total¶	
		0 →	1,821 →	1,777 →	3,598¶
		1 to 4 →	7,377 →	6,987 →	14,364¶
		5 to 9 →	7,961 →	7,573 →	15,534¶
		10 to 14 →	7,267 →	6,678 →	13,945¶
		15 to 19 →	8,582 →	8,175 →	16,757¶
		20 to 24 →	11,301 →	11,685 →	22,986¶
		25 to 29 →	10,770 →	10,854 →	21,624¶
		30 to 34 →	9,886 →	8,972 →	18,858¶
		35 to 39 →	9,432 →	8,089 →	17,521¶
		40 to 44 →	9,967 →	8,702 →	18,669¶
		45 to 49 →	9,932 →	8,987 →	18,919¶
		50 to 54 →	9,054 →	8,448 →	17,502¶
		55 to 59 →	7,617 →	7,134 →	14,751¶
		60 to 64 →	6,901 →	6,547 →	13,448¶
		65 to 69 →	5,647 →	5,766 →	11,413¶
		70 to 74 →	4,041 →	4,456 →	8,497¶
		75 to 79 →	3,334 →	4,169 →	7,503¶
		80 to 84 →	2,203 →	3,402 →	5,605¶
		85+ →	1,629 →	3,243 →	4,872¶
		TOTAL →	134,722	131,644	266,366¶
	Pregnancy and maternity	From JSNA 2011 the fertility rate in Hull is significantly lower statistically than national and regional comparisons.			
	Marriage or civil partnership	Hull (IAS) the number of civil partnerships in 2010 was 16.			
	Socio-economic disadvantage	Responsive to the individual, with consideration of age, disability, ethnicity, gender, religion, sexual orientation and socio-economic status			
Current service review	How does the current service promote equality? (Are there examples of good practice or have you identified any gaps?)	The service is: <ul style="list-style-type: none"> • equitable • accessible to patients, provided as close to home as possible and providing timely access to appropriately skilled healthcare professionals at local GP surgeries • responsive to the individual, with consideration of age, disability, ethnicity, 			

	<ul style="list-style-type: none"> gender, religion, sexual orientation and socio-economic status designed to promote and support self-care and management as far as possible through education and advice where appropriate able to deliver value for money with clear measurable quality outcomes to patients e.g. reduction in secondary care based minor surgery activity has robust governance arrangements in place in order to demonstrate that service provision is clinically safe and of high quality e.g. annual service review to including infection prevention and control inspections
<p>Outcomes and demand</p> <p>How does the current service evidence improved health outcomes for different groups of people? (e.g. by age, gender disability, ethnicity, sexual orientation, religion or belief, pregnancy & maternity)</p>	<p>The local ageing population increases demand on a number of specialties, particularly dermatology and minor surgery with ever growing waiting time and demand for skin disorder, disease and potential for cancer diagnosis and management.</p> <p>The main aim is to enhance services in primary care by supporting, educating and training GPs who wish to increase their skills and deliver minor surgery services as part of a consultant led team.</p> <p>Expected Outcomes including improving prevention are:</p> <ul style="list-style-type: none"> Delivery of high quality minor surgery delivered in primary care operating throughout the working week A reduction in referrals to secondary care dermatology services Improved communication and education across all health care professionals Improved clinical management of dermatological conditions across primary care, through support, education and additional upskilling and training of primary care staff.
<p>What can you tell about the demand for the service by different groups? Is there an over or under-representation of particular groups, relative to the population?</p>	<p>The service is accessed by all that require minor surgery procedures that fall within the primary care minor surgery, service specification / scope of service.</p> <p>These procedures include:</p> <ul style="list-style-type: none"> Cautery for nose bleeds Injections to shoulder, ankle, knee, wrist, fingers, thumb and plantar fascia Aspirations of joint where clinically appropriate Wedge resection of toenails: excision of wedge of nail and removal of toenail

Benchmark	How does the service compare to other comparable services with respect to evidencing improved outcomes across different groups?	Hull CCG monitor the activity and outcomes of the GP practices minor surgery to ensure best practice is delivered. All GPs have undertaken NHS Hull CCG accreditation process, peer reviewed and supported by secondary care clinicians, Extended Scope Physiotherapists (ESPs) and specialist MSK podiatrists and physiotherapists, to assure the CCG of their minor surgery competencies.
Communication and Engagement	How are you going to engage with different groups and communities and show that their feedback informs your service review?	Engagement has taken place between NHS Hull CCG, HEYHT and primary care GPs to ensure that all providers are aware of the service and to advise patients of which procedures are able to be accessed and delivered in a primary care setting.
	Has the Equality Reference Group been consulted? ¹	Not at this stage
	Is information provided to your target market appropriate and accessible?	Yes, GP practices and HEYHT
Options appraisal	Does your options appraisal clearly show any differential impact on protected characteristics groups for each option?	All patient groups are included in this EQIA
	Is further engagement needed?	Not at this stage

¹ Please contact Sue Lee, Communication and Engagement Lead

Follow up actions

Action required	By whom?	By when?
E.g. Equality related outcomes to be incorporated into service specification		
E.g. Communication to groups engaged about outcomes of service review		
E.g. Further data / research / insight needed about impact to a particular group		

Signoff

<p>Signed off by:</p> <p>Name & Role</p>		<p>Date:</p>	<p>06.10.17</p>
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