

For more information about the equality impact assessment process in commissioning, please see the EIA Guidance located in Y:\HULLCCG\Corporate Templates and Forms\Equality and Diversity Information before completing your EIA.

Equality Impact Assessment - Service Review / Evaluation					
What service is being reviewed?	EPCMS2 - Secondary Care Phlebotomy Service - Requests for phlebotomy (blood test investigations) in general practice as a consequence of a referral to or on-going care by hospital services, where it is either inconvenient or undesirable for the patient to attend at hospital.				
What is the purpose for the service review? (If this is described in another document please add cross reference link)	To establish if service remains fit for purpose 'as is' prior to a decision to discontinue, recommission no changes, recommission with changes or re-procure through open market arrangements.				
Date of review:	August 2019 – March 2020				
Name & roles of person / people completing the EIA:	Colin Webb, Commissioning Manager & DR Amy Oehring				
Health Needs	<p>What data sources do you have about the population, disaggregated by protected characteristic?</p> <p>SystemOne Primary Care Module, Office of National Statistics, Health and Lifestyle (prevalence) survey for Adults in Hull and The General Register Office. North East Lincolnshire Equality Impact Assessment referenced: https://www.northeastlincolnshireccg.nhs.uk/equality-diversity/</p>				
Do you have any information about people who share protected characteristics that is relevant and applicable to this service review?	<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 there has been no evidence found identifying particular inequalities on the grounds of race or nationality for this service Note: Most requested languages in primary care in 2018: Polish (40% of all requests), followed by Arabic (17%), Romanian (9%), Russian (6%), Kurdish (5%), Farsi (3%). In 2018 out of the 904 patients receiving this service within Primary Care; 359 identified as White/Other White/White British 355 identified as British/Mixed British 7 identified as African 7 identified as Polish and the remainder was blank.</td> </tr> <tr> <td style="background-color: #e6f2ff;">Disability</td> <td>The local Health & Lifestyle Survey 2016 suggests that</td> </tr> </table>	Race	This service is available to all regardless of race there has been no evidence found identifying particular inequalities on the grounds of race or nationality for this service Note: Most requested languages in primary care in 2018: Polish (40% of all requests), followed by Arabic (17%), Romanian (9%), Russian (6%), Kurdish (5%), Farsi (3%). In 2018 out of the 904 patients receiving this service within Primary Care; 359 identified as White/Other White/White British 355 identified as British/Mixed British 7 identified as African 7 identified as Polish and the remainder was blank.	Disability	The local Health & Lifestyle Survey 2016 suggests that
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Disability	The local Health & Lifestyle Survey 2016 suggests that				

		<p>24.0% of the population of Hull have an illness or which limits daily activities.</p> <p>Potential negative impacts:</p> <ul style="list-style-type: none"> • Patients who have communications barriers with respect to understanding or retaining information. • Patients who are deaf or have hearing difficulties in understanding staff. • Patients with physical disabilities who have no access to transport and are unable to use public transport to travel to and from practices <p>Reasonable adjustments required by the service to meet the needs of people with disabilities, including communication barriers (to be addressed through application of the Accessible Communication Standard)</p>
	Gender / Sex	<p>The 2016 estimates for Hull identify that the male population is 148,103 individuals and for the female population is 144,934 individuals.</p> <p>No evidence found identifying particular issues or inequalities linked to gender. In 2018 out of the 904 patients receiving this service there were; 461 Females & 443 Males demonstrating an equitable service.</p>
	Gender identity (gender reassignment)	<p>Currently there are no national and local statistics available for this protected characteristic.</p> <p>No evidence found identifying particular issues or inequalities linked to gender reassignment.</p>
	Sexual orientation	<p>There are no statistics for how many LGBT people live within Hull. However, the Office of National Statistics in 2017 estimates that 4.2% of the national population identify as LGBT. No evidence found identifying particular</p>

	issues or inequalities linked to sexual orientation																																												
Religion or belief	According to the Hull Data Observatory the majority of the population is of Christian belief – 54.9% No evidence found identifying particular issues or inequalities linked to religion or belief																																												
Age	<p><u>Kingston Upon Hull Data Observatory 2018</u></p> <table> <tr> <td>Total Population 2018</td> <td>260645</td> </tr> <tr> <td>Males 2018</td> <td>131329</td> </tr> <tr> <td>Females 2018</td> <td>129316</td> </tr> <tr> <td>Aged 0 - 4 (No) 2018</td> <td>17207</td> </tr> <tr> <td>Aged 5 - 9 (No) 2018</td> <td>7211</td> </tr> <tr> <td>Aged 10 - 14 (No) 2018</td> <td>14880</td> </tr> <tr> <td>Aged 15 - 19 (No) 2018</td> <td>13950</td> </tr> <tr> <td>Aged 20 - 24 (No) 2018</td> <td>21824</td> </tr> <tr> <td>Aged 25 - 29 (No) 2018</td> <td>23017</td> </tr> <tr> <td>Aged 30 - 34 (No) 2018</td> <td>19994</td> </tr> <tr> <td>Aged 35 - 39 (No) 2018</td> <td>16854</td> </tr> <tr> <td>Aged 40 - 44 (No) 2018</td> <td>14542</td> </tr> <tr> <td>Aged 45 - 49 (No) 2018</td> <td>16103</td> </tr> <tr> <td>Aged 50 - 54 (No) 2018</td> <td>16762</td> </tr> <tr> <td>Aged 55 - 59 (No) 2018</td> <td>15991</td> </tr> <tr> <td>Aged 60 - 64 (No) 2018</td> <td>13313</td> </tr> <tr> <td>Aged 65 - 69 (No) 2018</td> <td>11707</td> </tr> <tr> <td>Aged 70 -74 (No) 2018</td> <td>10326</td> </tr> <tr> <td>Aged 75 - 79 (No) 2018</td> <td>6888</td> </tr> <tr> <td>Aged 80 - 84 (No) 2018</td> <td>5439</td> </tr> <tr> <td>Aged 85 - 89 (No) 2018</td> <td>3141</td> </tr> <tr> <td>Aged 90 + (No) 2018</td> <td>1496</td> </tr> </table> <p>2018 data from SystmOne shows an equitable service with patients ranging from 6 years to 93 years old, demonstrating an equitable service for age.</p>	Total Population 2018	260645	Males 2018	131329	Females 2018	129316	Aged 0 - 4 (No) 2018	17207	Aged 5 - 9 (No) 2018	7211	Aged 10 - 14 (No) 2018	14880	Aged 15 - 19 (No) 2018	13950	Aged 20 - 24 (No) 2018	21824	Aged 25 - 29 (No) 2018	23017	Aged 30 - 34 (No) 2018	19994	Aged 35 - 39 (No) 2018	16854	Aged 40 - 44 (No) 2018	14542	Aged 45 - 49 (No) 2018	16103	Aged 50 - 54 (No) 2018	16762	Aged 55 - 59 (No) 2018	15991	Aged 60 - 64 (No) 2018	13313	Aged 65 - 69 (No) 2018	11707	Aged 70 -74 (No) 2018	10326	Aged 75 - 79 (No) 2018	6888	Aged 80 - 84 (No) 2018	5439	Aged 85 - 89 (No) 2018	3141	Aged 90 + (No) 2018	1496
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Pregnancy and maternity	JSNA 2014 shows the fertility rate in Hull is now aligned with the national rate.																																												

		No evidence found identifying particular issues or inequalities linked to pregnancy and maternity.
	Marriage or civil partnership	There have been 125 recorded civil partnership formations in Hull between 2008 and 2017. No evidence found identifying particular issues or inequalities linked to marriage or civil partnership.
	Socio-economic disadvantage	Kingston Upon Hull Data Observatory 12% of households in Hull are in fuel poverty 27.4% of children under 16 live in poverty 34,500 families (including 59,800 children) receive Child Benefit. 25,500 families (including 42,900 children) receive Tax Credits 8,400 families (including 16,300 children) are out of work.
Current service review	How does the current service promote equality? (Are there examples of good practice or have you identified any gaps?)	<p>The service is:</p> <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, 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>The objectives of this scheme are;</p>

	<ul style="list-style-type: none"> • Improve access to phlebotomy services for patients • Promote a positive experience for patients requiring phlebotomy • Provide a holistic approach to patient care <p>This does not include “diagnostic” phlebotomy requests from practices for their own patients prior to making a decision to refer. For example <i>“a GP may request bloods prior to referral to the erectile dysfunction clinic which could be to exclude hormonal causes and therefore negate the need to refer to endocrinology or to exclude hyper-lipidaemia which could be then treated within the practice without the need for onward referral”</i></p> <p>This scheme does not cover those patients who are housebound and unable to attend their usual practice premises, these patients are referred to the District Nursing Service for a home visit.</p>
<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>In 2018 out of the 904 patients receiving this service there were; 461 Females & 443 Males demonstrating an equitable service.</p> <p>The age range of service users ranges from 6 – 93 years of age also demonstrating an equitable service.</p>
	<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 local ageing population increases demand on a number of specialties, including Phlebotomy services with ever growing demand for investigative measures that have been requested by Secondary Care.</p>
<p>Benchmark</p> <p>How does the service compare to other comparable services with respect to evidencing improved outcomes across different groups?</p>	<p>We have requested figures from the City Health Care Partnership community Treatment Rooms whom provide a localised service of similar specifications but have been unsuccessful obtaining these at present.</p>

Communication and Engagement

How are you going to engage with different groups and communities and show that their feedback informs your service review?

There are four groups of people this engagement exercise aims to reach:

- People who use the services - to determine what aspects of service they value, what their preferences may be; as well as to understand their experience of the services.
- People from groups with protected characteristics - to highlight issues people they represent may experience, and any areas of inequity that may have been overlooked.
- Primary Care providers - to identify how the existing service arrangements link, interact and communicate with each other; and highlight aspects that are valued, and areas that might be improved.
- GP's as commissioners - to give views on how the services might be better provided in the future.

Service level data, and the equality impact assessment didn't give insight into any particular group with protected characteristics are likely to access the service more or less than any other group of people. This will be further explored through the engagement of those representing groups with protected characteristics, and outline below

Groups to engage with:

- Recent users of service
- Condition specific patient groups

Methodology:

Method being used, why it was chosen. How it will work, with deadlines. How will we recruit to groups/ promote questionnaires etc. This should include reference to adjustments made for groups identified by the EQIA.

The primary group of people to be engaged with are recent users of service, these will be identified by practices and contacted via email or text message in the first instance, with a link to completing an online questionnaire; paper

	copies will be available on request. Practices will be reimbursed for any text-messaging costs. Paper copies will also handed to patients attending appropriate clinics in general practices. All paper questionnaires will have a free post addressed envelope, and the option of returning completed questionnaires to their local GP practice.
Is information provided to your target market appropriate and accessible?	Accessible Information Standard to be applied in service provision & engagement
Does your options appraisal show any differential impact on protected characteristics groups for each option?	No impact on any protected characteristic group has been identified as part of this review.
Options appraisal Is further engagement needed?	Yes

Follow up actions		
Action required	By whom?	By when?
Engagement to identify any equality issues related to the service (i.e. are there any particular needs or inequalities which need to be considered by this service, not yet identified in this equality impact assessment?) (Initial EqIA points to focus on patients with disabilities)	CH – CCG Engagement Manager (Patients and Public)	December 2019
Review this EqIA in the light of clinical and patient engagement	CW – Commissioning Manager & DR Amy Oehring – Clinical Lead	January 2020

Signoff		
Signed off by: Name & Role	 Mike Napier Associate Director of Corporate Affairs	Date: 17.10.19